

Tourism Statement - addendum to 2019/2020 Tourism Renewal License Application

1. Historic Skagway Inn, LLC has maintained a State of Alaska Tourism Dispensary Liquor Licence since 1998. The Inn operates 10 guest rooms available to the traveling public. Our web page can be viewed at www.skagwayinn.com. The Beverage dispensary license has allowed us to connect the 10 guest rooms to a restaurant/lounge and tour operation promoting independent tourism in Skagway. The ability to dispense alcoholic beverages has been an essential component to the successful operation of the Historic Skagway Inn
 - a. We are able to profitably operate the Inn by offering alcoholic beverages with meals and lounge service
 - b. Having a fully licensed restaurant attracts guests to our 10 room Bed & Breakfast
 - c. We operate a Tour that recreates what life was like in a saloon in Skagway during the Gold Rush of 1898 (Legends & Lies).
 - d. We are able to offer a free full hot breakfast each morning to guests of the Inn
2. The facility has been utilized and modified to support the above activities.
3. Historic Skagway Inn, LLC, a closely held family business operates the entire facility (Lodging, Restaurant, On-premise Catering & Tours)
4. The Historic Skagway Inn offers 10 guest rooms as room rentals to the traveling public. None of the rooms have kitchen facilities. Alcoholic beverages are not stocked in the guest rooms
5. Historic Skagway Inn operates "Olivia's at the Skagway Inn" as a dining facility for guests of the Inn and the general public.
6. The Historic Skagway Inn provides a number of other tourist related services including; Ticket Agent for local tours, Concierge Services, Access to our kitchen garden, Guest Courtesy van service, Tickets to our own Legends & Lies Tour, Alaska Garden Gourmet Tour, and new this year, Kitchen Alaska Tour.

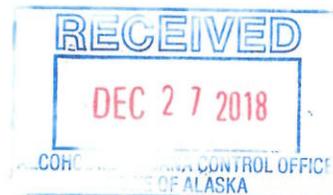


(dated) 26 December 2018

Karl E. Klupar

Member

Historic Skagway Inn, LLC





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:	Historic Skagway Inn LLC	License #:	3867
License Type:	Beverage Dispensary - Tourism Seasonal	Statute:	AS 04.11.400(d)
Doing Business As:	Olivia's at the Skagway Inn		
Premises Address:	655 Broadway		
Local Governing Body:	Municipality of Skagway Borough		
Community Council:	None		

Mailing Address:	PO Box 500				
City:	Skagway	State:	Alaska	ZIP:	99840

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:	Karl Klupar	Contact Phone:	1-610-745-1859
Contact Email:	owner@skagwayinn.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:		Contact Phone:	
Contact Email:			





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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 visiting 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 #:	62866D
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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.

KIC

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:	Karl Klupar				
Title(s):	Member	Phone:	1-610-745-1859	% Owned:	50%
Mailing Address:	PO Box 3				
City:	Skagway	State:	Alaska	ZIP:	99840

Name of Official:	Rosemary V. Libert				
Title(s):	Member	Phone:	1-484-433-0465	% Owned:	50%
Mailing Address:	PO Box 3				
City:	Skagway	State:	Alaska	ZIP:	99840

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	





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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.

KKK

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.

The license was regularly operated during a specific season each year.

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

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.

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.





Alaska Alcoholic Beverage Control Board
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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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.	<input type="checkbox"/> KK
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.	<input type="checkbox"/> KK
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.	<input type="checkbox"/> KK
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.	<input type="checkbox"/> KK

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.

Karl Klupar

Signature of licensee

Karl Klupar, Managing Member

Printed name of licensee

Historic Skagway Inn, LLC

Commonwealth of Pennsylvania - Notary Public
Sean P. Stanley
 Sean P. Stanley, Notary Public
 Chester County
 My commission expires November 7, 2022
 Commission number 134230
 Member, Pennsylvania Association of Notaries

Sean P. Stanley
 Signature of Notary Public

Notary Public for the State of Pennsylvania

My commission expires: November 7th, 2022

Subscribed and sworn to before me this 26th day of December, 2018.

April 5 - October 3

Seasonal License? Yes No
 If "Yes", write your six-month operating period: March 22 - September 26

License Fee:	\$ 1250.00	Application Fee:	\$ 300.00	TOTAL:	\$ 1550.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

