



ALCOHOL AND MARIJUANA CONTROL OFFICE 550 West 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

## MEMORANDUM

TO:	Alcoholic	e Beverage Control Board	DATE:	July 9, 2019
FROM:	Erika Mo	Connell, Director	RE:	5779 Cove Peaks Lodge
Requeste Action:	ed	New License Application		
Statutory Authority			or to issue	ll applications for licenses made under , renew, revoke, transfer, or suspend itle."
		business that provides overnight	accommod ons to eng	recreation lodge" means a licensed lations and meals, is primarily involved age in outdoor recreation activities, and
Staff Rec	.:	Approve the new license applicat	ion	

**Background:** This is a new license application for a seasonal outdoor recreation lodge license in Homer. The applicant offers fly fishing tours and will assist the guests in booking additional tours. They have 4 cabins and one three-room family suite available for rent and provide meals to their overnight guests.

Attachment: Outdoor recreation lodge statement New license application



<sup>2</sup> O. Box 2678. Homer. AK 99603 (907) 987-4353

April 10, 2019

John Church Occupational Licensing Examiner Alaska DCCED 550 West Seventh Ave., Suite 1600 Anchorage, AK 99501

Re: Written Statement on Services and Offerings for Cove Peaks Lodge

Dear Mr. Church:

Per your request, please accept this Written Statement regarding the facilities and services of True Life Adventures Alaska LLC d/b/a Cove Peaks Lodge.

Cove Peaks Lodge is a remote wilderness lodge located on the east side of Kachemak Bay. The facility consists of six primary buildings which are the main lodge building, 4 guest cabins, and maintenance room/business center. Each of these are more fully described below:

- Main Lodge This is a two story building that functions as the primary center of our services and operations. On the main floor is a licensed kitchen for preparing guest meals. There is a large indoor dining area immediately attached to the kitchen through a half wall. There is a smaller more formal dining room also attached to the kitchen through a doorway. Also on the main floor are two rooms that are designated as staff quarters, as well as the general "living room" area for guests. Upstairs in the main lodge is a three-room family suite. Two rooms have full beds and the other room as three twin size beds. The three-suite suite has its own dedicated bathroom.
- Guest Cabins Each of the four cabins has a queen size bed as well as an upstairs sleeping loft that also has two twin beds. Each cabin has its own full bathroom and a half-kitchen.
- Maintenance Room/Business Center Half of this building has out tools, food storage, washer/dryers, freezers, etc. The other half of the building is our Business Center which consists of a large conference table with seating for 8-12 as well as A/V hookups for video conferencing.





### PO. Box 2678. Homer. AK 99603 (907) 987-4353

Absolute max capacity for guests is 23, but realistically, total occupancy will never excel 15 people. In terms of guest services, we provide two services. Most guests will be full services meaning that we will provide all meals, transportation to/from site, and arrange all activities during their stay. When there are openings not being used by a full service guests, we do rent out our cabins as a stay-only site. In that case, the customer is required to provide their own transport to the facility (typically by water taxi) and only has use of the cabin facility. These guests constitute less than 20% of our clientele.

In terms of activities, most guests are participating in fishing charters (provided by a charter that we also operate). We also arrange additional activities for guests through local service providers and outfitters. This includes kayaking, scenic boat tours, air tours, bear tours, fly fishing, and/or hunting trips. Typically, guests are provided with a packed lunch in the morning as they leave to do their daily activities, although some guests to remain at the lodge for a traditional lunch service.

it is our wish to be able to serve alcohol with our dinner meal service, our on-site lunch meal service, and as well as beverages before and after dinner. As the facility has no access by road or foot, all people being served will be overnight guests of the lodge.

If there any additional questions or information that you require, please let me know.

Sincerely,

Erik R. Groves Cove Peaks Lodge



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Alaska Alcoholic Beverage Control Board

### Form AB-00: New License Application

#### What is this form?

This new license application form is required for all individuals or entities seeking to apply for a new liquor license. Applicants should review **Title 04 of Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

	ection 1 – Establish siness seeking to be licensed.	ment and C	ontact Informati	on	$\sum$
Licensee:	True Life Adventure	es LLC True	e Life Adventures	Absk	alle
License Type:	Outdoor Recreation		Statutory Reference		AS 4.11.225
Doing Business As:	Cove Peaks Lodge	)			
Premises Address:	50815 Halibut Cove	e			
City:	Homer	State:	AK	ZIP:	99603
Local Governing Body:	Kenai Peninsula Bo	orough			
Community Council:	N/A				
	T				
Mailing Address:	P.O. Box 2678				
City:	Homer	State:	AK	ZIP:	99603

