

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

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.

nter information for the b	usiness seeking to have its license renewed. If any populate	d information is incorrect, p	lease contact AMO
Doing Business As:	Cape Fox Lodge	License #:	2948
License Type:	Beverage Dispensary - Tourism		
	Section 2 – Tourism Statem	nent	
2.1. Explain how issuance	of a liquor license at your establishment has/will encourag	ge tourism.	
	ty was/will be constructed or improved as required by AS Coucted as a hotel exceeding the minimum room requirements		y the state of Alasi
	pplicant for this liquor license also operate the	YES x	NO
2.3 Does the licensee or a tourism facility in wh	ich this license is located?		

[Tourism Statement] (rev 9/17/2019)



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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?		
72 full service hotel rooms year around	1	
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sind with refrigeration and cooking appliance devices, including a microwave)?	k for food prepar	ation along
0	li .	
Do you stock or plan to stock alcoholic beverages in guest rooms?	YES	NO x
If "no" is your facility located within an airport terminal?	YES	NO X
2.6 If your establishment includes a dining facility, please describe that facility. If it does not please		
Our restaurant and lounge seat 150 ppl and over look the Tongass Narrows. We serve Brekfast, I in our event space.	unch and dinner.	with full catering
2.7 If additional amenities are available to your guests through your establishment (eg: guided to		al equipment for
guests, other activities that attract tourists), please describe them. If they are not offered, please We offer tours through our gift shop.	write none.	

Cape Fox Lodge Tourism Statement



Cape Fox Lodge (CFL) is conveniently located in the Heart of downtown Ketchikan Alaska. CFL is a full service resort that boast 72 hotel rooms, banquet facilities for up to 150 people, coffee shop, fitness center, museum, guest laundry facilities and full service restaurant and lounge. We offer a variety of room types from Mountain View King Room to Water View Suites that sleep up to 6 people. None of the rented rooms have kitchen facilities and we do not stock any alcohol in hotel rooms.

We cater to all kinds of out of town guest whether it being business meetings or sport fisherman coming to enjoy the pristine beauty Alaska has to offer. We have close relationships with tour companies and the cruise lines that are in Ketchikan. As a guest of our Lodge you can purchase custom tours and guided fishing trips in our lobby anytime throughout the year.

CFL is owned and operated by Cape Fox Corporation which is headquartered in Saxman Alaska. CFL was built in 1990 and has been under the same ownership since the opening date. CFL's primary source of revenue comes from the tourism industry all year around.

Please feel free to reach out to us regarding any questions you may have about the Lodge.

Sincerely,

Timothy Lewis Commercial Business Operations Manager Cape Fox Corporation



TOURISM

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

<u>alcohol.licensing@alaska.gov</u> https://www.commerce.alaska.gov/web/amco

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Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:			License Num	nber:	
License Type:					
Examiner:			Transaction	#:	
Document	Received	d Completed	Notes		
AB-17: Renewal Applica	ation				
App and License Fees					
Supplemental Docume	nt Received	d Completed	Notes		
Tourism/Rec Site State	ment				
AB-25: Supplier Cert (W	/S)				
AB-29: Waiver of Opera	ation				
AB-30: Minimum Opera	ation				
AB-33: Restaurant Affic	lavit				
COI / COC / 5 Star					
FP Cards & Fees / AB-08	8a				
Late Fee					
Names on FP Cards:					
				Yes No	
Selling alcohol in respo	nse to written ord	er (package stores)?			
Mailing address and contact information different than in database (if yes, update database)?					
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?					
Officers and stockholde	ers match CBPL an	d database (if "No", de	etermine if transfer necessary)?		
LGB 1 Response: Kg	gb	LGB 2 Re	sponse: city of ketchikan		
Waive	Protest	_apsed Wa	aive Protest I	Lapsed	



Licensee (Owner):

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

License #:

2948

Alaska Alcoholic Beverage Control Board

Cape Fox Lodge, LLC

Form AB-17: 2021/2022 License Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540,3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105

Establishment Contact Information

Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will
be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

