

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.

Doing Business As:	CLOVER Pass Resort	License #:	248
License Type:	Beverage Dispensory-Thrism - Sea	asonal	
	Section 2 – Tourism Statement		
2.1. Explain how issuance	of a liquor license at your establishment has/will encourage tourism	ı.	
A liquor licensa	13 a Crucial part of our ledge business as Potente available when making inquires and reservations. (0% to the annual sales of the ledge and many - The ability to purchase onsite. While we ex	al guests o	verwhelmingly
ask if alcohol is	available when making inquires and reservations, c	guests	sal & cicchol
BALLS AND LUTO 4	The children and and are are it is the wife	eld expected	a go could
not connect his	other ladges in the area that do provide a	accord Sal	e, we coun
nor compete with	Tomas totales in the telephone of	illeria sin	<i>L</i> 3 ·

2.2. Explain how the facilit	y was/will be constructed or improved as required by AS 04.11.400(/d)(1):	
Our Lodge has	32 guest rooms a separate dining room built	Im and a	small bar
area in the back	there by meeting the requirements of Asi	11,400ld	Xi). The
buildage are woo	32 guest rooms a separate dining room built ; there by meeting the requirements of As a d frame with metal roof. There is an outsid with outdoor fire pit, We are in the pr	le deck a	ni a small
out door gazebo	with outdoor fire pit, We are in the pr	occus of l	opiation all
quest rooms.			. 1
0			
2.3 Does the licensee or a	oplicant for this liquor license also operate the	YES	· NO
	ch this license is located?		
	he tourism facility?		
2.4 If "no" who operates t	and the state of t		
2.4 If "no" who operates t			
2.4 If "no" who operates t			



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Alaska Alcoholic Beverage Control Board

Tourism Statement

	YES	NO
2.5 Do you offer room rentals to the traveling public?	TI-	
If "yes" answer the following questions:	Street Street	
How many rooms are available?		
32 Rooms are available		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for with refrigeration and cooking appliance devices, including a microwave)?	food preparation	on along
All roums have both a refrigered (small) and microu	xive.	
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 C
2.6 If your establishment includes a dining facility, please describe that facility. If it does not please wi	rite "none".	
We have a Separate dining noom facility with a small but class brook. Dining facility has an attached outdoor deck.	n in the	
2.7 If additional amenities are available to your guests through your establishment (eg: guided tours of guests, other activities that attract tourists), please describe them. If they are not offered, please write the area of skiff rentals, survives, marina, and fish precessing services.	e "none".	
on the first of the st		



The Cedars Lodge 1471 Tongass Ave. Ketchikan, AK 99901 (800) 813-4363 www.cedarslodge.com

Silverking Lodge P.O. Box 8331 Ketchikan, AK 99901 (800) 813-4363 www.silverkingalaska.com

Clover Pass Resort P.O. Box 7322 Ketchikan, AK 99901 (800) 410-2234 www.cloverpassresort.com

December 8, 2020

Alcohol & Marijuana Control Board 550 W 7th Avenue – Suite 1600 Anchorage, Alaska 99501

Re: Liquor License Renewal – Clover Pass Investments, LLC License #248

To whom it may concern:

The issuance of this license will improve service to our customers by providing customers the ability to purchase alcohol with their meals. This is a subject of inquiry for many of our potential guests. It is our opinion that some guests would choose to go to another establishment if we did not have alcohol available.

Having this license renewed will not improve the facility. However; having the license not renewed would diminish our services.

Clover Pass Investments, LLC, the company that is applying for this renewal, owns the facility where it will be used.

Clover Pass Resort does offer room rentals to the traveling public. We have 32 rooms; none of which has a kitchen. We are not located within an airport terminal.

Our establishment does include a dining facility.

Our facility also includes other amenities, including boat and skiff rentals, fuel & sundries sales, a marina; and fish processing services.

Sincerely,

Russell Thomas LLC Manager

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

248

XXXX

ISSUED 3/22/2021 **ABC BOARD**

LIQUOR LICENSE 2021 - 2022

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

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW

4/15 - 10/15

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$1,250.00

1103

CITY / BOROUGH: Outside City Limits

Ketchikan Gateway Borough

D/B/A:

Clover Pass Resort

708 North Point Higgins Road

Mail Address:

Clover Pass Investments LLC

1600 Tongass Ave Ketchikan, AK 99901

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 FORM CONTROL

LICENSE NUMBER

XXXX

LIQUOR LICENSE

2021 - 2022

248

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

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Ketchikan Gateway Borough

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

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 9/09)

D/B/A:

Clover Pass Resort 708 North Point Higgins Road

Mailing Address:

