

Mark and Mary Kulstad –owner/Inn Keeper
Po Box 2288 221 Fifth Ave.
Seward, Alaska 99664
mkhotelseward@gci.net
907-224-8001 Fax 907-224-3112
See us at : www.hotelsewardalaska.com
Alaskan Family Owned and Operated

RE:Tourism Statement for Gene's Place Liquor Renewal 2019/2020 # 4696

To whom it may Concern:

This license is necessary for us to compete as a year round destination. Hotel Seward has 58 rooms and a conference room in which we offer catering for retreats, parties and meetings. With the addition of Gene's Place we have the required amenities of food and spirits to accommodate our potential guest's needs. Gene's Place has also made the difference we needed to attract the independent travelers by offering room service, fine dining and catering for weddings and family reunions year round. This license has continued to assist us in our growth due to increased tourism.

We work with other businesses on packaging trips and promotions year round. We also offer our own fishing tours. All our businesses entities and partners work together to increase tourism and improve the experience our guest have when visiting Alaska.

In the last 2 years upgraded to facility to accommodate our guest needs. We have continued to improve all our services to increase tourism to our community. We offer additional activities, such a fundraiser and special events to attract more tourists. Our license has helped us be a destination during season, but especially during off season when other venues are closed.

Please contact me if you need any further information. 224-8001 or 242-6600

Sincerely, Mary Kulstad





Alcohol and Marijuana Control Office
 550 W 7th Avenue, Suite 1600
 Anchorage, AK 99501
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:	Northern Lights Espresso Inc	License #:	4696
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Gene's Place		
Premises Address:	217 5th Avenue		
Local Governing Body:	City of Seward (Kenai Peninsula Borough)		
Community Council:	None		

Mailing Address:	PO Box 2298		
City:	Seward	State:	AK
		ZIP:	99664

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:	Mark S. Kulstad	Contact Phone:	907-224-8001 907-223-8155
Contact Email:	mkhotelseward@gci.net		

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:	Michael Behm	Contact Phone:	907 312 3898
Contact Email:	Michaelhotelseward@gci.net		





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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 using the following site: http://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #: 88632D

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. [Signature]

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: Mark S. Kulstad
Title(s): President, Treasurer, Director
Phone: 907 223-8135
% Owned: 51
Mailing Address: PO Box 2288
City: SEWARD State: AK ZIP: 99664

Name of Official: Mary D. Kulstad
Title(s): Secretary, Vice President
Phone: 907 222-6600
% Owned: 50
Mailing Address: PO Box 2288
City: SEWARD State: AK ZIP: 99664

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.

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





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? [] [X]

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? [] [X]

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. [MK]

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. [MK]

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. [MK]

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. [MK]

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.

Signature of licensee: [Signature]
Printed name of licensee: Mary Kulstad



Signature of Notary Public: [Signature]
Notary Public in and for the State of Alaska
My commission expires: July 19, 2019

Subscribed and sworn to before me this 10th day of November, 2019.

Seasonal License? Yes [] No [X] If "Yes", write your six-month operating period: _____

Table with 5 columns: License Fee (\$2500.00), Application Fee (\$300.00), TOTAL (\$2800.00), Miscellaneous Fees, GRAND TOTAL (if different than TOTAL).

