

To Whom it may concern,

Totem Square Inn Hotel and Marina is located at 330 Seward Street Sitka, Alaska 99835. This is a 75 room Hotel located in the downtown area of Sitka, Alaska and is also located on a Marina.

Sitka is a cruise ship and fishing destination and people travel from all over the world to go there. This will be our 3rd year hosting the Delta airlines crew at this hotel and they have added Sitka to there destinations which they fly along with Alaska airlines who has been servicing the market for years.

We offer rooms, food, cocktails and for the last 3 years we have ran another tourist attraction to our venue. We are renting non-guided fishing boats, you can look us up at fishbaranof.com. We had a huge success this last 3 years and we have purchased 2 more boats to add to our fleet. We are hands on Owner/ Operators. We hire up to 185 people in the summer.

Two (2) of our 75 rooms have kitchenettes and those are our suites. We do not stock alcoholic beverages in our rooms. Yes we offer room rentals to the traveling public and we serve breakfast, lunch and dinner at our facility.

Please feel free to call should you have any questions. (907) 230-4095

Regards,

Lisa J Laudon
JL Totem, Inc.

AMCO

DEC 18 2018

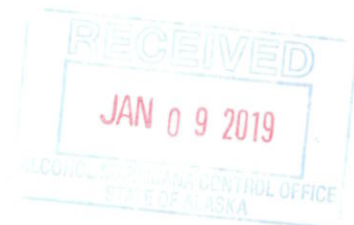
January 8, 2019

To Whom it may Concern,

Totem Square Hotel is on a Marina where we have a boat rental business which is promoted with the cruise ship industries. The tourists from the cruise ships come and rent boats for the day and eat and drink the local fish and brew pub and Alaska grown distilleries at the hotel. We promote tourism of Alaska all day long. We directly employ 30 people and indirectly affect 100 or more by having local carvers, musicians and other artists perform in the bar and dining room. Our hotel guests stay with us as we have a full service restaurant and lounge. I hope this explains it better. Should you have any questions please call me at (907) 230-4095.

Thank you,

Lisa Laudon





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:	JL Totem, Inc.	License #:	5249
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Totem Square Inn		
Premises Address:	201 Katlian Street		
Local Governing Body:	City & Borough of Sitka		
Community Council:	None		

Mailing Address:	330 Seward Street		
City:	Sitka	State:	Alaska
		ZIP:	99835

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:	Lisa Laudon	Contact Phone:	907-230-4095
Contact Email:	lisalaudon@gmail.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:	Sharon Bryant	Contact Phone:	907-747-6241
Contact Email:	wmsit-cont@alaska.net		



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 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 #:	10047952
-----------------------	----------

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:	Lisa J. Laudon				
Title(s):	Owner, Director, ^{Treasurer} President	Phone:	907-230-4095	% Owned:	50
Mailing Address:	330 Seward Street				
City:	Sitka	State:	Alaska	ZIP:	99835

Name of Official:	John E. Emmi				
Title(s):	Owner, Sec. V.P. Shareholder	Phone:	907-229-7135	% Owned:	50
Mailing Address:	330 Seward Street				
City:	Sitka	State:	Alaska	ZIP:	99835

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

**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.

☒	☒
-------------------------------------	-------------------------------------

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

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?

☐ Yes ☒ No

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?

☐ Yes ☒ No

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.

Signature of licensee

Lisa J. Landan

Printed name of licensee

Signature of Notary Public

Sarah Newhouse

Notary Public in and for the State of Alaska

My commission expires: 06/01/2022

Subscribed and sworn to before me this 13 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>

enclosed in check #1846