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

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:	The Station Bar & Grill	**License #:**	4379
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.

Letter submitted & 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 ☑ NO ☐

2.4 If "no" who operates the tourism facility?

AMCO
DEC 16 2019

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

Alaska Alcoholic Beverage Control Board

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 hotel 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)?

We do not have any rooms w/ a kitchen, but a restaurant on site.

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".

We do have a dining facility... The Station Bar and Grill is a restaurant serving, lunch and dinner. We seat roughly 100 people and serve American style food.

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 has attracted lots of tourists from the cruise ships as well as independent travelers. We also assist in booking tours for our customers and hotel guests if they ask for assistance.

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

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 #:**	4379
License Type:	Beverage Dispensary - Tourism		
Doing Business As:	The Station Bar & Grill		
Premises Address:	444 4th 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:	skaggie@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:			

AMCO
DEC 16 2019

Alaska Alcoholic Beverage Control Board

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. EJS

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.*	☐	☐

AMCO
DEC 16 2019

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.	EFS
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.	EFS
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.	EFS
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.	EFS

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.

Elizabeth F. Smith
Signature of licensee

Elizabeth F. Smith
Printed name of licensee

JAIME LEE BRICKER
Commission # 151228001
NOTARY PUBLIC
My Commission Expires 12-28-2019
STATE OF ALASKA

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 ☑ **If "Yes", write your six-month operating period:** _____

License Fee:	$ 2500.00	Application Fee:	$ 300.00	TOTAL:	$ 2800.00
Miscellaneous Fees:					0
GRAND TOTAL (if different than TOTAL):					$2800.00

AMCO
DEC 16 2019