



Alaska Alcoholic Beverage Control Board

Tourism Statement Form

- A new, transfer, or renewal application for a Tourism Site License must be accompanied by this form which explains how the establishment satisfies the requirements listed under AS 04.11.400 (d), 3 AAC 304.325.
 - You must provide complete responses to all questions or your application will be returned and will not be scheduled for the next ABC board meeting until the application is deemed complete by AMCO staff.
- All questions must be answered on this form. Do not attach other documents, or they will be returned.
- Do not provide documents and/or statements not requested.

Mandatory Points to be Included

1. Explain how issuance of a liquor license at your establishment has/will keep encouraging tourism:

~~See attached~~ The next 2 yrs brings serious challenges. Our guest and future guest expect the amenities provided in a full service hotel. To be competitive in the tourism market and convenient for our guest we request renewal. Hopefully to give us an opportunity to survive the mandates of 2020 and see a revival in tourism over the next 2 yrs.

2. Explain how the facility was or will be improved in accordance with this application: (this includes planned renovations, repairs, updates to the facility/grounds)

We have continued improvements on site.
We are expanding and ~~exp~~size our outdoor patio dining.



Alaska Alcoholic Beverage Control Board
Tourism Statement Form

3. Who operates the Liquor License?

Mark Kulstad

4. Do you offer room rentals to the traveling public? Yes ☒ No ☐ (if no, skip to question 5)

a. If so, how many of these rooms are available?

58

b. Do any of the rental rooms have kitchen facilities (such as: a separate sink for food preparation and refrigeration/cooking appliance devices, including a microwave)? Yes ☒ No ☐

i. If yes, how many of the rental rooms have kitchen facilities that meet this definition?

only Refrig: microwaves 38

c. Do you stock alcoholic beverages in guest rooms? Yes ☐ No ☒

5. Is your facility located within an airport terminal? Yes ☐ No ☒

6. Does your establishment include a dining facility? Yes ☒ No ☐

7. Are additional amenities available to your guests through your establishment? Yes ☒ No ☐

a. If Yes, list your available amenities that directly pertain to this license type:

Dining - Catering - conference rm - outdoor patio

AMCO

DEC 15 2020

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

3/08/2021

ABC BOARD

LIQUOR LICENSE
2021 - 2022

4696

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

1106

CITY / BOROUGH: Seward
Kenai Peninsula Borough

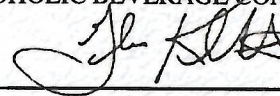
D/B/A: Gene's Place
217 5th Avenue

Mail Address:
Northern Lights Expresso Inc
PO Box 2288
Seward, AK 99664

This license cannot be transferred without permission
of the Alcoholic Beverage Control Board

☐ Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD



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

FORM CONTROL

XXXX

ISSUED

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COPY

DIRECTOR

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

04-900 (REV 9/09)



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

Master Checklist: Renewal Liquor License Application

Doing Business As:	Gene's Place	License Number:	4696
License Type:	Beverage Dispensary - <i>Tourism</i>		
Examiner:	<i>Kristina S.</i>	Transaction #:	100011832

Document	Received	Completed	Notes
AB-17: Renewal Application	12/15	<i>3-8-21</i>	
App and License Fees	12/16	<i>3-8-21</i>	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement	<i>12/15</i>	<i>3-8-21</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:	
--------------------	--

	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 checked="" type="checkbox"/>	<input 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: *Seward City*

LGB 2 Response: *K P B*

☐ Waive

☐ Protest

☐ Lapsed

☐ Waive

☐ Protest

☐ Lapsed



Alcohol and Marijuana Control Office
550 W 7th Avenue,
Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

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
- 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.

Establishment Contact Information

Licensee (Owner):	Northern Lights Espresso Inc.	License #:	4696
License Type:	Beverage Dispensing-Tourism		
Doing Business As:	Gene's Place		
Premises Address:	217 5 th Seward AK 99664		
Local Governing Body:	Seward City Council		
Community Council:			

If your mailing address has changed, write the NEW address below: Same

Mailing Address:					
City:		State:		ZIP:	

Section 1 - Licensee Contact Information

Contact Licensee: The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title.

