

# Shumagin Corporation



P.O. Box 189  
Sand Point, Alaska 99661  
(907) 383-3525 Fax: (907) 383-5356

## RE: Anchor Inn and Lounge Tourism Statement

Having a liquor license at our establishment, the Anchor Inn and Lounge helps bring people into our small fishing community. Great social environment from the weather and working hours. Being a few minutes walking distance, near our harbor and seafood plant our establishment brings in many that travel in and out of Sand Point. Encourage tourism with the availability of sports channels, Wi-Fi hotspots and a place to stay when adventuring our island.

The Lounge and Inn portions are run by two separate Managers. The Anchor Inn has seventeen rooms for traveling public, ten with kitchens and the other seven with a microwave and small refrigerator. We don't serve or stock alcohol in the guest rooms, only in the designated Lounge space/ building.

Our establishment doesn't include a dining facility and no other amenities are available to any guest outside our businesses.

## Addition to Tourism Statement

Shumagin Corporation hasn't made any major improvements to the Anchor Inn Lounge facility. As of January 2019, nothing is schedule for planned construction for the current future.

AMCO  
FEB - 4 2019

## Church, John D (CED)

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**From:** marita shumagin.com <shumagin.com.marita@arctic.net>  
**Sent:** Wednesday, February 06, 2019 12:34 PM  
**To:** Alcohol Licensing, CED ABC (CED sponsored)  
**Subject:** Re: 2866 Incomplete Letter and Application dba Anchor Inn & Lounge  
  
**Categories:** John

John,

Both Pam and Michelle are employees and paid under the Shumagin Corporation payroll. Shumagin owns the Anchor Inn and Lounge.

Marita Gundersen  
SHUMAGIN MANAGER

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**From:** "Alcohol Licensing, CED ABC (CED sponsored)" <alcohol.licensing@alaska.gov>  
**To:** "marita shumagin.com" <shumagin.com.marita@arctic.net>  
**Cc:** "Alcohol Licensing, CED ABC (CED sponsored)" <alcohol.licensing@alaska.gov>  
**Sent:** Wednesday, February 6, 2019 11:47:12 AM  
**Subject:** RE: 2866 Incomplete Letter and Application dba Anchor Inn & Lounge

Hi Marita,

Just for additional clarification, are Michelle Gronholdt and Pan Gundersen employees of the Shumagin corporation or are they operating as agents of a different entity?

Thanks,  
John

**From:** marita shumagin.com <shumagin.com.marita@arctic.net>  
**Sent:** Wednesday, February 06, 2019 9:43 AM  
**To:** Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov>  
**Subject:** Re: 2866 Incomplete Letter and Application dba Anchor Inn & Lounge

John,

For the Anchor Inn Lounge, Michelle Gronholdt is our manager and for the Anchor Inn Motel our manager is Pam Gundersen.  
Let me know if you need anything else.

Marita Gundersen  
SHUMAGIN MANAGER

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**From:** "Alcohol Licensing, CED ABC (CED sponsored)" <[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)>  
**To:** "marita shumagin.com" <[shumagin.com.marita@arctic.net](mailto:shumagin.com.marita@arctic.net)>





Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

**Form AB-17d: 2019/2020 Renewal License Application**

**What is this form?**

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing beverage dispensary – tourism liquor license that will expire on December 31, 2018. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

**This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.**

**Section 1 – Establishment and Contact Information**

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Licensee:	Shumagin Corporation	License #:	2866
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Anchor Inn & Lounge		
Premises Address:	Tract A, USS #55, Sand Point		
Local Governing Body:	City of Sand Point (Aleutians East Borough)		
Community Council:	None		

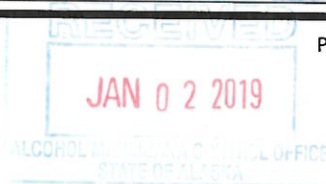
Mailing Address:	PO Box 149		
City:	Sand Point	State:	Alaska
		ZIP:	99661

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual **must be a licensee** who is required to be listed in and authorized to sign this application.