<b>Designated Licensee</b>	Erik Gr	oves		
Contact Phone:	907-75	6-3124	Business Phone:	907-756-3124
Contact Email:	egrove	s@erikgrove	slaw.com	
easonal License?	es No	If "Yes", write	your six-month operating pe	eriod: May 15-Nov 15

	OFFICE USE	ONLY		
Complete Date:	License Years:		License #:	
Board Meeting Date:		Transaction #:		
Issue Date:		BRE:		

[Form AB-00] (rev 10/10/2016)

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## Form AB-00: New License Application

Section 2 – Pre	mises Informa	ation	
Premises to be licensed is:			
✓ an existing facility a new building	a proposed buil	ding	
The next two questions must be completed by beverage dispense	sary (including touris	m) and <u>package store</u> applica	ants only:
What is the distance of the shortest pedestrian route from th the outer boundaries of the nearest school grounds? Include			ed premises to
N/A			
What is the distance of the shortest pedestrian route from the public entrance of the nearest church building? Include t	· · · · · · · · · · · · · · · · · · ·		d premises to
N/A			
		p Information	
This section must be completed by any <u>sole proprietor</u> who is an If more space is needed, please attach a separate sheet with the The following information must be completed for each licensee at This individual is an:	required information	Entities should skip to Section n.	n 4.
If more space is needed, please attach a separate sheet with the The following information must be completed for each licensee at	required information	Entities should skip to Section n.	n 4.
If more space is needed, please attach a separate sheet with the The following information must be completed for each licensee at This individual is an: applicant affiliate	required information	Entities should skip to Section n.	n 4.
If more space is needed, please attach a separate sheet with the The following information must be completed for each licensee at This individual is an: applicant affiliate	required information	Entities should skip to Section n.	n 4.
If more space is needed, please attach a separate sheet with the The following information must be completed for each licensee at This individual is an: applicant affiliate Name: Address:	required information nd each affiliate (spou	Entities should skip to Section n. use).	n 4.
If more space is needed, please attach a separate sheet with the The following information must be completed for each licensee at This individual is an: applicant affiliate Name: Address: City:	required information nd each affiliate (spou	Entities should skip to Section n. use).	n 4.
If more space is needed, please attach a separate sheet with the The following information must be completed for each licensee at This individual is an: applicant affiliate Name: Address: City: This individual is an: applicant affiliate	required information nd each affiliate (spou	Entities should skip to Section n. use).	n 4.



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### Alaska Alcoholic Beverage Control Board

# Form AB-00: New License Application

### Section 4 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 5. If more space is needed, please attach a separate sheet with the required information.

- 0
- 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.

Entity Official:	David A. Schaaf				
Title(s):	Manager/ <del>Owne</del> r	Phone:	970-250-9286	% Ov	vned: 37.5
Address:	1218 H Lane	J			
City:	Delta	State:	СО	ZIP:	81416
City:		State:	CO	ZIP:	81416
ntity Official:	Steven L. West				
Title/al			1	1	

Manager/Owner	Phone:	970-275.3950	% Ou	vned: 37.5	
12596 Slate Point Road			<u></u>		
Paonia	State:	СО	ZIP:	81428	
	12596 Slate Point Road				

Entity Official:	Erik R. Groves		······································		
Title(s):	Manager	Phone:	907-756-3124	% Own	ed: 2.5
Address:	3851 Homer Spit Road	I			V
City:	Homer	State:	AK	ZIP:	99603

Entity Official:	TLA Holdings LT	TD			(\$
Title(s):	Owner Member	Phone:	970-250-928	16 % Ow	vned: 100
Address:	650 North Mis 5	54			100
City:	Dett	State:	00	ZIP:	81416

[Form AB-00] (rev 10/10/2016)



APR 1 2 2019



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# Form AB-00: New License Application

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

r						
DOC Entity #:	10045623	AK Formed Date:	11/28/2016	Home State:	AK	
Registered Agent:	Erik R. Grove	es.	Agent's Phone:	907-756-31	24	
Agent's Mailing Addre	ss: 3851 Homer	Spit Road		I		
City:	Homer	State:	AK	ZIP:	9960	3
Residency of Agent:				1	Yes	No
ls your corporation o	or LLC's registered agent a	n individual resident of	the state of Alaska?		~	Г
	Sect	ion 5 – Other L	icenses			
Ownership and financial in	terest in other alcoholic b	everage businesses:			Yes	No
Does any represental any other alcoholic bo	tive or owner named in th everage business that doe	is application have any	direct or indirect fina	ncial interest in		~
ommunication with AMCO		tion 6 - Authori	zation			
					Yes	No
Does any person othe AMCO staff?	r than a licensee named ir	n this application have a	authority to discuss th	is license with	Yes	No
AMCO staff?				is license with	Yes	No
Does any person other AMCO staff? If "Yes", disclose the nam David Alan Schaaf Steven L. West	ne of the individual and th			is license with	Yes	No 
AMCO staff? If "Yes", disclose the nam David Alan Schaaf	ne of the individual and th		prization:		L	No
AMCO staff? If "Yes", disclose the nam David Alan Schaaf Steven L. West	ne of the individual and th		RECEIV	TED.	L	
AMCO staff? If "Yes", disclose the nam David Alan Schaaf Steven L. West	ne of the individual and th		prization:	TED.	L	



