

Department of Commerce, Community, and Economic Development

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

MEMORANDUM

TO: Alcoholic Beverage Control Board DATE: September 10, 2019

FROM: Erika McConnell, Director RE: 5831 Highliner Lodge & Charters Inc.

Requested New license application

Action:

AS 04.06.090(b): "The board shall review all applications for licenses made under this Statutory

Authority: title and may order the director to issue, renew, revoke, transfer, or suspend licenses

and permits authorized under this title."

Staff Rec.: Approve with delegation

Background: This is a new license application for a seasonal outdoor recreation lodge license in the City of Pelican.

AS 04.11.225(c) requires that the establishment must provide overnight accommodations and meals, be primarily involved in offering opportunities for persons to engage in outdoor recreation activities, and have a minimum of two overnight guest rooms.

The applicant offers fishing charters and all-inclusive fishing packages that include processing and shipping of fish to Juneau. They have 5 suites, 7 standard rooms, 4 houses, and an annex building available for rent. Meals are provided to their overnight guests.

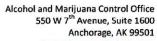
Attachment: License application

Outdoor Recreation Lodge - Seasonal License #4620 Statement

Highliner Lodge and Charters Inc accommodates and meals for up 50 guests at one time. The average number of guests during our season is 25. We have 5 suites with two rooms and 7 standard rooms available in the lodge itself. We have 4 houses and an Annex building that combined have another 14 rooms. All rooms are suitable for double occupancy.

We offer fully guided fishing on 8 charter vessels. We process all of our guests fish and ship the fish to Juneau. We specialize in all-inclusive fishing packages.

We serve four course white table cloth meals to our guests every night as well as provide breakfast and lunch. We serve beer, wine and mixed drinks along with the guests' meals.



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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

What is this form?

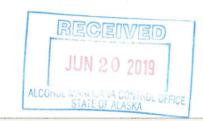
This new license application form is required for all individuals or entities seeking to apply for a new liquor license. Applicants should review Title 04 of Alaska Statutes and Chapter 304 of the Alaska Administrative Code. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 304.105.

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.

Section 1 - Establishment and Contact Information

Enter information for the bu	siness seeking to be licensed.							
Licensee:	Highliner Lodge & Chart	ighliner Lodge & Charters Inc						
License Type:	Outdoor Recreational Lodge Seas	onal	Statutory Reference:			04.11.225		
Doing Business As:	lighliner Lodge & Charters Inc							
Premises Address:	1014 Salmon Way							
City:	City: Pelican		AK		ZIP:	99832		
Local Governing Body:	City of Pelican							
Community Council:	Pelican City Council							
Mailing Address:	2600 N Amberwood Dr							
City:	Tucson	State:	AZ		ZIP:	85749		

Designated Licensee:	James S Daniels							
Contact Phone:	907 738-1606	Business	Phone:	907 73	5 247	7 5		
Contact Email:	steve@highlinerlodge.co	m						
Yes Seasonal License?	No If "Yes", write your s	ix-month o _l	perating perio	_{d:} 5/1 t	to 1	1/1		
OFFICE USE ONLY								
Complete Date:	7/2/19 License Years:	19	20	License	#:	5831		
Board Meeting Date:	9/9/19	Trans	action #:	108	172	-9		
Issue Date:	Issue Date: BRE:							
[Form AB-00] (rev 10/10/2016)						Page 1 of 5		





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

Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

Section 2 - Premises Information Premises to be licensed is: an existing facility a new building a proposed building The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only: What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer. 1/3 mile What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer. 1/3 mile Section 3 - Sole Proprietor Ownership Information This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse). This individual is an: applicant affiliate Name: Address: City: State: ZIP: This individual is an: applicant affiliate Name: Address: City: State: ZIP:



Page 2 of 5



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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.

- 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 <u>limited liability organization</u>, the following information must be completed for each *member with an* ownership interest of 10% or more, and for each manager.