Contact Licensee:	Charlotte Gundersen	Contact Phone:	(907) 363-3525
Contact Email:	shareholderaffairs@shumagin.com		

**Optional:** If you wish for AMCO staff to communicate with individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:	Marita Gundersen	Contact Phone:	(907) 363-3525
Contact Email:	Marita@shumagin.com		







# Alaska Alcoholic Beverage Control Board

## Form AB-17d: 2019/2020 Tourism Renewal License Application

### Section 2 – Entity or Community Ownership Information

This top subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). This number is neither your EIN/tax ID number, nor your business license number. You may view your entity's status or find your CBPL entity number by using the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>

General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #:

129630

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, the following information must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer.
- If the applicant is a limited liability organization, the following information must be completed for each member with an ownership interest of 10% or more, and for each manager.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each partner with an interest of 10% or more, and for each general partner.

**Important Note:** The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application.

Name of Official:	Charlotte Enderben			
Title(s):	Secretary Treasurer	Phone:	907.383.3525	% Owned:
Mailing Address:	PO Box 189			
City:	Sand Point	State:	Alaska	ZIP: 99661

Name of Official:	Glen Gardner, Jr.			
Title(s):	Shumagin President	Phone:	907.383.3525	% Owned:
Mailing Address:	PO Box 189			
City:	Sand Point	State:	Alaska	ZIP: 99661

Name of Official:	Mikal McFlashan			
Title(s):	Vice-president	Phone:	907.383.3525	% Owned:
Mailing Address:	PO BOX 189			
City:	Sand Point	State:	Alaska	ZIP: 99661

JAN 10 2019

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# Alaska Alcoholic Beverage Control Board

## Form AB-17d: 2019/2020 Tourism Renewal License Application

### Section 3 – Sole Proprietor Ownership Information

This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate (spouse)

Name:		Contact Phone:	
Mailing Address:			
City:		State:	ZIP:
Email:			

This individual is an: ☐ applicant ☐ affiliate (spouse)

Name:		Contact Phone:	
Mailing Address:			
City:		State:	ZIP:
Email:			

### Section 4 – Alcohol Server Education

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.



### Section 5 – License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:

2017 2018

The license was regularly operated continuously throughout each year.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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The license was regularly operated during a specific season each year.

<input type="checkbox"/>	<input type="checkbox"/>
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The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

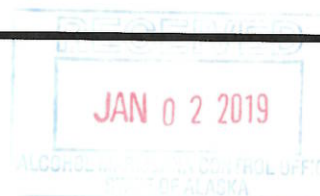
<input type="checkbox"/>	<input type="checkbox"/>
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*If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.*

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

<input type="checkbox"/>	<input type="checkbox"/>
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*If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.*





**Form AB-17d: 2019/2020 Tourism Renewal License Application****Section 6 – Violations and Convictions****Applicant violations and convictions in calendar years 2017 and 2018:**

Yes No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2017 or 2018?

☐ ☒

Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2017 or 2018?

☐ ☒

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

**Section 7 – Certifications****Read each line below, and then sign your initials in the box to the right of each statement:**

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

☒

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control (ABC) Board.

☒

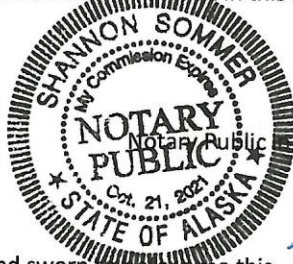
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

☒

I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board.

☒

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Charlotta A. Gunderson  
Signature of licenseeCharlotta A. Gunderson  
Printed name of licenseeShannon Sommer  
Signature of Notary Publicand for the State of AKMy commission expires: 10/21/21Subscribed and sworn to before me this 25th day of December, 2018.Seasonal License? ☐ Yes ☒ No

If "Yes", write your six-month operating period: \_\_\_\_\_

License Fee:	\$ 2500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					<u>\$2800.00</u>