This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	Mary Kulstad	Contact Phone:	907-242-6600
Contact Email:	mkhotelseward@gmail.net		

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

Name of Contact:	Michael Behm	Contact Phone:	907-2248001
Contact Email:	michael@hotelsewardalaska.com		

Name of Contact:	Mark Kulstad	Contact Phone:	907-223-8135
Contact Email:	pwsa@alaska.net		

Name of Contact:		Contact Phone:	
Contact Email:			



Alaska Alcoholic Beverage Control Board

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 #:

80632D

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 any type including non-profit must list ONLY the following:
 - All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list ONLY the following:
 - 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:
 - Each Partner with an interest of 10% or more
 - 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:	Mark Kulstad			
Title(s):	President	Phone:	907 223 8135	% Owned: 51
Mailing Address:	PO Box 2288			
City:	Seward	State:	AK	ZIP: 99664

Name of Official:	Mary Kulstad			
Title(s):	Vice President, Secretary	Phone:	907 242 6600	% Owned: 49
Mailing Address:	PO Box 2288			
City:	Seward	State:	AK	ZIP: 99664

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

Name:				Contact Phone:		
Mailing Address:						
City:		State:		ZIP:		
Email:						

This individual is an: ☐ Applicant ☐ Affiliate

Name:				Contact Phone:		
Mailing Address:						
City:		State:		ZIP:		
Email:						

Section 4 – License Operation

Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated:

- | | 2019 | 2020 |
|---|-------------------------------------|-------------------------------------|
| 1. The license was regularly operated continuously throughout each year. (Year-round) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The license was only operated during a specific season each year. (Seasonal)
<i>If your operation dates have changed, list them below:</i>
_____ to _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.
<i>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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. <i>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.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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?

Yes ☐ No ☒

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



Alaska Alcoholic Beverage Control Board


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.


Signature of licensee




Signature of Notary Public

Mary D Kulstad
Printed name of licensee

Notary Public in and for the State of: _____

My commission expires: _____

Subscribed and sworn to before me this 10 day of December, 2020.

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:	\$ <u>2500</u>	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ <u>2800</u>

*pay By CC.
907-242-6600*

California Jurat

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

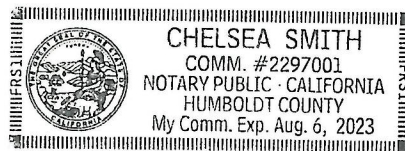
State of California

County of Humboldt

Subscribed and sworn to (or affirmed) before me on this 10 day of December
20 20, by Mary D Kolstad Month

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.


Signature of Notary Public



Chelsea Smith, 2297001, Aug 6, 2023

For other required information (Notary name, Commission No. etc.)

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgement on unauthorized document and may prove useful to persons relying on the document.

Description of Attached Document

The preceding Certificate of Jurat is attached to a

License renewal App

containing, 5 pages, and dated 12-10-20.

AMCO

DEC 15 2020

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	NORTHERN LIGHTS EXPRESSO INC.

Entity Type: Business Corporation

Entity #: 88632D

Status: Good Standing

AK Formed Date: 9/17/2004

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: PO BOX 2288, SEWARD, AK 99664

Entity Physical Address: 217 5TH, SEWARD, AK 99664

Registered Agent

Agent Name: JAMES STANLEY

Registered Mailing Address: 500 L ST., STE 300, ANCHORAGE, AK 99501

Registered Physical Address: 500 L ST., STE 300, ANCHORAGE, AK 99501

Officials

☐ Show Former

AK Entity #	Name	Titles	Owned
	MARK KULSTAD	Director, President, Shareholder, Treasurer	51.00
	MARY KULSTAD	Secretary, Shareholder, Vice President	49.00

Filed Documents

Date Filed	Type	Filing	Certificate
9/17/2004	Creation Filing	Click to View	
12/29/2005	Biennial Report	Click to View	
11/28/2006	Change of Officials	Click to View	
1/02/2010	Biennial Report	Click to View	
1/02/2010	Biennial Report	Click to View	
12/16/2011	Biennial Report	Click to View	
11/09/2013	Biennial Report	Click to View	
12/31/2015	Biennial Report	Click to View	
9/07/2018	Admin Dissolution		Click to View
9/19/2018	Biennial Report	Click to View	
9/19/2018	Reinstatement		Click to View
12/17/2019	Biennial Report	Click to View	

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

[State of Alaska](#) / [Commerce](#) / [Corporations, Business, and Professional Licensing](#) / [Search & Database Download](#) / [Business License](#) / License #921636

LICENSE DETAILS

License #: 921636

[Print Business License](#)

Business Name: GENE'S PLACE

Status: Active

Issue Date: 10/27/2008

Expiration Date: 12/31/2021

Mailing Address: PO BOX 2288 217 5TH AVE.
SEWARD, AK 99664

Physical Address: 215 Fifth
9072248001
SEWARD, AK 99664-2001

Owners

NORTHERN LIGHTS EXPRESSO INC.

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	
72 - Accommodation and Food Services	722410 - DRINKING PLACES (ALCOHOLIC BEVERAGES)	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are