Clover Pass Investments LLC

1600 Tongass Ave

Ketchikan, AK 99901



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 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Clov	er Pass Reso	ort		License Number:	248		
License Type:	Beve	erage Dispen	sary - Tourisr	n Seasonal				
Examiner:	K	nistina	S.		Transaction #:	100025497		
Document		Received	Completed	Notes				
AB-17: Renewal Applic	ation	12/18	3-18-21			and the desired of the latest		
App and License Fees		12/18	3-18-21					
Supplemental Docume	ent	Received	Completed	Notes				
Tourism/Rec Site State	ement	12/18	3-18-21					
AB-25: Supplier Cert (\	VS)	,						
AB-29: Waiver of Oper	ation							
AB-30: Minimum Oper	ation							
AB-33: Restaurant Affi	davit							
COI / COC / 5 Star	,)							
FP Cards & Fees / AB-0)8a							
Late Fee								
Names on FP Cards:								
						Yes No		
Selling alcohol in respo	nse to	written order (pa	ckage 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 stockhold	Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?							
LGB 1 Response: Ke	tchik		Way LGB 2 Res	ponse: /	V/A			
Waive	Protest		Wai	ve Prot	est Lapsed			



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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

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.

Licensee (Owner):	Clover Pass Investment	s, LLC		License #:	248
License Type:	Beverage Dispensary -	Tourism	Seasonal		
Doing Business As:	Clover Pass Resort		444		
Premises Address:	708 North Point Higgins	Road -	Ketchikan, A	laska 99	901
Local Governing Body:	Ketchikan Gateway Boro				-
Community Council:	None				
If your mailing address ha	s changed, write the NEW addres	s below:	10 A		
Mailing Address:	1600 Tongass Avenue		100		100
City:	Ketchikan	State:	AK	ZIP:	99901
<u>nust be listed on CBPL with th</u>	Section 1 – Licensee ividual listed below must be listed in Some same name and title. ated point of contact regarding this lice	ection 2 or	3 as an Official/Own	er/Shareholde	
<u>nust be listed on CBPL with th</u>	ividual listed below must be listed in S ne same name and title.	ection 2 or	3 as an Official/Own	er/Shareholde	
<u>nust be listed on CBPL with th</u>	ividual listed below must be listed in S ne same name and title. ated point of contact regarding this lice	ection 2 or	3 as an Official/Own	er/Shareholde et is completed	
nust be listed on CBPL with the his person will be the design	ividual listed below must be listed in Some same name and title. ated point of contact regarding this lice Russell K. Thomas	ection 2 or	3 as an Official/Own	er/Shareholde et is completed	
nust be listed on CBPL with the his person will be the design. Contact Licensee: Contact Email:	ividual listed below must be listed in Some same name and title. ated point of contact regarding this lice Russell K. Thomas russellt@aseresorts.com	ection 2 or ense, unless	3 as an Official/Own the Optional contact Contact Phone	er/Shareholde et is completed e: 907-	228-2320
nust be listed on CBPL with the his person will be the design. Contact Licensee: Contact Email:	ividual listed below must be listed in Some same name and title. ated point of contact regarding this lice Russell K. Thomas	ection 2 or ense, unless	3 as an Official/Own the Optional contact Contact Phone	er/Shareholde et is completed e: 907-	228-2320
nust be listed on CBPL with the his person will be the design. Contact Licensee: Contact Email:	ividual listed below must be listed in Some same name and title. ated point of contact regarding this lice Russell K. Thomas russellt@aseresorts.com	ection 2 or ense, unless	3 as an Official/Own the Optional contact Contact Phone	et is completed e: 907-	228-2320
nust be listed on CBPL with the his person will be the design. Contact Licensee: Contact Email: Optional: If you wish for AMCO	ividual listed below must be listed in Some same name and title. ated point of contact regarding this lice Russell K. Thomas russellt@aseresorts.com	ection 2 or ense, unless	3 as an Official/Own the Optional contact Contact Phone tact Licensee about yo	et is completed e: 907-	228-2320
nust be listed on CBPL with the chis person will be the design. Contact Licensee: Contact Email: Optional: If you wish for AMCO Name of Contact:	ividual listed below must be listed in Some same name and title. ated point of contact regarding this lice Russell K. Thomas russellt@aseresorts.com	ection 2 or ense, unless	3 as an Official/Own the Optional contact Contact Phone tact Licensee about yo	et is completed e: 907- our license, list t	228-2320
nust be listed on CBPL with the This person will be the design. Contact Licensee: Contact Email: Optional: If you wish for AMCO Name of Contact: Contact Email:	ividual listed below must be listed in Some same name and title. ated point of contact regarding this lice Russell K. Thomas russellt@aseresorts.com	ection 2 or ense, unless	3 as an Official/Own the Optional contact Contact Phone tact Licensee about you Contact Phone	et is completed e: 907- our license, list t	228-2320
nust be listed on CBPL with the his person will be the design. Contact Licensee: Contact Email: Optional: If you wish for AMCO Name of Contact: Contact Email: Name of Contact: Contact Email:	ividual listed below must be listed in Some same name and title. ated point of contact regarding this lice Russell K. Thomas russellt@aseresorts.com	ection 2 or ense, unless	3 as an Official/Own the Optional contact Contact Phone tact Licensee about you Contact Phone Contact Phone	er/Shareholdent is completed et is completed e	228-2320
nust be listed on CBPL with the This person will be the design. Contact Licensee: Contact Email: Optional: If you wish for AMCO Name of Contact: Contact Email: Name of Contact:	ividual listed below must be listed in Some same name and title. ated point of contact regarding this lice Russell K. Thomas russellt@aseresorts.com	ection 2 or ense, unless	3 as an Official/Own the Optional contact Contact Phone tact Licensee about you Contact Phone	er/Shareholdent is completed et is completed e	228-2320



