



Alaska Alcoholic Beverage Control Board
Tourism Statement

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

A new, transfer, or renewal application for a beverage dispensary – tourism or restaurant / eating place – tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

This document must be submitted to AMCO's main office before any tourism license application will be reviewed.

Section 1 – Establishment Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Table with 4 columns: Doing Business As, License #, License Type, and an empty column. Values include Happy Endings Saloon, 5372, and Beverage Dispensary - Tourism Duplicate.

Section 2 – Tourism Statement

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

Letter attached

2.2. Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1):

Letter attached

2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

YES [checked] NO [ ]

2.4 If "no" who operates the tourism facility?

[Empty box for answer]



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2.5 Do you offer room rentals to the traveling public?

YES  NO

If "yes" answer the following questions:

How many rooms are available?

The Morning Wood Hotel has 16 rooms

How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)?

None of our rooms have a kitchen facility in them, but we have an on-site restaurant (The Station Bar & Grill).

Do you stock or plan to stock alcoholic beverages in guest rooms?

YES  NO

If "no" is your facility located within an airport terminal?

YES  NO

2.6 If your establishment includes a dining facility, please describe that facility. If it does not please write "none".

The Station Bar & Grill is an American Style restaurant. We serve lunch and dinner and seat about 100 people.

2.7 If additional amenities are available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists), please describe them. If they are not offered, please write "none".

We have a Cornhole arena on site which attracts tourists off the cruise ships as well as, independent travelers. We also host lots of fun events that encourage folks from Whitehorse, Haines & Juneau to come to Skagway for and spend the night!

AMCO  
DEC 16 2019

The Station Bar & Grill & Happy Endings Saloon  
Elizabeth F. Smith  
P.O. Box 280  
Skagway, AK 99840

Alaska Alcohol Control Board  
550 W 7th Avenue, Suite 1600  
Anchorage, AK 99501

December 11, 2019

Dear Board of Directors,

My name is Elizabeth F. Smith, and I am, and have been, the owner and operator of this liquor license since we opened in July of 2016! Happy Endings Saloon is a year-round establishment that serves liquor, beer, wine and light snack food. Currently, we encourage tourism through our 16-room hotel (The Morning Wood Hotel), restaurant, saloon and various year-round activities to create an atmosphere for travelers that will entice them to stay longer than a day.

**The Morning Wood Hotel does not stock any of our hotel rooms with any alcohol .** We offer discounts throughout the winter months at the hotel, as well as the restaurant, to encourage our neighbors from Whitehorse, Juneau and Haines to come visit Skagway for a weekend without it costing them a fortune. We also try and encourage visitors to spend the night or two by providing live music or special events like Bacon Fest or Local Game Shows. Although, we have had our work cut out for us with the winter ferry schedule. The Alaska Marine Highway's cuts to the ferry schedule have definitely had a negative impact on Skagway's winter tourism.

Happy Endings Saloon and the Morning Wood Hotel's staff are all well trained to answer any questions our customers may have regarding tours and other local attractions whether it be historical sites or the various hiking trails we have here in Skagway. We provide various phone numbers to different tour companies, or book the tour directly for them, depending on what the customer/guest is requesting, or we directly contact Skagway's tour brokerage, M & M Tours to get the information our guests need. The hotel offers Wi-Fi to our guests in case they wish to book their tour themselves online.

Happy Endings Saloon and the Morning Wood Hotel are constantly trying to make improvements for our customers and guests. In July of 2016, our hotel expansion was completed! This expansion added an additional 8 hotel rooms to our hotel, all with private bathrooms, satellite tv, mini fridges (**that are NOT stocked with any alcohol**), Wi-Fi and coffee makers. The expansion also created a larger hotel lobby with gift shop and a hotel bar!

I hope this letter provides all the answers to your questions, however, please feel free to contact me if you have any further questions or concerns. My phone number is: (907)612-0100.

I am a very conscientious liquor license holder and have never had a problem with either of my licenses, locally or statewide. We are a year-round, local business who does our best to support local commerce and encourage tourism.

Thanks for your consideration in renewing my application.

Kind Regards,



Elizabeth F. Smith/Owner  
(907)612-0100

AMCO  
DEC 16 2019



Alaska Alcoholic Beverage Control Board  
**Beverage Dispensary – Tourism License**  
**Form AB-17d: 2020/2021 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 is due to renew by December 31, 2019. 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 and submitted to AMCO’s main office before any license renewal application will be reviewed. 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:             | Elizabeth F Smith                       | License #: | 5372 |
| License Type:         | Beverage Dispensary - Tourism Duplicate |            |      |
| Doing Business As:    | Happy Endings Saloon                    |            |      |
| Premises Address:     | 4th & State Street                      |            |      |
| Local Governing Body: | Municipality of Skagway Borough         |            |      |
| Community Council:    | None                                    |            |      |

|                  |              |        |    |      |       |
|------------------|--------------|--------|----|------|-------|
| Mailing Address: | P.O. Box 280 |        |    |      |       |
| City:            | Skagway      | State: | AK | ZIP: | 99840 |

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: | Elizabeth (Beth) Smith | Contact Phone: | (907) 612-0100 |
| Contact Email:    | skagpie@yahoo.com      |                |                |

**Optional:** If you wish for AMCO staff to communicate with an 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: |  | Contact Phone: |  |
| Contact Email:   |  |                |  |



# Form AB-17d: 2020/2021 Tourism Renewal License Application

## Section 3 – Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. 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.

The following information must be completed for each licensee and each affiliate.

This individual is an:  applicant  affiliate (spouse)

|                  |                    |        |                |                |       |
|------------------|--------------------|--------|----------------|----------------|-------|
| Name:            | Elizabeth F. Smith |        | Contact Phone: | (907) 612-0100 |       |
| Mailing Address: | P.O. Box 280       |        |                |                |       |
| City:            | Skagway            | State: | AK             | ZIP:           | 99840 |
| Email:           | skagpie@yahoo.com  |        |                |                |       |

This individual is an:  applicant  affiliate (spouse)

|                  |                            |        |                |                |       |
|------------------|----------------------------|--------|----------------|----------------|-------|
| Name:            | Mark J. Smith              |        | Contact Phone: | (907) 612-0101 |       |
| Mailing Address: | P.O. Box 280               |        |                |                |       |
| City:            | Skagway                    | State: | AK             | ZIP:           | 99840 |
| Email:           | hotelmorningwood@yahoo.com |        |                |                |       |

## 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:

2018      2019

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.



Section 6 - Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019: Yes No

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019? [ ] [X]

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 2018 or 2019? [ ] [X]

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. [Initials]

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. [Initials]

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. [Initials]

I am submitting as part of this application a completed copy of the attached Tourism Statement form, for review by the Alcoholic Beverage Control Board. [Initials]

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: Elizabeth F. Smith

Printed name of licensee: Elizabeth F. Smith

Signature of Notary Public: [Signature]

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 12/28/19

Subscribed and sworn to before me this 12 day of December, 2019.



Seasonal License? Yes [ ] No [X]

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): |            |                  |           |        | \$ 2,800.00 |