	10% or more, and for each general po	artner.				
Entity Official:	James S Daniels					
Title(s):	President	Phone:	907 738 1606	% Owi	ned:	50
Address:	Box 707					
City:	Pelican	State:	AK	ZIP:	998	332
Entity Official:	Jill Daniels		ī			
Title(s):	Sec/Treasurer	Phone:	907 738 4313	% Owi	ned:	50
Address:	2600 N Amberwood	Dr				
City:	Tucson	State:	AZ	ZIP:	857	749
Entity Official:	Ali Daniels			*** · · · · · · · · · · · · · · · · · ·		
Title(s):	VP	Phone:	520 490 4103	% Owi	ned:	None
Address:	2600 N Amberwood	Dr		<u> </u>		I
City:	Tucson	State:	AZ	ZIP:	857	749
				,		
Entity Official:						
Title(s):		Phone:		% Owr	red:	
Address:				F.		
City:		State:		ZIP:		****

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



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Alaska Alcoholic Beverage Control Board

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.

DOC Entity #:	101576	AK Formed Date:	6/1/06	Home State:	AK		
Registered Agent:	James Dan	iels	Agent's Phone:	907 738 16	3 1606		
Agent's Mailing Address:	2600 N Ami	berwood Dr					
City:	Tucson	State:	AZ	ZIP:	85749	9	
esidency of Agent:	•	*.	3		Yes	No	
Is your corporation or LL	C's registered agen	t an individual resident of	the state of Alaska?		V		
	Se	ction 5 – Other L	icenses.				
wnership and financial intere	est in other alcohol	ic beverage businesses:			Yes	No	
		n this application have any does business in or is licer		ancial interest in	V		
If "Yes", disclose which indi license number(s) and licen	ividual(s) has the fi se type(s):	nancial interest, what the	e type of business is,	and if licensed in A	Alaska, whi	ch	
If "Yes", disclose which indi license number(s) and licen James Daniels & Jill	ividual(s) has the fi se type(s): Daniels: Rosid	nancial interest, what the	type of business is,	and if licensed in A			
If "Yes", disclose which indi license number(s) and licen James Daniels & Jill	ividual(s) has the fi se type(s): Daniels: Rosid	e's Bar & Grill Lic #9	type of business is,	and if licensed in A	Alaska, whi	No	
If "Yes", disclose which indi- license number(s) and licen James Daniels & Jill purpose of the state of the s	ividual(s) has the fi ise type(s): Daniels: Rosid Se aff:	e's Bar & Grill Lic #9	e type of business is, a				
ommunication with AMCO st AMCO staff?	ividual(s) has the fi ise type(s): Daniels: Rosie Se aff:	e's Bar & Grill Lic #9	e type of business is, and the second				
If "Yes", disclose which indilicense number(s) and licen James Daniels & Jill Does any person other to	ividual(s) has the fi ise type(s): Daniels: Rosie Se aff:	e's Bar & Grill Lic #9	e type of business is, and the second				
ommunication with AMCO st AMCO staff?	ividual(s) has the fi ise type(s): Daniels: Rosie Se aff:	e's Bar & Grill Lic #9	e type of business is, and the second		Yes		
ommunication with AMCO st AMCO staff?	ividual(s) has the fi ise type(s): Daniels: Rosie Se aff:	e's Bar & Grill Lic #9	e type of business is, and the second	this license with	Yes	No ✓ e 4 of 5	
ommunication with AMCO st AMCO staff?	ividual(s) has the fi ise type(s): Daniels: Rosie Se aff:	e's Bar & Grill Lic #9	e type of business is, and the second	this license with	Yes	No ✓ e 4 of 5	



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Alaska Alcoholic Beverage Control Board

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:	Initials
I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this app	olication.
I certify that all proposed licensees have been listed with the Division of Corporations.	de
certify that I understand that providing a false statement on this form or any other form provided by AM for rejection or denial of this application or revocation of any license issued.	CO is grounds
l certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identipatron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.	selling or
agree to provide all information required by the Alcoholic Beverage Control Board in support of this appli	cation.
As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with hat this application, including all accompanying schedules and statements, is true, correct, and complete.	AS 04 and 3 AAC 304, and
ignature of licensee Signature of Notary F	Public
lamas C Davida	1
Trinted name of licensee Notary Public in and for the State of	Mulcula.
	res: <u>D3-73-1110</u>
Omri Childs Notary Public Pima County, Arizona My Comm. Expires 03-28-2020	, 20 <u>1 /</u> j
Form AB-00] (rev 10/10/2016)	Page 5 of 5





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Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

What is this form?

