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:

   Our faded town brings serious challenges. Our guest and future guests expect the amenities provided in a full service hotel. To be competitive in the tourism market and convenience for our guest we request renewal. Hopefully to give us an opportunity to survive the mandates of 2020 and see a renewal in tourism over the next 2 years.

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 emphasize our outdoor patio dining.

[Tourism Statement Form](rev 09/23/2020)
3. Who operates the Liquor License?

Mark Kilstad

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 refrigerators and 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 Room - Outdoor Patio
LIQUOR LICENSE
2021 - 2022
4696
LIQUOR LICENSE
2021 - 2022
4696

TYPE OF LICENSE: Beverage Dispens

LICENSE FEE: $2,500.00

CITY / BOROUGH: Seward
Kenai Peninsula Borough

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

DIRECTOR

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

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

04-900 (REV 9/09)
**Alaska Alcoholic Beverage Control Board**

**Master Checklist: Renewal Liquor License Application**

<table>
<thead>
<tr>
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<th>Gene's Place</th>
<th>License Number:</th>
<th>4696</th>
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<tr>
<td>License Type:</td>
<td>Beverage Dispensary - Tourism</td>
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<td>Examiner:</td>
<td>Kristina S.</td>
<td>Transaction #:</td>
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<th>Notes</th>
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<tr>
<td>AB-17: Renewal Application</td>
<td>12/15</td>
<td>3-8-21</td>
<td></td>
</tr>
<tr>
<td>App and License Fees</td>
<td>12/16</td>
<td>3-8-21</td>
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<td>3-8-21</td>
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<tr>
<td>AB-25: Supplier Cert (WS)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>AB-29: Waiver of Operation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB-30: Minimum Operation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>AB-33: Restaurant Affidavit</td>
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<td></td>
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<tr>
<td>COI / COC / 5 Star</td>
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<tr>
<td>FP Cards &amp; Fees / AB-08a</td>
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</tr>
<tr>
<td>Late Fee</td>
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</table>

**Names on FP Cards:**

---

Yes | No
---

Selling alcohol in response to written order (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)?

Officer and stockholders match CBPL and database (if “No”, determine if transfer necessary)?

**LGB 1 Response:** Seward City

**LGB 2 Response:** KB B

<table>
<thead>
<tr>
<th></th>
<th>Waive</th>
<th>Protest</th>
<th>Lapsed</th>
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<tbody>
<tr>
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</tbody>
</table>

[Master Checklist: Renewal] (rev 09/20/2018)
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): | Nothern Lights Espresso Inc. |
| License #: | 4696 |
| License Type: | Bevrage Dispensary - Tourism |
| Doing Business As: | Gene's Place |
| Premises Address: | 217 5th Street Seward AK 99664 |
| Local Governing Body: | Seward City Council |
| Community Council: | |

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

| 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: | mkhotel@seward.agric.state.ak.us |

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: | 907-224-8001 |
| Contact Email: | michael2@hotel.seward.alaska.com |

| Name of Contact: | Mark Kulstad |
| Contact Phone: | 907-223-8135 |
| Contact Email: | pusa2@alaska.net |

Name of Contact: | Contact Phone: |
Contact Email: | |

[Form AB-17] (rev09/13/2020)
### Name of Official: [Mark Kulstad]

**Title(s):** President  
**Phone:** 907-223-9125  
**% Owned:** 51

**Mailing Address:** PO Box 2298  
**City:** Seward  
**State:** AK  
**ZIP:** 99664

---

### Name of Official: [Mary Kulstad]

**Title(s):** Vice President, Secretary  
**Phone:** 902-242-1600  
**% Owned:** 49

**Mailing Address:** PO Box 2298  
**City:** Seward  
**State:** AK  
**ZIP:** 99664

---

### Name of Official:

**Title(s):**  
**Phone:**  
**% Owned:** 

**Mailing Address:**  
**City:**  
**State:**  
**ZIP:**  

---

**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.
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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email:</td>
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</table>

This individual is an: Applicant Affiliate

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
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</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

Section 4 – License Operation

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

1. The license was regularly operated continuously throughout each year. (Year-round)
   - [ ] 2019 [x] 2020

2. The license was only operated during a specific season each year. (Seasonal)
   - If your operation dates have changed, list them below:
   - [ ] to
   - [ ]
   - [ ]
   - [ ]

3. 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.
   - [ ]
   - [ ]
   - [ ]
   - [ ]

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. 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

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
- [x] 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.

[Form AB-17] (rev09/23/2020)

AMCO

[Signature]
DEC 15 2020

Page 3 of 4
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]

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

<table>
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<tr>
<th>License Fee:</th>
<th>$ 2500</th>
<th>Application Fee:</th>
<th>$ 300.00</th>
<th>Misc. Fee:</th>
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[Form AB-17] (rev09/23/2020)

AMCO

DEC 15 2020

Page 4 of 4
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 2020, by Mary D. Kolstad

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
ENTITY DETAILS

Name(s)

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>NORTHERN LIGHTS EXPRESSO INC.</td>
</tr>
</tbody>
</table>

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

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<tr>
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<th>Name</th>
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<tr>
<td></td>
<td>MARK KULSTAD</td>
<td>Director, President, Shareholder, Treasurer</td>
<td>51.00</td>
</tr>
<tr>
<td></td>
<td>MARY KULSTAD</td>
<td>Secretary, Shareholder, Vice President</td>
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### Filed Documents

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COPYRIGHT © STATE OF ALASKA · DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT ·
LICENSE DETAILS

License #: 921636

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

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<td>722110 - FULL-SERVICE RESTAURANTS</td>
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<td>722410 - DRINKING PLACES (ALCOHOLIC</td>
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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