License Type:	Beverage Dispensary - Tour	ism				
Doing Business As:	Cape Fox Lodge					
Premises Address:	800 Venetia Way, Ketchikan AK 99901					
Local Governing Body:	City of Ketchikan / KGB	City of Ketchikan / KGB				
Community Council:						
f your mailing address ha	as changed, write the NEW address be	low:				
Mailing Address:						
City:	St	rate:	ZIP:			
nust be listed on CBPL with t his person will be the design	ated point of contact regarding this license,	unless the Optional contact is o	completed.			
nust be listed on CBPL with t	he same name and title.	on 2 or 3 as an Official/Owner/S				
nust be listed on CBPL with t	he same name and title.	on 2 or 3 as an Official/Owner/S				
nust be listed on CBPL with t his person will be the design	he same name and title. ated point of contact regarding this license, T	on 2 or 3 as an Official/Owner/S	completed.			
nust be listed on CBPL with this person will be the design Contact Licensee: Contact Email:	he same name and title. ated point of contact regarding this license, Chris Luchtefeld	on 2 or 3 as an Official/Owner/S unless the Optional contact is o	301-956-0216			
nust be listed on CBPL with this person will be the design Contact Licensee: Contact Email:	cluchtefeld@capefoxss.com	on 2 or 3 as an Official/Owner/S unless the Optional contact is o	301-956-0216			
nust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: Optional: If you wish for AMCC	cluchtefeld@capefoxss.com	on 2 or 3 as an Official/Owner/S unless the Optional contact is c Contact Phone:	301-956-0216			
nust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: Optional: If you wish for AMCO	cluchtefeld@capefoxss.com staff to communicate with anyone other than	on 2 or 3 as an Official/Owner/S unless the Optional contact is c Contact Phone:	301-956-0216			
nust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: Optional: If you wish for AMCONAME of Contact: Contact Email:	cluchtefeld@capefoxss.com staff to communicate with anyone other than	con 2 or 3 as an Official/Owner/S unless the Optional contact is of Contact Phone: the Contact Licensee about your licensee Contact Phone:	301-956-0216			
nust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: Optional: If you wish for AMCONAME of Contact: Contact Email:	cluchtefeld@capefoxss.com staff to communicate with anyone other than	con 2 or 3 as an Official/Owner/S unless the Optional contact is of Contact Phone: the Contact Licensee about your licensee Contact Phone:	301-956-0216			



Form AB-17: 2021/2022 License Renewal Application

Section 2 - Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #: 44877D

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of <u>any</u> type including non-profit must list ONLY the following:
 - o All shareholders who own 10% or more stock in the corporation
 - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of <u>any</u> type must list ONLY the following:
 - o All Members with an ownership interest of 10% or more
 - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - o Each Partner with an interest of 10% or more
 - o All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

Name of Official:	Chris Luchtefeld				
Title(s):	Manager	Phone:	301-956-0216	% Ow	med:
Mailing Address:	7050 Infantry Ridge Ro				
City:	Manassas	State:	VA	ZIP:	20109

Name of Official:	Cape Fox Commer	cial Services, I	LLC			
Title(s):	Member	Phone:	907-225-5163	% Ow	ned:	100
Mailing Address:	PO Box 8558					
City:	Ketchikan	State:	AK	ZIP:	999	901

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

AMCO



Form AB-17: 2021/2022 License Renewal Application

Section 3 - Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected. This individual is an: Applicant Affiliate Contact Phone: Name: Mailing Address: ZIP: State: City: Email: This individual is an: Affiliate Applicant **Contact Phone:** Name: Mailing Address: State: ZIP: City: Email: Section 4 - License Operation Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated: The license was regularly operated continuously throughout each year. (Year-round) The license was only operated during a specific season each year. (Seasonal) If your operation dates have changed, list them below: The license was only operated to meet the minimum requirement of 240 total hours each calendar year. A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form. 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 calendar years. A complete 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. If you have not met the minimum number of hours of operation in 2020, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason. Section 5 - Violations and Convictions Yes No Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2019 or 2020?

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.

AMCO



Form AB-17: 2021/2022 License Renewal Application

Section 6 - Certifications

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, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by 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 and potentially expired if I do not comply with statutory or regulatory requirements.
- 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 this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons
 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, if applicable for this license type as set forth
 in AS 04.21.025 and 3 AAC 304.465.
- 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 from what is currently approved and on file with the Alcoholic Beverage Control 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.

Christopher Luchtefeld Digitally signed by Christopher Luchtefeld Date: 2020.10.08 08:51:42 -04'00'	Е	Evie Mills	Digitally signed by Evie Mills Date: 2020.10.08 08:58:16 -04'00'
Signature of licensee	Signature of Notary Public		
Christopher Luchtefeld Notary Public in and for the State of: Virginia		nia	
Printed name of licensee		ly commission expires:	
Subscribed and sworn to before m	0	lay of April	, 20 20

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

License Fee:	\$ 2500.00 Application Fee:	\$ 300.00	Misc. Fee:	\$
	Total Fees Due:			\$ 2800.00

AMCO

ENTITY DETAILS

Name(s)

Туре	Name
Legal Name	CAPE FOX LODGE, LLC
Previous Legal Name	CAPE FOX HOTEL CORPORATION

Entity Type: Limited Liability Company

Entity #: 44877D

Status: Good Standing

AK Formed Date: 11/20/1989

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2021 File Biennial Report

Entity Mailing Address: PO BOX 8558, KETCHIKAN, AK 99901

Entity Physical Address: 800 VENETIA AVE, KETCHIKAN, AK 99901

Registered Agent

Agent Name: Jessica Albertsen

Registered Mailing Address: PO BOX 8558, KETCHIKAN, AK 99901

Registered Physical Address: 2851 S TONGASS HWY, KETCHIKAN, AK 99901

Officials

☐Show Former

AK Entity #	Name	Titles	Owned
10070007	Cape Fox Commercial Services, LLC	Member	100.00
	CHRIS LUCHTEFELD	Manager	

Filed Documents

Date Filed	Туре	Filing	Certificate
12/14/1988	Biennial Report	Click to View	
11/29/1989	Creation Filing	Click to View	
5/07/1990	Biennial Report		
1/30/1991	Biennial Report		
1/04/1993	Biennial Report	Click to View	
1/30/1995	Biennial Report	Click to View	
12/23/1996	Biennial Report	Click to View	
12/10/2001	Biennial Report	Click to View	