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

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, features, 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.

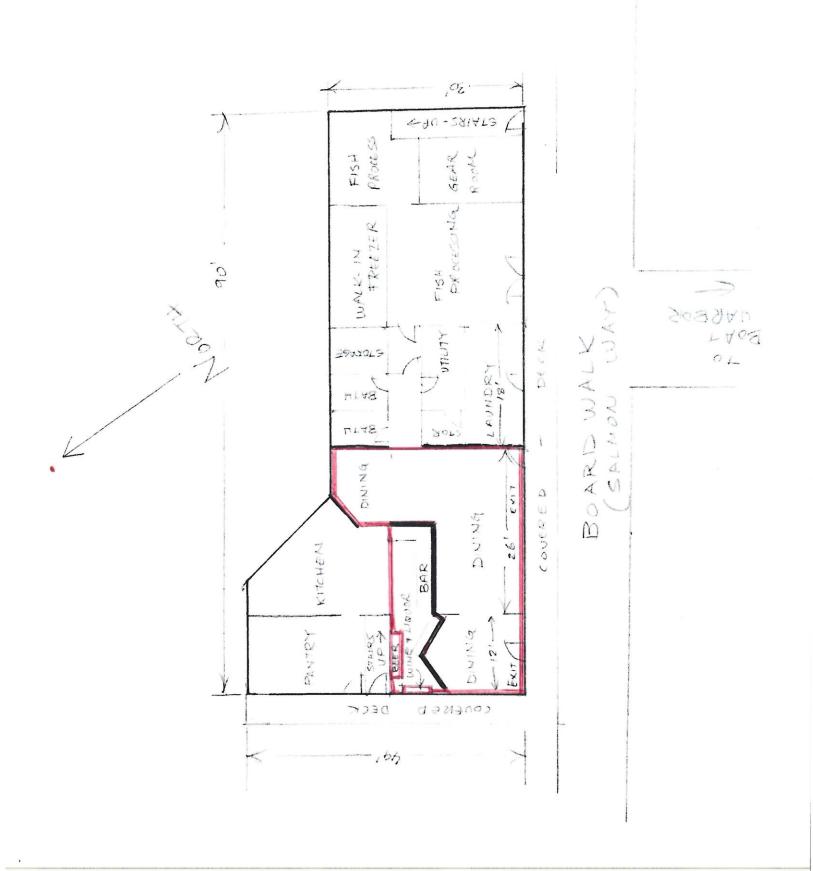
This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

		Yes	
nave attached blueprints, age of this form.	CAD drawings, or other supporting documents in addition to, or in lieu of, the second	Ø	
	Section 1 – Establishment Information		
	2661011 1 226221		
nter information for the b	usiness seeking to be licensed, as identified on the license application.	QA	n
HI	HUNGR LOOKS + CHARTERS THE.	gh	9
HI	HUNGR LOOKS + CHARTERS THE.	AN SEA	SONA
Licensee: QX	HUNGR LOOKS + CHARTERS THE.	AMESEN L	SONA
Licensee: Oxy.	HUNER LIDGE + CHARTERS FIC.	AMESEN L	SONA

JUN 2 0 2019

ALCOHOL ALTHUMANA GUISTING OFFICE
STATE OF ALASKA

Page 1 of 2











Form AB-03: Restaurant Designation Permit Application

What is this form?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 - 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A menu or expected menu listing the meals, including entrees prepared onsite and offered to patrons, and copy of the DEC Food Service Permit (or corresponding DHHS documentation for licenses located in the Municipality of Anchorage) must accompany this form. Applicants should review AS 04 16.049 - AS 04.16.052 and 3 AAC 304.715 ~ 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

Section 1 - Establishment Information

Enter information for lice	nsed establishment.				
Licensee:	HIGHLINER LODGE	+ CHAN	7ENS	IN	14
License Type:	OUTDOOR RECIEATIONAL LOUGE SEASONAL	Ucense	Number:	46	20 04
Doing Business As:		CHART	ENS	FA	
Premises Address:	1014 SALMON W.	AT			
City:	PELICAN	State:	AK	ZIP:	99832
Contact Name:	TAMES DANIEZS	Contact	Phone:	207	1381606

