

2019 Tourism Statement Renewal Application

Edgewater Hotel Group, LLC

1. Explain how the issuance of a liquor license at your establishment has/will encourage tourism

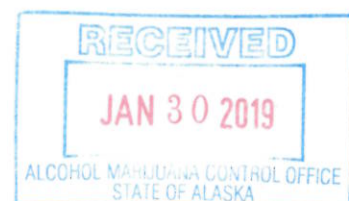
The Central focus of the business plan for Edgewater Hotel involves catering to out of town tourists, local, and regional guest. The licensee will continue to run advertising in travel/tourism publications such as the resorts and lodges website and Alaskatravel.com, and other online publications. The hotel has and continues to develop relationships with tour bus companies, and cruise ship industry to enhance, cater to, and expand tourism opportunities. The issuance of the liquor license has/will encourage tourism because having a full service hotel and restaurant will increase occupancy and tourism tax. We believe a liquor license will add value to the hotel which in return increase tourism to our establishment, Ketchikan, and Alaska as a whole.

2. Explain how the facility was/will be constructed or improved in accordance with this application.

This facility is located on Revillagigedo Island in Ketchikan Alaska. As such it is ideal for travelers who want an overnight stay in at a beautiful location. We do plan on painting adding new seating to the restaurant and bar. We are also adding 1 new ADA suite and 1 family suite. We will not be a Rodeway Inn anymore but an independent brand. We are also working on improving our signage from the view of the road.

3. Who operates the facility for which a liquor license is being applied?

Edgewater Hotel Group, LLC operates the facility.



4. Do you offer room rentals to the traveling public? Yes.

a. If so, how many of these rooms are available? Do any of the rentals rooms have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)? If yes, how many of the rental rooms have kitchen facilities the meet this definition? Do you stock alcoholic beverages in guest rooms?

There are 46 rooms for rent at the lodge. Rooms are equipped with a mini refrigerator.

5. Does your establishment include a dining facility?

Yes. The Edgewater Inn has a dining restaurant on premise. The facility serves breakfast, lunch, and dinner daily

6. Are additional amenities available to your guest through your establishment (eg: guided tours or trips, rental equipment for guest, other activities that attract tourist)

Yes, the Edgewater Inn provides tourist type amenities to its guest such as booking fishing trips with our sister lodge, arranging sightseeing trips, recommending hikes. The Edgewater inn is ideal for travelers who want an overnight staying a beautiful oceanfront setting. The lodge will continue to operate the facility as a tourist facility. In short, all of those things, which are routinely done by hotels in Alaska to encourage tourism, will continue to be done by the operators of the lodge.





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:	Edgewater Hotel Group, LLC	License #:	5391
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Edgewater Inn		
Premises Address:	4871 N Tongass Highway		
Local Governing Body:	City Ketchikan (Ketchikan Gateway Borough)		
Community Council:	None		

Mailing Address:	P.O. Box 5700		
City:	KETCHIKAN	State:	AK
		ZIP:	99901

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:	JOHN C. LOEFFLER	Contact Phone:	619-647-7829
Contact Email:	Chris@Caliberco.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:	MATTHEW HEROD	Contact Phone:	907-570-4420
Contact Email:	MHEROD@HUCHOSPITALITY.COM		

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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 #:	10053411
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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.

JL

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:	CDIF LLC				
Title(s):	MEMBERS	Phone:	619-647-7029	% Owned:	50
Mailing Address:	8901 E MOUNTAIN VIEW RD, STE 150				
City:	SCOTTSDALE	State:	AZ	ZIP:	85258

Name of Official:	CAIBER HOSPITALITY LLC				
Title(s):	MEMBER	Phone:	619-647-7029	% Owned:	30
Mailing Address:	8901 E. MOUNTAIN VIEW RD, STE 150				
City:	SCOTTSDALE,	State:	AZ	ZIP:	85258

Name of Official:	HEAVEN MANAGEMENT COMPANY LLC				
Title(s):	MEMBER	Phone:	480-565-6671	% Owned:	10
Mailing Address:	2147 E BASELINE RD				
City:	TEMPE	State:	AZ	ZIP:	85283



Name of Official: Leslie Hospitality Consulting LLC

Titles: Member

Phone: 402-502-4391

% Owned: 10

Mailing address: 1402. S 13th St

City: Omaha

State: NE

Zip: 68108



Name of Official: John C Loeffler

Titles: Affiliate

Phone: 619-647-7829

% Owned: 0

Mailing address: 8901 E Mountain View Rd, STE 150

City: Scottsdale

State: AZ

Zip: 85258





Alaska Alcoholic Beverage Control Board

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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.

JL

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.

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

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

☐	☐
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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.

☐	☐
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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.

☐ JL

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.

☐ JL

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.

☐ JL

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.

☐ JL

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 of Notary Public

Notary Public in and for the State of ARIZONAMy commission expires: 07/16/2022Subscribed and sworn to before me this 19th day of DECEMBER, 2018.

Printed name of licensee: Jodi L. Sabin
 Commission # 548257
 Notary Public - Arizona
 Maricopa County
 My Commission Expires July 16, 2022

Seasonal License?

Yes

☒

No

☐If "Yes", write your six-month operating period: APRIL 1st - OCTOBER 31st

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