Form AB-17: 2021/2022 License Renewal Application

Section 2 - Entity or Community Ownership Information

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

Alaska CBPL Entity #: 80354D

: 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:

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:	Don Olson				
Title(s):	Member	Phone:	253-381-2701	% Ow	ned: 17%
Mailing Address:	Post Office Box 930				
City:	Sumner	State:	WA	ZIP:	98390

Name of Official:	William Ruth				
Title(s):	Member	Phone:	206-715-6545	% Ow	ned: 33.33
Mailing Address:	19400 108th Aveune, S	E - Suite	200		
City:	Kent	State:	WA	ZIP:	98031

Name of Official:	Thomas Family Trust				
Title(s):	Member	Phone:	907-228-2320	% Ow	ned: 11.11
Mailing Address:	1600 Tongass Avenue				
City:	Ketchikan	State:	AK	ZIP:	99901

SEE ATTACHED 2nd prige

AMCI

Page 2 of 4





Form AB-17: 2021/2022 License Renewal Application

Section 2 - Entity or Community Ownership Information

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

	The Charles of the Control of Control of the Contro		
Alaska CBPL Entity #:	2/13/5UN		
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		77. V. C.	

: 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
 - a 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
 - a All Managers (of the ELC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Portnerships must list ONLY the following:
 - c Each Partner with an interest of 10% or more
 - All General Partners regardless of percentage owned

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

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

Name of Official:	Rod Thomas		MINUED -			
Title(s):	Member	Phone:	907-617-3103	% Ow	ned:	11.11
Mailing Address:	350 Icehouse Lane			<u> </u>		<u> </u>
City:	Ketchikan	State:	AK	ZIP:	999	901

Name of Official:	Russell Thomas			
Title(s):	Member, Manager	Phone:	907-617-3619	% Owned: 11.11
Mailing Address:	1402 Pond Reef Road			
City:	Ketchikan	State:	AK	ZIP: 99901

Name of Official:	Rundy Olson				
Title(s):	Member	Phone:	253-381-2701	% Owr	ned: 16.339
Mailing Address:	POBOX 930			The state of the s	
City:	Summer	State:	WA	ZIP:	96395

AMATI



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: 1. 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: 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. 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 calendaryears. <u>A complete Form AB-29: Waiver of Operation Application</u> 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] (rev09/23/2020)

DEC 1 8 2020

Page 3 of 4



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

Russell Thomas

Printed name of licensee

Signature of Notary Public Official Seal Teresal franklic in and for the State of: Alaska

Notary Public-State of Alaska

Subscribed and sworn to before me this_

My commission expires:

_{_day of} December

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:	\$1250	Application Fee:	\$ 300.00	Misc. Fee:	\$
		Total Fees Due:			\$ 1550

AMCO

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

CLOVER PASS INVESTMENTS, LLC

Entity Type: Limited Liability Company

Entity #: 80354D

Status: Good Standing

AK Formed Date: 6/13/2003

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: 1600 TONGASS AVE, KETCHIKAN, AK 99901

Entity Physical Address: 708 N POIN HIGGINS RD., KETCHIKAN, AK 99901

Registered Agent

Agent Name: RUSSELL THOMAS

Registered Mailing Address: 1600 TONGASS AVE, KETCHIKAN, AK 99901

Registered Physical Address: 1600 TONGASS AVE, KETCHIKAN, AK 99901

Officials

			□Show Former
AK Entity #	Name	Titles	Owned
	Donald Olson	Member	17.00
	Randy Olson	Member	16.33
	Rod Thomas	Member	11.11