Section 2 - Type of Designation Requested

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

1.	Dining after standard closing ho	urs: AS 04.16.010(c)		
2.	Dining by persons 16 – 20 years	of age: AS 04.16.049	9(a)(2)	
3.	Dining by persons under the age	of 16 years, accom	panied by a person over the age of 21: AS 04.16.049	(a)(3)
4.	Employment for persons 16 or 1 NOTE: Under AS 04.16.049(d), th	7 years of age: AS 04 nis permit is not requ	4.15.049(c) sired to employ a person 18 - 20 years of age.	
		OFFICE USE O	PMLY	
Tn	onsaction 8: 1081729	Initials:	CDC	
Ífor	n AB-03] (rev 4/16/2019			

Page 1 of 5





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Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 – Minor Access
Review AS 04.16.049(a)(2); AS 04.16.049(a)(3); AS 04.16.049(c)
List where within the premises minors are anticipated to have access in the course of either dining or employment as designated in
Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)
Minors will be allowed in the dining area only
Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.
Dasking all customers to present I.D. Dietting quests over 21 years know that they may not provide alcohol to persons under 21 Blackeds posted in Dining area The Servers trained in Techniques of Alcohol Management
Sustain all customers to present 2.5.
PLETTING quests over 21 years know that they
May not provide alcohol to persons under 21
3) Maracle assert in Dining areas
protection of the state of the
4) Servers trained in lechniques of Alcohol Management
Yes No
is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?
Section 4 – DEC Food Service Permit
Per 3AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the
Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.
Please follow this link to the DEC Food Safety Website: http://dec.alaska.gov/eh/fss/food/
Please follow this link to the Municipality Food Safety Website: http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx
IF you are unable to certify the below statement, please discuss the matter with the AMCO office: Initials
I have attached a copy of the current food service permit for this premises OR the plan review approval.
*Please note, if a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.
Form AB-03] (rev 4/16/2019

[Form AB-03] (rev 4/16/2019

Page 2 of 5



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Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 4 – Hours of Operation		
Review AS 04.16.010(c).		
Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and ind	icate am	/pm:
5:30 am to 9pm every day of the week		
Section 5 - Entertainment & Service Review AS 04.11.100(g)(2)		
Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?	Yes	No X
If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur:		
N)A	7	
Food and beverage service offered or anticipated is:		
table service buffet service counter service other		
f "other", describe the manner of food and beverage service offered or anticipated:		

[Form AB-03] (rev 4/16/2019

Page 3 of 5



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Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 6 - Certifications and Approvals

Read each line below, and then sign your initials in the box to the right of each statement:	Initials
There are tables or counters at my establishment for consuming food in a dining area on the premises.	al
I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons. This menu includes entrees that are regularly sold and prepared by the licensee at the licensed premises.	al
I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.	AR
I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted. (AB-03 applications that accompany a new or transfer license application will not be required to submit an additional copy of their premises diagram.)	pe.
I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is to correct, and complete. Signature of licensee Signature of Notary Public in and for the State of Control of the State o	cad 1
NOTARY PUBLIC Cheyenne K. Bean STATE OF ALASKA My Commission Expires October 3, 2021 Subscribed and sworn to before me this 23 day of 4 4211	, 20_19.
Local Government Review (to be completed by an appropriate local government official): Approved D Signature of local government official Date Printed name of local government official Title	enied
Form A8-03] (rev 4/16/2019	ge 4 of 5



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Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:	Enforcement Recommendation:	Approve	Deny
		П	
Signature of AMCO Enforcement Supervisor	Printed name of AMCO Enforcement Supervisor		
Date			
Enforcement Recommendations:	27723		
AMCO Director Review:		Approved	Denied
Signature of AMCO Director	Printed name of AMCO Director		
Date			
Limitations:			
			1
L			
[Form AB-03] (rev 4/16/2019			Page 5 of 5

Summer 2019 Menu

Breakfast:

