December 30, 2020

Via Email
Alcohol.licensing@alaska.gov

AMCO
Alcohol Licensing Team
550 W. 7th Ave Ste 1600
Anchorage, Alaska 99501

Re: NOV List for AB-17 Renewal Application- 2020
License 882- Klondike Pizzeria, LLC

Dear Alcohol Licensing Team:

In supplementation of our AB-17 renewal form for License 882, this is a list of NOV’s issued against this license during 2019 and 2020:

1. 20-175- Lack of signage. This NOV was resolved.

Respectfully,

THE LAW OFFICE OF BRADLY A. CARLSON, L.L.C.
ATTORNEY FOR ELLIOT JACKSON

Cynthia Franklin
STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

FORM CONTROL

XXXX

LIQUOR LICENSE

ISSUED
4/12/2021

ABC BOARD

LICENSE NUMBER

822

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: $2,500.00

1104

D/B/A: Seasalt, Alaskan Bar & Grill
133 4th Avenue, Seward, AK 99664

Mail Address: Klondike Pizzeria II LLC
1120 E. Huffman 24 PMB 416
Anchorage, AK 99515

CITY / BOROUGH: Seward
Kenai Peninsula 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

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

FORM CONTROL

XXXX

LIQUOR LICENSE

ISSUED
4/12/2021

ABC BOARD

LICENSE NUMBER

822

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: $2,500.00

CITY / BOROUGH: Seward
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This license cannot be transferred without permission of the Alcoholic Beverage Control Board

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ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

DIRECTOR

COPY

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

04-900 (REV 9/09)
### Master Checklist: Renewal Liquor License Application

<table>
<thead>
<tr>
<th>Doing Business As:</th>
<th>Seasalt, Alaskan Bar &amp; Grill</th>
<th>License Number: 822</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary</td>
<td></td>
</tr>
<tr>
<td>Examiner:</td>
<td>Kristina S.</td>
<td></td>
</tr>
<tr>
<td>Transaction #:</td>
<td>100030986</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document</th>
<th>Received</th>
<th>Completed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB-17: Renewal Application</td>
<td>12/30</td>
<td>4-12-2021</td>
<td></td>
</tr>
<tr>
<td>App and License Fees</td>
<td>12/29</td>
<td>4-12-2021</td>
<td>Receipt says 12/9. Most likely 12/30 and my typo</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplemental Document</th>
<th>Received</th>
<th>Completed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tourism/Rec Site Statement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB-25: Supplier Cert (WS)</td>
<td></td>
<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>
<td></td>
</tr>
<tr>
<td>AB-33: Restaurant Affidavit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COI / COC / 5 Star</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FP Cards &amp; Fees / AB-08a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Names on FP Cards:        |           |                   |                                            |

<table>
<thead>
<tr>
<th>Selling alcohol in response to written order (package stores)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing address and contact information different than in database (if yes, update database)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In “Good Standing” with CBPL (skip this and next question for sole proprietor)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Officers and stockholders match CBPL and database (if “No”, determine if transfer necessary)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

### LGB 1 Response: City of Seward
- Waive
- Protest
- Lapsed

### LGB 2 Response: Kenai Penninsula Borough
- Waive
- Protest
- Lapsed

[Master Checklist: Renewal] (rev 09/20/2018)

Page 1 of 1

\[\text{Nov}\]
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): | Klondike Pizzeria II, LLC | License #: | 822 |
| License Type: | Beverage Dispensary License |
| Doing Business As: | Seasalt, Alaskan Bar & Grill |
| Premises Address: | 133 4th Avenue, Seward AK |
| Local Governing Body: | Kenai Peninsula Borough, City of Seward |
| Community Council: | |

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 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: | Charles E. Jackson | Contact Phone: | 907-250-2541 |
| Contact Email: | railwaycantina@yahoo.com |

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: | Cindy Franklin | Contact Phone: | 907-830-0707 |
| Contact Email: | cindy@bcarlsonlaw.com |

| 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

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/cbpl/main/search/entities

Alaska CBPL Entity #: 10038727

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 officer of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information on this page will be rejected.

Name of Official: ZPA LLC (Entity Number 10011858)
Title(s): Member 📡
Mailing Address: PO BOX 2284, SEWARD, AK 99664
City: Anchorage
Phone: % Owned: 100

Name of Official: Charles E. Jackson
Title(s): Manager 📡
Mailing Address: 1120 E. Huffman 24 PMB 416
City: Anchorage
Phone: 907-250-2541 % Owned: 0 🎆
State: AK
ZIP: 99515

Name of Official: Toni Strauss
Title(s): Manager 📡
Mailing Address: 120 E. Huffman 24 PMB 416
City: Anchorage
Phone: 907-575-5354 % Owned: 0 🎆
State: AK
ZIP: 99515
### 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>
<td></td>
</tr>
</tbody>
</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>
<td></td>
</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
   - [ ] 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
- [ ] 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.*
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 to 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 to 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]

Charles E. Jackson, Jr.
Printed name of licensee

[Signature]

Heather A. Hemenway
State of Alaska
Notary Public
My Commission Expires October 6, 2023

Subscribed and sworn to before me this 30th day of November, 2023.

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification
All renewal and supplemental forms are available online

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

FOR OFFICE USE ONLY

| License Fee: | $2500 | Application Fee: | $300.00 | Misc. Fee: | $ | Total Fees Due: | $2800 |

[Form AB-17] rev09/23/2020
License #: 1063500

Business Name: SEASALT, ALASKAN GRILL & BAR

Status: Active

Issue Date: 12/14/2017

Expiration Date: 12/31/2021

Mailing Address: 1120 E HUFFMAN 24 PMB 416
ANCHORAGE, AK 99515

Physical Address: 133 4TH AVENUE
SEWARD, AK 99664

Owners

KLONDIKE PIZZERIA II LLC

Activities

Line of Business | NAICS | Professional License #
--- | --- | ---
72 - Accommodation and Food Services | 722110 - FULL-SERVICE RESTAURANTS | 

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.

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2020</td>
<td>1/26/2020</td>
</tr>
</tbody>
</table>
Department of Commerce, Community, and Economic Development
CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING


ENTITY DETAILS

Name(s)

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>Klondike Pizzeria II LLC</td>
</tr>
</tbody>
</table>

Entity Type: Limited Liability Company

Entity #: 10038727

Status: Good Standing

AK Formed Date: 5/24/2016

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: 1120 E HUFFMAN 24 PMB 416, ANCHORAGE, AK 99515

Entity Physical Address: 133 4TH AVENUE, SEWARD, AK 99664

Registered Agent

Agent Name: Toni Strauss

Registered Mailing Address: 1120 E HUFFMAN 24 PMB 416, ANCHORAGE, AK 99515

Registered Physical Address: 308 ASH STREET, SEWARD, AK 99664

Officials

<table>
<thead>
<tr>
<th>AK Entity #</th>
<th>Name</th>
<th>Titles</th>
<th>Owned</th>
</tr>
</thead>
<tbody>
<tr>
<td>10011858</td>
<td>Charles E Jackson</td>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Toni Strauss</td>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ZPA LLC</td>
<td>Organizer, Member</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Show Former (None on file)
# Filed Documents

<table>
<thead>
<tr>
<th>Date Filed</th>
<th>Type</th>
<th>Filing</th>
<th>Certificate</th>
</tr>
</thead>
<tbody>
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<td>Creation Filing</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>7/07/2016</td>
<td>Correction</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>7/12/2016</td>
<td>Initial Report</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>3/28/2018</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>3/08/2020</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td>Click to View</td>
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