



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.

| | | | |
|--------------------|-------------------------------|------------|------|
| Doing Business As: | Sockeye Saloon | License #: | 5642 |
| License Type: | Beverage Dispensary - Tourism | | |

Section 2 – Tourism Statement

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

The central focus of the Sockeye Saloon is catering to out of town tourists, local, and regional guests. The licensee will continue to run advertising in travel/tourism publications and directories as well as through electronic methods, including an online presence via property specific website and other relevant platforms. The Sockeye Saloon works with local lodges and guides to provide further services to guests.

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

This facility is located adjacent to the King Salmon Airport, on the Naknek Alaska Peninsula Hwy. As such it is ideal for travelers who want an overnight stay in a beautiful location conveniently located adjacent to the airport with easy access to air service to the Katmai National Park and numerous guide services. The Sockeye Saloon is the only full service (bar, eating, lodging) provider in the Naknek/King Salmon area, providing facilities for the 50+ thousand tourists that come through each season.

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

YES

NO

2.4 If “no” who operates the tourism facility?



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Tourism Statement

2.5 Do you offer room rentals to the traveling public?

YES NO

If "yes" answer the following questions:

How many rooms are available?

We have 16 rooms available to rent

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)?

8 rooms have kitchen facilities

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 Sockeye Saloon offers dining services including lunch and dinner.

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 work with other local tourist services such as airlines and guides services.



Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

| | | | |
|--------------------|-------------------------------|-----------------|---------|
| Doing Business As: | Sockeye Saloon | License Number: | 5642 |
| License Type: | Beverage Dispensary - Tourism | | |
| Examiner: | <i>Carne</i> | Transaction #: | 1165729 |

| Document | Received | Completed | Notes |
|----------------------------|----------|-----------|-------|
| AB-17: Renewal Application | 11/1 | 12/5 | |
| App and License Fees | 11/1 | 11/1 | |

| Supplemental Document | Received | Completed | Notes |
|-----------------------------|----------|-----------|-------|
| Tourism/Rec Site Statement | 11/1 | 11/1 | |
| AB-25: Supplier Cert (WS) | | | |
| AB-29: Waiver of Operation | | | |
| AB-30: Minimum Operation | | | |
| AB-33: Restaurant Affidavit | | | |
| COI / COC / 5 Star | | | |
| FP Cards & Fees / AB-08a | | | |
| Late Fee | | | |

| | |
|--------------------|--|
| Names on FP Cards: | |
|--------------------|--|

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| Selling alcohol in response to written order (package stores)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mailing address and contact information different than in database (if yes, update database)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| In "Good Standing" with CBPL (skip this and next question for sole proprietor)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

LGB 1 Response: *Bristol Bay Borough*

LGB 2 Response:

Waive
 Protest
 Lapsed
 ~~Waive
 Protest
 Lapsed~~



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: | Kvichak Management Services, LLC | License #: | 5642 |
| License Type: | Beverage Dispensary - Tourism | | |
| Doing Business As: | Sockeye Saloon | | |
| Premises Address: | Mile 15 Alaska Peninsula Hwy | | |
| Local Governing Body: | Bristol Bay Borough | | |
| Community Council: | None | | |

| | | | | | |
|-------------------------|---------------------------|---------------|----|-------------|-------|
| Mailing Address: | 2510 W Casino Road, Ste B | | | | |
| City: | Everett | State: | WA | ZIP: | 98204 |

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: | Jan Supler | Contact Phone: | 206.323.3200 |
| Contact Email: | jsupler@wardscope.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: | Tim Smyer | Contact Phone: | 206.323.3200 |
| Contact Email: | tsmyer@wardscope.com | | |



Alaska Alcohol Beverage Control Board
Form AB-17d: 2020/2021 Tourism Renewal License Application

Section 2 – Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are **corporations** or **LLCs** must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below 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 using the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>

| | |
|-----------------------|----------|
| Alaska CBPL Entity #: | 10077276 |
|-----------------------|----------|

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 *shareholder 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. You must list **ALL** of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

| | | | | | |
|-------------------|-----------------------------|--------|--------------|----------|-------|
| Name of Official: | North Pacific Holdings, LLC | | | | |
| Title(s): | Sole Member | Phone: | 206.323.3200 | % Owned: | 100 |
| Mailing Address: | 2510 W Casino Rd. Suite B | | | | |
| City: | Everett | State: | WA | ZIP: | 98204 |

| | | | | | |
|-------------------|------------------|--------|--------------|----------|-------|
| Name of Official: | Jan Supler | | | | |
| Title(s): | Afillate | Phone: | 206.720.8389 | % Owned: | 0 |
| Mailing Address: | 4432 50th Ave SW | | | | |
| City: | Seattle | State: | WA. | ZIP: | 98116 |

| | | | | | |
|-------------------|----------------|--------|--------------|----------|-------|
| Name of Official: | Rob Babiak Jr. | | | | |
| Title(s): | Afillate | Phone: | 907.891.2661 | % Owned: | 0 |
| Mailing Address: | P.O. Box 127 | | | | |
| City: | King Salmon | State: | AK | ZIP: | 99613 |

Section 2 Entity Ownership Information (Continued)

Entity Official: Tim Smyer

Title: Afillate

Phone: 206.954.7423 % Owned: 0% Address: 5721 154th Place SW

City: Edmonds State: WA. Zip: 98026



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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: | | 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.



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.

| | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------------------------------------|-------------------------------------|

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

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

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.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

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.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|



Alaska Alcoholic Beverage Control Board
Form AB-17d: 2020/2021 Tourism Renewal License Application

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?

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?

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.

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.

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.

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

Printed name of licensee

Notary Public in and for the State of Washington

My commission expires: 4-1-21

Subscribed and sworn to before me this 28th day of October, 2019.

Seasonal license?

Yes

No

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): | | | | | |

Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS &
PROFESSIONAL LICENSING**

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database
Download / Corporations / Entity Details

ENTITY DETAILS

Name(s)

| Type | Name |
|------------|---------------------------------|
| Legal Name | Kvichak Management Services LLC |

Entity Type: Limited Liability Company

Entity #: 10077276

Status: Good Standing

AK Formed Date: 1/31/2018

Duration/Expiration: Perpetual

Home State: WASHINGTON

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: 2510 W CASINO RD STE B, EVERETT, WA 98204

Entity Physical Address: 2510 W CASINO RD STE B, EVERETT, WA 98204

Registered Agent

Agent Name: Robert Babiak

Registered Mailing Address: P.O. BOX 127, KING SALMON, AK 99613

Registered Physical Address: LOT 8 PIKES RIDGE, KING SALMON, AK 99613

Officials

Show Former

| AK Entity # | Name | Titles | Owned |
|-------------|----------------------------|--------|--------|
| | North Pacific Holdings Co. | Member | 100.00 |

Filed Documents

| Date Filed | Type | Filing | Certificate |
|------------|-----------------|-------------------------------|-------------------------------|
| 1/31/2018 | Creation Filing | Click to View | Click to View |
| 10/15/2019 | Biennial Report | Click to View | |

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