Breakfast would consist of a variety of continental offerings, as well as additional "hot" items that rotate. (this is the new style breakfast setup)

Sample Breakfast Menu

Granola bar (assorted cereal)
Fresh Fruits
Cereal toppings
Assorted Pastries
Bagels w/ assorted spreads
Fresh Orange, Apple, and Cranberry Juice

Hot Items would include but not limited to:

Garden Quiche w/ Arugula Ensalada Homemade Biscuits & Gravy Toasted Bacon, Egg & Cheese on Wheat Hearty Irish Cut Oatmeal Eggs Bennie

Lunch:

Lunches will include a hearty sandwich, chips, snack/ candy bars and a variety of beverages.

Sample Sandwiches:

Day1: Roast beef & Swiss w/ Horseradish Aioli Day2: Turkey, Bacon, Avocado w/ dijonaise

Day 3: Italian Sub

Day 4: Chicken Salad Wrap

Day 5: Ham & Cheddar

Day 6: Tuna Salad W/ crisp veggies

Day 7: Chef Choice

Pre-Dinner Snack:

Day 1: Avocado Poke

Day 2: Loaded Potato Skins

Day 3: Spinach Artichoke Dip w/ Chips

Day 4: Market Charcuterie boards, house pickles and assorted crackers

Day 5: Trio of Deviled eggs

Day 6: Potato Taquitos w/ fresh salsa

Day 7: Classic Hummus W/ crudité

Dinner Menu:

Day 1:

Halibut Potstickers, Ponzu Sauce

Empress Salad, mandarin oranges, cashews , crispy wantons, sesame vinaigrette

Miso Glazed Salmon, rice cake, fresh snap peas

Mango & Coconut (rice pudding/ panna cotta

Day 2:

Caramelized Onion Gougeres

Minestrone, rich tomato broth, onions, potatoes, celery, pasta, fresh herbs Seared Scallops, spring pea risotto, brussel sprout hash

Mixed Berry Bar, lemon curd, whip cream

Day 3:

Salmon tartar

Classic Wedge Salad, bacon, tomatoes, pickled red onions, herb buttermilk Steak Roquefort, squash, grilled cippolini, roasted roots.

Brownie a La Mode

Day 4:

Arancini, fresh "salsa verde"

Haricot Vert salad

Cioppino, hearty rich seafood stew, steamed mussels, clams, white fish, shrimp, braised veggies. Toast points

Cannoli, classic dark chocolate and pistachio

Day 5:

Griddle cake, tossed crab and herb salad

Cucumber salad,

Apple Cider Pork Chops, cornbread soufflé , braised greens, tomato jam, mustard cream

Banana Pudding

Day 6

Fresh Naan Flatbread

Hearty spring greens salad, honey balsamic vin

Smoked Halibut, roasted potatoes, romenasco, cauliflower, tomato nage

Fresh Strawberry shortcake or cookies

Day 7

Grilled and Chilled Shrimp Cocktail

Cesar Salad

Prime Rib, twice baked potatoes, garlic broccoli

Crème Brule

April 23,2019

AMCO Board

RE: Restaurant Designation Permit and License #4620

Please accept my application for a Restaurant Designation Permit. I have had a Restaurant Designation Permit for over tens years without any complaints or infractions Operating my restaurant within the Highliner lodge in Pelican, Alaska. The lodge provides overnight accommodations for up to 50 persons in 5 suites, 8 rooms, and 4 off site houses in Pelican. We provide charter and sightseeing trips as well. We are open for business May through August or early September.

Thank youn

James S. Daniels

President

Highliner Lodge & Charters Inc

Pelican, AK 99832

907 735 2475



Alaska Food Code 2019 Establishment Permit

Division of Environmental Health Food Safety & Sanitation Program

Permit Number:

1823

Issued to:

James & Jill Daniels

For:

Highliner Lodge FS

For Operation of:

FF-1 Food Service

Located at:

1031 S Salmon WAY Pelican, AK 99832

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:

December 31, 2019

Program Manager:

If you have questions or concerns regarding safe food handling practices call toll free:

1-87-SAFE-FOOD

(in Anchorage call 334-2560)