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# Form AB-00: New License Application

### Section 7 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

I certify that all proposed licensees have been listed with the Division of Corporations.

I certify 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.

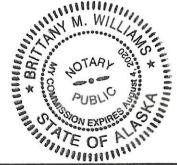
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

As an applicant for a liquor\_license, 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.

Signature of licensee

Printed name of licensee



ams gnature of Notar Notary Public in and for the State of

day of

My commission expires: 08/04

Subscribed and sworn to before me this

[Form AB-00] (rev 10/10/2016)

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AMCO FEB 2 5 2019



Initials







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### Alaska Alcoholic Beverage Control Board Form AB-02: Premises Diagram

#### What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The <u>second page</u> of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.	~	

### Section 1 - Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	True Life Adventures Alaska LLC	License	Number:	5779	
License Type:	Outdoor Recreation Lodge				
Doing Business As:	Cove Peaks Lodge				
Premises Address:	50815 Halibut Cove				
City:	Homer	State:	AK	ZIP:	99603

[Form AB-02]	(rev 06/24/2016)
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### Alaska Alcoholic Beverage Control Board

### Form AB-02: Premises Diagram

#### Section 2 – Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.

See Allached Layouts - \*\* Measurement Not Actual \*\* 1) Property / Building Layout 2) Lodge Main Bldg Floor Plan 3) Lodge Second Floor Plen \*\*\* There are three openings in the decking area - each will have

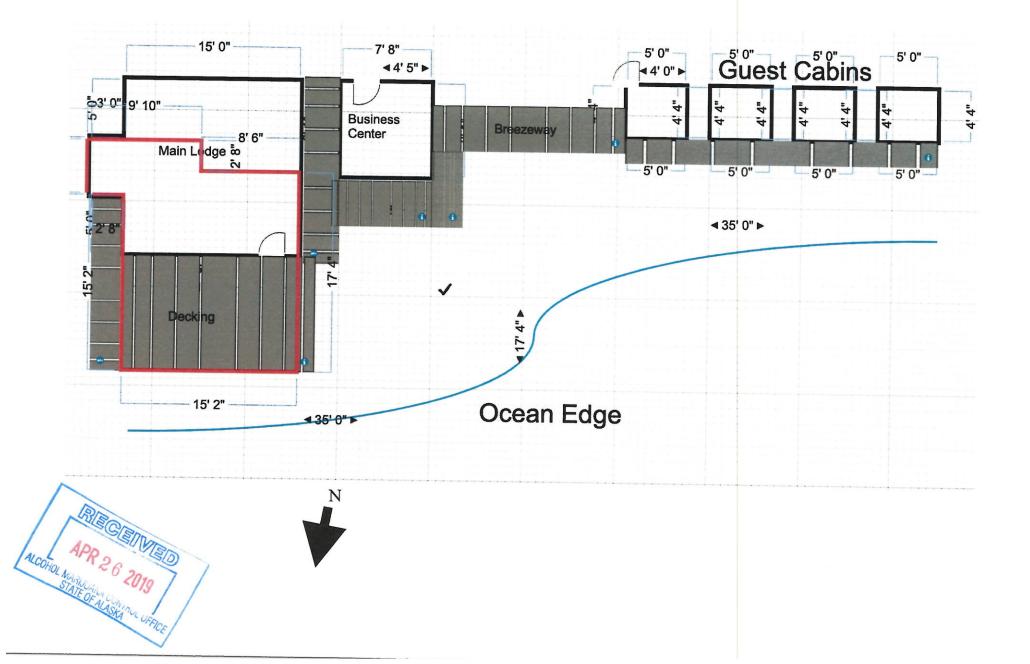
a hook with a sign attaching informing guests that alcohol may not be served or carried outside of the designated area. An additional sign will be placed on the stair case from the first to second floor of the lodge. Employees will monitor the deck area

[Form AB-02] (rev 06/24/2016)



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#1 - Property and Building Layout



# #2 - Main Lodge First Level Floor Plan

# Location of Perimeter signs are shown by Blue 'X'

