

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

e.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 I	Information	
Enter information for the b	usiness seeking to have its license renewed. If any po	pulated information is incorrect,	please contact AMCO.
Doing Business As:	Seldovia Boardwalk Hotel	License #:	5289
License Type:	Beverage Dispensary - Tourism		
	Section 2 – Tourism Sta	ntement	
2.1. Explain how issuance of	of a liquor license at your establishment has/will end	courage tourism.	
We are the The noted has hotel Restaur Circ member	Socialized Hotel encouraged destination for visitors only hotel in Seldovia and been in existence for 40 rando ads	we are open you yours. We want to the character of the Seldovia Chambe	ar-round. lef our lef our lef our verpound
2.2. Explain how the facility	was/will be constructed or improved as required by	oy AS 04.11.400(d)(1):	
remodeled of flooring, fi	y ownership of the hotel in every hotel room. The re xtures and bedding. All of flooring. We also ask ill bour area for lig. ser	model included Common areas n ded a commence	new paid ecrited that kitche
Number of Ul 2.3 Does the licensee or ap	SF Jeck Wa (overed tend) Sitors that (one to Uisit plicant for this liquor license also operate the h this license is located?	Seldonia: LEZ	no grawin
Number of Ul 2.3 Does the licensee or ap	is iters that come to uis it plicant for this liquor license also operate the h this license is located?	Seldouia, YES	no Pawin



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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.

Licensee:	usiness seeking to have its license renewed. If any populated info Herring Bay, LLC			License #:	5289
License Type:	Beverage Dispensary - Tourism			Licelise w.	3209
Doing Business As:	Seldovia Boardwalk Hotel				
Premises Address:	239 Main Street				
Local Governing Body:	City of Seldovia (Kenai Peni	nsula Borough)			
Community Council:	None	20.008117			
Mailing Address:	P.O. BOX 73)			
City:	Schovia	State:	FAK	ZIP:	99662

Contact Email:

Seldovia boardwalkhotel@gmail: 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 Phone:

Contact Licensee:



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 vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities

your CBT Lentity number by vising the following site: https://www.commerce.alaska.gov/cbp/main/search	entity's Nentities
Alaska CBPL Entity #: 10015873	-y entities
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.	AC

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 <u>corporation</u>, 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 <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*.
- If the applicant is a <u>partnership</u>, including a limited partnership, the following information must be completed for each <u>partner</u>.

 with an interest of 10% or more, and for each <u>general partner</u>.

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:	Angela S. C	comple	et of paper may be submit	tted if necess	ary.
Title(s):	member	Phone:			
Mailing Address:	0	riione.	967-302-0330	% Owned	509
City:	Seldovia	State:			
	1390000	State.	AK	ZIP:	19663
Name of Official:	Jeremiah E). Carr	obell	1.	
Title(s):	member		100/1		
Mailing Address:	P.O. BOX 72	· monic.	907-302-0320	% Owned:	50%
City:	Seldovia	State:	100		
	13-1000100		AK	ZIP: 9	1663
Name of Official:					
Title(s):		Phone:			
Mailing Address:		Filone:		% Owned:	
City:		T			
orm AB-17d1 /rev 09/17/2016		State:		ZIP:	

[Form AB-17d] (rev 09/17/2019) License # 5289 DBA Seldovia Boardwalk Hotel

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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 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: I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron Initials 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

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours

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. [Form AB-17d] (rev 09/17/2019)

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documentation must be provided with this application.

each year, during one or both of the calendar years.



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

Section 6 – Violations and Convictions	
Applicant violations and convictions in calendar years 2018 and 2019:	V
Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?	Yes N
Has any person or entity named in this application.	
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:	
Certify that all and the	Initia
I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and 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.	d that
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.	AC
certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form on the form provided by AMCO is grounds for rejection or denial of this application or revocation of any license is	or AC
am submitting as part of this application a completed copy of the attached Tourism Statement form,	AC
s an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete to do so by any deadline given to me by AMCO staff will result in this application being returned to me as in a singular schedules. Signature of licensee Notary Public in and for the State of Alaska inted name of licensee	ete. I agree to and understand accomplete.
My commission expires: // - /	3. イックー
Subscribed and sworn to before me this 30 day of December	J. 202
Yes No If "Yes", write your six-month operating period: April 15	
icense Fee: \$ 2500.00 Application Fee: \$ 300.00	A CONTRACTOR OF THE PARTY OF TH
icense Feet	0.00