AK Entity #	Name	Titles	
	Russell Thomas	Manager, Member	11.11
	Thomas Family Trust	Member	11.11
	William Ruth	Member	33.33

Filed Documents

Date Filed	Туре	Filing	Certificate
6/13/2003	Creation Filing	Click to View	
6/21/2003	Biennial Report		
12/22/2003	Biennial Report		
12/22/2003	Initial Report	Click to View	
1/25/2005	Biennial Report	Click to View	
10/18/2006	Biennial Report	Click to View	
1/08/2009	Biennial Report	Click to View	
4/04/2011	Biennial Report	Click to View	
2/22/2013	Biennial Report	Click to View	
2/22/2013	Change of Officials	Click to View	
1/10/2015	Biennial Report	Click to View	
12/17/2016	Biennial Report	Click to View	
11/16/2018	Entity Address Change	Click to View	
11/16/2018	Agent Change	Click to View	
12/28/2018	Biennial Report	Click to View	
6/14/2019	Change of Officials	Click to View	
1/12/2021	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 #973755

LICENSE DETAILS

License #: 973755

Print Business License

Business Name: CLOVER PASS RESORT

Status: Active

Issue Date: 05/08/2012

Expiration Date: 12/31/2021

Mailing Address: 1600 TONGASS AVE

KETCHIKAN, AK 99901

Physical Address: 708 NORTH POINT HIGGINS

KETCHIKAN, AK 99901

Owners

CLOVER PASS INVESTMENTS, LLC

Activities

		Professional
Line of Business	NAICS	License #
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	
72 - Accommodation and Food Services	721211 - RV (RECREATIONAL VEHICLE) PARKS AND CAMPGROUNDS	

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 the unlicensed period between an expiration date and renewal date.

From:

Alcohol Licensing, CED ABC (CED sponsored)

To: Cc: "russellt@aseresorts.com"

Subject:

Alcohol Licensing, CED ABC (CED sponsored)
#248 dba Clover Pass Resort Incomplete Renewal

Date:

Monday, March 15, 2021 1:11:00 PM

Attachments:

<u>Tourism Statement Form.pdf</u> #248 dba Clover Pass Resort Incomplete Renewal.pdf

Good afternoon,

I have reviewed the renewal application submitted 12/18/2020. At this time, the application is considered incomplete. Please review the following for instructions on how to complete your application.

AB-17 Section 2 Percentage Owned and Listed Officials:

 The information provided in this section does not match AMCO's records or the records maintained by Corporations, Business and Professional Licensing (CBPL). Use the following CBPL link to confirm your information:

https://www.commerce.alaska.gov/cbp/main/search/entities The ownership structure and percentage owned provided on your application must match both the CBPL records and AMCO records. Please verify your information and correct as needed on the attached application pages.

*There may be additional modifications needed after your response or based upon the information you provide.

CBPL Shows Members and Percentage Owned:

- William Ruth, Member owns 33.33 %
- Donald Olson, Member owns 17.00 %
- Rod Thomas, Member owns 11.11 %
- Russell Thomas, Member/Manager owns 11.11 %
- Randy Olson, Member owns 16.33 %
- Thomas Family Trust, Member owns 11.11 %

AMCO Shows Members and Percentage Owned:

- William Ruth, Member owns 33.33 %
- Don Olson, Member owns 17.00 %
- Rod Thomas, Member owns 11.11 %
- Russell Thomas, Member/Manager owns 11.11 %
- Randy Olson, Member owns 16.33 %

Your Application Shows Members and Percentage Owned:

- William Ruth, Member owns 33.33 %
- Don Olson, Member owns 33.33 %
- Rod Thomas, Member owns 11.11 %
- Russell Thomas, Member/Manager owns 11.11 %
- Thomas Family Trust, Member owns 11.11 %

Tourism Statement:

- Re-do the Tourism Statement and use the blank Tourism Statement form provided. Your letter of explanation did not answer all questions that are on the form and explanations for questions 1 and 2 cannot be used (see below).
- Answer question #1 "Explain how issuance of a liquor license at your establishment has/will encourage tourism." This answer should contain information regarding how tourism will be encouraged with the issuance of a liquor license at your establishment.
- Answer question #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)" This answer should contain information regarding planned renovations, repairs, and/or updates to the facility/grounds.

Please make the necessary corrections on the attached documents and return to this email no later than close of business March 29,2021. Completed documents (with the exception of fingerprint cards or payments may be scanned and emailed, and questions or concerns may be sent to alcohol.licensing@alaska.gov.