Date Filed	Туре	Filing	Certificate
1/04/2002	Agent Change	Click to View	
4/10/2003	Biennial Report	Click to View	
9/13/2005	Biennial Report	Click to View	
4/10/2006	Agent Change	Click to View	
12/22/2006	Biennial Report	Click to View	
5/10/2010	Biennial Report	Click to View	
5/17/2010	Agent Change	Click to View	
10/11/2011	Biennial Report	Click to View	
2/27/2013	Biennial Report	Click to View	
2/27/2013	Agent Change	Click to View	
12/27/2013	Certificate of Compliance		Click to View
12/19/2014	Change of Officials	Click to View	
12/19/2014	Agent Change	Click to View	
1/27/2015	Biennial Report	Click to View	
6/26/2015	Agent Change	Click to View	
1/19/2016	Change of Officials	Click to View	
1/19/2016	Agent Change	Click to View	
7/29/2016	Agent Change	Click to View	
12/22/2016	Biennial Report	Click to View	
1/31/2017	Change of Officials	Click to View	
2/01/2017	Change of Officials	Click to View	
12/14/2017	Certificate of Compliance		Click to View
1/05/2018	Conversion	Click to View	Click to View
2/13/2018	Certificate of Compliance		Click to View
2/21/2018	Change of Officials	Click to View	
5/21/2018	Amendment	Click to View	Click to View
5/21/2018	Change of Officials	Click to View	
11/08/2018	Certificate of Compliance		Click to View
12/07/2018	Biennial Report	Click to View	
12/27/2018	Change of Officials	Click to View	
9/05/2019	Change of Officials	Click to View	
1/21/2020	Agent Change	Click to View	
2/03/2020	Certificate of Compliance		Click to View
3/24/2020	Certificate of Compliance		Click to View
4/17/2020	Certificate of Compliance		Click to View

Close Details

Print Friendly Version

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing PO Box 110806, Juneau, AK 99811-0806

This is to certify that

CAPE FOX LODGE, LLC

PO BOX 8558, KETCHIKAN, AK 99901

owned by

CAPE FOX LODGE, LLC

is licensed by the department to conduct business for the period

December 31, 2019 to December 31, 2021 for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location. It is not transferable or assignable.

Julie Anderson Commissioner

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing PO Box 110806, Juneau, AK 99811-0806

This is to certify that

CAPE FOX LODGE, LLC

PO BOX 8558, KETCHIKAN, AK 99901

owned by

CAPE FOX LODGE, LLC

ENDORSEMENT: 1066954 - 1

Effective December 31, 2019 through December 31, 2021
This business license has an endorsement for the physical address shown below:

800 VENETIA WAY, KETCHIKAN, AK 99901



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location. It is not transferable or assignable.

Julie Anderson Commissioner



Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

October 13, 2020

Owner: Cape Fox Lodge, LLC DBA: Cape Fox Lodge X3

Via Email: cluchtefeld@capefoxss.com, tlewis@capefoxlodge.com

Re: Liquor License # 80, 713, 2948

DBA: Cape Fox Lodge X3

Dear Applicant:

I have received your application for renewal of your liquor license. Our staff has reviewed your application after receiving your application and required fees. Your renewal documents appear to be in order, and I have determined that your application is complete for purposes of AS 04.11.510, and AS 04.11.520.

Your application is now considered complete and will be sent electronically to your local governing body, your community council if your proposed premises is in Anchorage or certain locations in the Matanuska-Susitna Borough, and to any non-profit agencies who have requested notification of applications. The local governing body will have 60 days to protest the renewal of your license or waive protest.

Your application will be scheduled for the **JANUARY 2021** board meeting for Alcoholic Beverage Control Board consideration.

The Zoom link and call-in number for the meeting will be posted on our home page. The board will not grant or deny your application at the meeting unless your local government waives its right to protest per AS 04.11.480(a).

Please feel free to contact us via email at alaska.gov if you have any questions.

Sincerely,

Randi Baker

Occupational Licensing Examiner

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD LICENSE NUMBER FORM CONTROL 2948 XXXX LIQUOR LICENSE **ISSUED** 2021 - 2022 LICENSE RENEWAL APPLICATION DUE 10/13/2020 DECEMBER 31, 2022 (AS 04.11.270(b)) **ABC BOARD** THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW TYPE OF LICENSE: Beverage Dispen LICENSE FEE: \$2,500.00 Ketchikan 1106 CITY / BOROUGH: Ketchikan Gateway Borough D/B/A: Cape Fox Lodge This license cannot be transferred without permission 800 Venetia Way of the Alcoholic Beverage Control Board Mail Address: Special restriction - see reverse side Cape Fox Lodge, LLC ISSUED BY ORDER OF THE 800 Venetia Way ALCOHOLIC BEVERAGE CONTROL BOARD Ketchikan, AK 99901 DIRECTOR 04-900 (REV 9/09) THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD LICENSE NUMBER

