



Alcohol & Marijuana Control Office
550 W 7th Ave #1600
Anchorage, AK 99501

April 10, 2019

To whom it may concern:

We, Statewide Services, Inc. dba ESS Support Services are asking for the liquor board to reinstate our seasonal common carrier licenses #4481 and 4482, for the Glacier Train on the Alaska Railroad. The license application wasn't turned in on time due to turnover in our office. As the season is fast approaching (May 2019) for the Alaska Railroad. We ask that the ABC Board approves our restatement for the start of the season.

We have put our controller in charge of making sure the liquor renewals that come out in November are filled out and returned immediately. This follows our best practices for all other licenses for our Alaska businesses.

If you have any questions or concerns please feel free contact myself @ 907865931 or dgray@ess-worlwide.com

Sincerely,

A handwritten signature in blue ink, appearing to be 'David Gray', with a large, stylized flourish at the end.

David Gray
District Manager
ESS Support Services Worldwide

A handwritten signature in black ink, appearing to be 'Larry Weihs', with a large, stylized flourish at the end.

Larry Weihs
RVP
ESS Support Services Worldwide



ESS Support Services Worldwide
201 Post Road, Anchorage, Alaska 99501
Telephone 907-344-1207 Facsimile 907-865-9850





Alaska Alcoholic Beverage Control Board

Common Carrier License

Form AB-17f: 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 common carrier 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:	Statewide Services, Inc.	License #:	4482
License Type:	Common Carrier - Seasonal	Statute:	AS 04.11.180(c)
Doing Business As:	ESS Support Services Worldwide (Whit-Gran-Anch)		
Premises Address:	Alaska Railroad		
Local Governing Body:	None		
Community Council:	None		

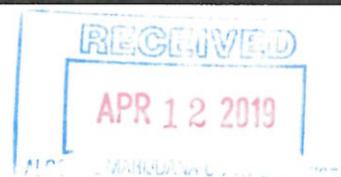
Mailing Address:	201 Post Road				
City:	Anchorage	State:	Alaska	ZIP:	99501

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:	Larry Weihs	Contact Phone:	907-865-9825
Contact Email:	lweihs@ess-worldwide.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:	David Gray	Contact Phone:	907-865-9831
Contact Email:	dgray@ess-worldwide.com		





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.

Table with 2 columns: Alaska CBPL Entity #: 31967D

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.

Table with 6 columns: Name of Official, Title(s), Phone, % Owned, Mailing Address, City, State, ZIP. Row 1: Compass Group USA, Inc, Shareholder, 100%, c/o Tax Department, 2400 Yorkmount, Charlotte, NC, 28217

Table with 6 columns: Name of Official, Title(s), Phone, % Owned, Mailing Address, City, State, ZIP. Row 1: Michael Hachey, President, 403-543-4627, 0%, 328 40 Ave S.W., Calgary, AB, Canada, T250XA

Table with 6 columns: Name of Official, Title(s), Phone, % Owned, Mailing Address, City, State, ZIP. Row 1: Adrian L Meredith, Director, Vp, 704-328-7650, 0%, 5728 Cater Oaks Dr, Waxhaw, NC, 28173





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Alaska CBPL Entity #:	31967D
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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:	C Palmer Brown				
Title(s):	VP/Director	Phone:	704-328-4073	% Owned:	0%
Mailing Address:	9705 Waterton Ct				
City:	Huntersville	State:	NC	ZIP:	28078

Name of Official:	Jennifer McConnell				
Title(s):	VP/Secretary	Phone:	704-328-4073	% Owned:	0%
Mailing Address:	144 S. Canterbury, Rd				
City:	Charlotte	State:	NC	ZIP:	28210

Name of Official:	Larry Weihs				
Title(s):	VP	Phone:	907-865-9823	% Owned:	0%
Mailing Address:	685 Barra Loop				
City:	Wasilla	State:	AK	ZIP:	99654





Section 6 – USCG Inspections of Marine Vessels

This section must be completed by any license issued to a marine vessel. Other types of common carriers should skip to Section 7.

Check a single box that describes whether this vessel was inspected and/or certified by the United States Coast Guard:

This is a US marine vessel that has been issued a Certificate of Inspection (COI) by the United States Coast Guard.

This is a foreign marine vessel that has been issued a Certificate of Compliance (COC) by the United States Coast Guard.

This is a vessel that does not qualify for a COI or COC but has voluntarily participated in the 5 Star Safety Rating Program and been issued a 5 Star Safety decal by the United States Coast Guard.

This is an uninspected vessel that has not voluntarily participated in the 5 Star Safety Rating Program.

If this vessel has received a COI, COC, or 5 Star Safety decal, please include a copy of the documentation with this application.

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.

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.

Larry J Weicks
Signature of licensee
Larry J Weicks
Printed name of licensee



Patricia Jones
Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: 10-15-2022

Subscribed and sworn to before me 5th day of April, 2019.

Seasonal License? Yes No

If "Yes", write your six-month operating period: May - Nov

License Fee:	\$ 500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