Thank you for your immediate diligence toward completing your application.

Kristina Serezhenkov Licensing Examiner Alcohol and Marijuana Control Office 550 West 7th Avenue, Suite 1600 Anchorage, Alaska 99501 From:

Alcohol Licensing, CED ABC (CED sponsored)

To:

"russellt@aseresorts.com"

Cc:

Alcohol Licensing, CED ABC (CED sponsored) #248 dba Clover Pass Resort Incomplete Renewal

Subject: Date:

Wednesday, March 17, 2021 2:10:00 PM

#248 dba Clover Pass Resort Tourism Statement.pdf

Attachments:

Good afternoon,

I have reviewed the renewal application corrections. At this time, the application is still considered incomplete. Please review the following for instructions on how to complete your application.

Tourism Statement:

- Correct the dba line to "Clover Pass Resort".
- Fill in your license type. We show your license type is "Beverage Dispensary - Tourism - Seasonal".

It appears that there has been an unreported change of officers in 2021 which is a violation of AS 04.11.050. This has been reported to our Enforcement Unit and they will send you separate correspondence on this violation.

Please make the necessary corrections on the attached documents and return to this email no later than close of business March 31,2021. Completed documents (with the exception of fingerprint cards or payments may be scanned and emailed, and questions or concerns may be sent to alcohol.licensing@alaska.gov.

Thank you for your immediate diligence toward completing your application.

Kristina Serezhenkov Licensing Examiner Alcohol and Marijuana Control Office 550 West 7th Avenue, Suite 1600 Anchorage, Alaska 99501 From:

Alcohol Licensing, CED ABC (CED sponsored)

To: Cc: russellt@aseresorts.com

terie@aseresorts.com; Alcohol Licensing, CED ABC (CED sponsored)

RE: #248 dba Clover Pass Resort Incomplete Renewal

Subject:

Monday, March 22, 2021 12:26:00 PM

Good Morning,

It appears that with the 1/12/2021 Biennial Report to CBPL, Clover Pass Investments LLC added "Thomas Family Trust"- Member with 11.11 % ownership and did not notify this office within the 10 day required period. A corporation must notify ABC Board within 10 days of any change in shareholders who own 10 % or more stock in the corporation and of any change of President, Vice-President, Secretary and Managing Officer regardless of percentage owned. I would direct your attention to the renewal application page 2 top of section 2 in which this is explained and statute is quoted. Because a family trust was added and not an individual no additional fees or fingerprint cards were required.

I have included below a layout of ownership and structure that will help clarify the change.

CBPL Shows Members and Percentage Owned:

- William Ruth, Member owns 33.33 %
- Donald Olson, Member owns 17.00 %
- Rod Thomas, Member owns 11.11 %
- Russell Thomas, Member/Manager owns 11.11 %
- Randy Olson, Member owns 16.33 %
- Thomas Family Trust, Member owns 11.11 %

AMCO Shows Members and Percentage Owned:

- William Ruth, Member owns 33.33 %
- Don Olson, Member owns 17.00 %
- Rod Thomas, Member owns 11.11 %
- Russell Thomas, Member/Manager owns 11.11 %

Randy Olson, Member owns 16.33 %

Thank you and please let me know if you have any additional questions. Our contact email is alcohol.licensing@alaska.gov

Kristina Serezhenkov Licensing Examiner Alcohol and Marijuana Control Office 550 West 7th Avenue, Suite 1600 Anchorage, Alaska 99501

From: russellt@aseresorts.com <russellt@aseresorts.com>

Sent: Wednesday, March 17, 2021 5:46 PM

To: Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov>

Cc: terie@aseresorts.com

Subject: RE: #248 dba Clover Pass Resort Incomplete Renewal

Kristina:

Thanks for getting this over to me. Terie will make the changes you requested to the application and send it over tomorrow.

Can you elaborate on the change of officers issue you outlined below? We have not had any change of officers recently, so maybe a clerical error of some kind has triggered a red flag on your end. We obviously would like to get that issue resolved sooner than later so any additional information you can provide related to that issue would be helpful and would allow us to dig into it immediately and possibly clear that up without taking up the time of your enforcement division.

Thanks for your help.

Russell Thomas Clover Pass Resort LLC Manager

From: Alcohol Licensing, CED ABC (CED sponsored) <<u>alcohol.licensing@alaska.gov</u>>

Sent: Wednesday, March 17, 2021 2:10 PM

To: russellt@aseresorts.com

Cc: Alcohol Licensing, CED ABC (CED sponsored) <<u>alcohol.licensing@alaska.gov</u>>