Alaska Alcoholic Beverage Control Board

Tourism Statement

A new, transfer, or renewal application for a beverage dispensary - tourism or restaurant/eating place - tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

This document must be submitted to AMCO's main office before any tourism license application will be reviewed.

Section 1 – Establishment Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

<table>
<thead>
<tr>
<th>Doing Business As:</th>
<th>License #:</th>
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<tbody>
<tr>
<td>Shelter Cove Lodge</td>
<td>4263</td>
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</table>

<table>
<thead>
<tr>
<th>License Type:</th>
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<tbody>
<tr>
<td>Beverage Dispensary Tourism-Seasonal</td>
</tr>
</tbody>
</table>

Section 2 – Tourism Statement

2.1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.

We have 600+ fishing charter guests who enjoy a beverage of their choice. Our restaurant is open to the public - we are the only upscale restaurant/bar in the Craig area.

2.2. Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1):

A bar service area was added to the dining room when we got our liquor license.


2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

[ ] YES  [ ] NO

2.4 If "no" who operates the tourism facility?

[ ]

2.5 Do you offer room rentals to the traveling public?

If “yes” answer the following questions:

How many rooms are available?

[Box: 10]

How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)?

[Box: None]

Do you stock or plan to stock alcoholic beverages in guest rooms?

[Box: NO]

If “no” is your facility located within an airport terminal?

[Box: NO]

2.6 If your establishment includes a dining facility, please describe that facility. If it does not please write “none”.

[Box: Full service Restaurant. Menu dining]

2.7 If additional amenities are available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists), please describe them. If they are not offered, please write “none”.

[Box: Fishing Charters]
January 3, 2017

Dear ABC Board:

Nothing has changed since I wrote the attached letter in December of 2012 except that our business has grown. We operate 7 to 9 fully guided fishing boats during the summer months and host well over 500 guests plus walk-ins to our summer restaurant. Since losing Ruth Ann’s Restaurant to a fire last winter, the dining services provided by our seasonal lodge have become more important. We feel it is an honor to be able to provide quality dining services to our local and visiting guests.

Please advise me (541-953-8310) if you have need of additional information.

Sincerely,

Linda Lewis

Proprietor/Manager

Shelter Cove Enterprises LLC
STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

FORM CONTROL

XXXX

LIQUOR LICENSE
2021 - 2022

ISSUED
4/15/2021
ABC BOARD

TYPE OF LICENSE: Beverage Dispense

LICENSE FEE: $1,250.00

1103

D/B/A: Shelter Cove Lodge
703 Hamilton Dr

Mail Address:
Shelter Cove Enterprises LLC
PO Box 5758
Ketchikan, AK 99901

CITY / BOROUGH: Craig
Unorganized 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

DIRECTOR

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

04-900 (REV 9/09)

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STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

FORM CONTROL

XXXX

LIQUOR LICENSE
2021 - 2022

ISSUED
4/15/2021
ABC BOARD

TYPE OF LICENSE: Beverage Dispense

LICENSE FEE: $1,250.00

05/01 - 09/30

CITY / BOROUGH: Craig
Unorganized 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

COPY
DIRECTOR

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

04-900 (REV 9/09)
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<td>12/28</td>
<td>4-15-2021</td>
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<tr>
<td>App and License Fees</td>
<td>12/28</td>
<td>4-15-2021</td>
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<tr>
<td>Tourism/Rec Site Statement</td>
<td></td>
<td>4-15-2021</td>
<td>4-15-2021</td>
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<tr>
<td>AB-25: Supplier Cert (WS)</td>
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<tr>
<td>AB-29: Waiver of Operation</td>
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<td>AB-30: Minimum Operation</td>
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<td>AB-33: Restaurant Affidavit</td>
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<tr>
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<tr>
<td>Late Fee</td>
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</table>

Names on FP Cards:

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)?

Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?

LGB 1 Response: City of Craig

LGB 2 Response: N/A

[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): | Shelter Cove Enterprises LLC |
| License #: | 4263 |
| License Type: | Beverage Dispensary Tourism - Seasonal |
| Doing Business As: | Shelter Cove Lodge |
| Premises Address: | 703 Hamilton Dr, Craig, AK |
| Local Governing Body: | City of Craig |
| Community Council: | None |

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

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 CBPI, 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: Contact Phone: 

Contact Email: 

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: Linda Lewis Contact Phone: 907-953-8310
Contact Email: sheltercovelodge@hotmail.com

Name of Contact: Contact Phone: 

Contact Email: 

Name of Contact: Contact Phone: 

Contact Email: 

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

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

| Alaska CBPL Entity #: | 65332D |

- 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:
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: | LINDA LEWIS |
| Title(s): | MEMBER |
| Phone: | 541.953.1830 |
| % Owned: | 100% |
| Mailing Address: | Box 5758 |
| City: | KETCHIKAN |
| State: | AK |
| ZIP: | 99901 |

| Name of Official: |
| Title(s): |
| Mailing Address: |
| City: | State: |
| ZIP: |

| Name of Official: |
| Title(s): |
| Mailing Address: |
| City: | State: |
| ZIP: |

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

<table>
<thead>
<tr>
<th>This Individual is an:</th>
<th>Applicant</th>
<th>Affiliate</th>
</tr>
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<td>ZIP:</td>
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<tr>
<td>Email:</td>
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<td></td>
</tr>
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</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:
     - May to September
   - [ ]

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  
DEC 28 2020  
Page 3 of 4
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 Notary Public

Notary Public in and for the State of: OREGON

My commission expires: 01/22/2023

Subscribed and sworn before me this 18 day of December, 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

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<th>License Fee:</th>
<th>$1250 -</th>
<th>Application Fee:</th>
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[Form AB-17] (rev09/23/2020)
LICENSE DETAILS

License #: 1088926

Business Name: SHELTER COVE LODGE

Status: Active

Issue Date: 10/26/2018

Expiration Date: 12/31/2022

Mailing Address: P O BOX 798
CRAIG, AK 99921

Physical Address: 703 HAMILTON DR
CRAIG, AK 99921

Owners

SHELTER COVE ENTERPRISES, LLC

Activities

<table>
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<tr>
<th>Line of Business</th>
<th>NAICS</th>
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<tr>
<td>72 - Accommodation and Food Services</td>
<td>721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS</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 the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.
ENTITIES DETAILS

Name(s)

Type: Legal Name
Name: SHELTER COVE ENTERPRISES, LLC

Entity Type: Limited Liability Company
Entity #: 65332D
Status: Good Standing
AK Formed Date: 11/27/1998
Duration/Expiration: Perpetual
Home State: ALASKA
Next Biennial Report Due: 1/2/2022
Entity Mailing Address: PO BOX 798, CRAIG, AK 99921
Entity Physical Address: 703 HAMILTON DR., CRAIG, AK 99921

Registered Agent

Agent Name: John Peterson
Registered Mailing Address: 307 BAWDEN ST, KETCHIKAN, AK 99901
Registered Physical Address: 307 BAWDEN ST, KETCHIKAN, AK 99901

Officials

AK Entity # Name Titles
LINDA L LEWIS Member

Show Former
Owned 100.00

Filed Documents
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