



## Alaska Alcoholic Beverage Control Board

# Tourism Statement

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:	Chart Room	License #:	600
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.

A full service hotel is important to travelers - being able to offer lodging with food and beverage is a great convenience and many see as a necessity when selecting a hotel. We house many tourists year-round, the majority in the summer but also many during our shoulder seasons.

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

Our lodging facility with restaurant and lounge on premise is improved with the ability of travelers able to eat, drink, visit and experience a nice time in Alaska, while overlooking the Kodiak harbor.

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



2.4 If "no" who operates the tourism facility?



Alaska Alcoholic Beverage Control Board  
**Tourism Statement**

2.5 Do you offer room rentals to the traveling public?



If "yes" answer the following questions:

How many rooms are available?

We have 82 rooms available, and we reach full occupancy many times of the year with guests for tourism, conferences, hunting/fishing & more.

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)?

We have one room that has kitchen facilities. All other rooms have a microwave and small refrigerator.

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



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



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

We have the Chart Room Restaurant & Lounge. We serve continental breakfast daily. We are open for dinner service every night also & currently closed at lunch time w/ no plans to do so.

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 also have a convention center 1/4 block from the hotel so Kodiak can attract business throughout the year. One meeting room is within the hotel, and 3 other meeting rooms at the convention center.





Alcohol and Marijuana Control Office

550 W 7<sup>th</sup> Avenue, Suite 1600

Anchorage, AK 99501

[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)

<https://www.commerce.alaska.gov/web/amco>

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

## Master Checklist: Renewal Liquor License Application

Doing Business As:	Chart Room	License Number:	600
License Type:	Beverage Dispensary - Tourism		
Examiner:	<i>Caine</i>	Transaction #:	1166688

Document	Received	Completed	Notes
AB-17: Renewal Application	11/4	<i>11/4</i>	
App and License Fees	11/4	<i>11/4</i>	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement	11/4	<i>11/4</i>	
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:	
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	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:

*Cody Kodjak*

☐

Waive

☐

Protest

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Lapsed

LGB 2 Response:

*Kodjak Bar*

☐

Waive

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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:	Island Hotels, LLC	License #:	600
License Type:	Beverage Dispensary - Tourism		
Doing Business As:	Chart Room		
Premises Address:	236 W Rezanof Drive		
Local Governing Body:	City of Kodiak (Kodiak Island Borough)		
Community Council:	None		

Mailing Address:	236 W Rezanof Drive		
City:	Kodiak	State:	AK
		ZIP:	99615

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:	Susan Johnson	Contact Phone:	907-539-6217
Contact Email:	info@kodiakinn.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:	Lucy Johnson	Contact Phone:	907-486-5712
Contact Email:	kibooks@outlook.com		





## 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 visiting the following site:** <https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	10025175
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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.

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:	Susan Johnson			
Title(s):	Member	Phone:	907-539-6217	% Owned: 51
Mailing Address:	236 W Rezanof Dr			
City:	Kodiak	State:	AK	ZIP: 99615

Name of Official:	Daniel Gilbert			
Title(s):	Member	Phone:	907-539-5905	% Owned: 49
Mailing Address:	236 W Rezanof Dr.			
City:	Kodiak	State:	AK	ZIP: 99615

Name of Official:				
Title(s):		Phone:		% Owned:
Mailing Address:				
City:		State:		ZIP:

**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"/>
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The license was regularly operated during a specific season each year.

<input type="checkbox"/>	<input type="checkbox"/>
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The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
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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.

<input type="checkbox"/>	<input type="checkbox"/>
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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.





# 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.

g

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.

g

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.

g

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.

g

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.

Susan Johnson  
Signature of licensee

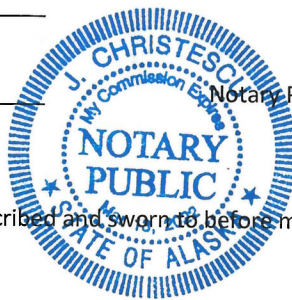
Susan Johnson  
Printed name of licensee

J. Christescu  
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 03-13-2022

Subscribed and sworn to before me this 30<sup>th</sup> 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):					\$ 2800.00

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

Island Hotels, LLC

Entity Type: Limited Liability Company

Entity #: 10025175

Status: Good Standing

AK Formed Date: 12/2/2014

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2020 File Biennial Report

Entity Mailing Address: 236 W REZANOF DR, KODIAK, AK 99615

Entity Physical Address: 236 W REZANOF DR, KODIAK, AK 99615

### Registered Agent

Agent Name: Daniel Keith Gilbert

Registered Mailing Address: 236 W REZANOF DR, KODIAK, AK 99615

Registered Physical Address: 236 W REZANOF DR, KODIAK, AK 99615

### Officials

☐ Show Former



AK Entity #	Name	Titles	Owned
	DANIEL KEITH GILBERT	Member	49.00
	SUSAN MARIE JOHNSON	Member	51.00

## Filed Documents

Date Filed	Type	Filing	Certificate
12/02/2014	Creation Filing	<a href="#">Click to View</a>	<a href="#">Click to View</a>
4/01/2015	Change of Officials	<a href="#">Click to View</a>	
4/09/2015	Initial Report	<a href="#">Click to View</a>	
12/03/2015	Biennial Report	<a href="#">Click to View</a>	
3/02/2018	Biennial Report	<a href="#">Click to View</a>	

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