



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

**Department of Commerce, Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: November 24, 2021

FROM: Kristina Serezhenkov, OLE

RE: #4904 Crystal Serenity &
#5054 Crystal Symphony

**Requested
Action:**

Reinstatement and renewal

**Statutory
and
Regulatory
Authority:**

AS 04.06.090(b): "The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title."

AS 04.11.540: "...If a complete application for renewal has not been filed by February 28 or the required fees and the penalty fees have not been paid by that date, the license expires at 12:00 midnight February 28."

3 AAC 304.160(f): "The board will deny a request for reinstatement submitted under (e) of this section if

(1) the license became available in accordance with 3 AAC 304.100(2) and was issued to a different applicant, unless the limit of licenses under AS 04.11.400 has not been reached; or

(2) the board finds that the failure to timely file or pay was caused by

(A) the licensee's failure to notify the board of a change of the licensee's mailing address;

(B) a transfer of ownership of the business for which the license was issued without written approval of the board in violation of AS 04.11.040;

(C) a lease of the licensed business to another person in violation of AS 04.11.450(c);
or

(D) any other action of the licensee whether active or tacit that the board finds constitutes a failure to lawfully operate the business for which the license was issued."

Staff Rec.:

Evaluate reinstatement request in accordance with 3 AAC 304.160(f).

Background: During the 2021/2022 licensing period, renewal applications were not submitted by the February 28, 2021 deadline. A warning letter was mailed and emailed to the licensee on February 2, 2021 and the expiration and cessation of operations letter was mailed and emailed on March 5, 2021.

The licensee has submitted a request for reinstatement, paid all required fees and the renewal applications were deemed complete on November 24, 2021.

Attachments: Request for Reinstatement
AB-17 license #4904
AB-17 license #5054
Warning Letters
Expiration Letters



17 May 2021

VIA ELECTRONIC MAIL

The State of Alaska
Department of Commerce, Community,
and Economic Development
ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501

Attn: License Renewal

RE: Crystal Cruises, LLC ("Crystal")

Written explanation that provides proof of good cause for the failure to complete the renewal by February 28th

To whom it may concern,

As you may be aware of at the end of 2019 there were concerns over an unknown global virus which was recognized early in 2020 by the World Health Organization, the CDC, CLIA, worldwide, etc. And further, on January 21, 2020 the CDC confirmed First US Coronavirus Case.

The cruising and travel industries were devastatingly impacted. Crystal took an immediate proactive position and cancelled existing voyages for the safety of all our guests, partners and colleagues alike and did not proceed with any new voyages during the challenging environment.

Subsequently CLIA as well as the CDC banned cruises from operating in U.S. waters as the world continued to address challenges regarding COVID-19. Although the top priority for the entire cruise community including cruise lines, travel agents, ports, destinations, suppliers and beyond remained to be the health and safety of passengers, crew and the communities in the places visited.

Crystal like many other travel industry companies impacted by this global pandemic, took measures to maintain its financial health to remain in business without cruising. Our parent company sought options to allow Crystal to continue to operate our business without cruising. And Crystal remained committed to honoring our contractual obligations to our guests and travel partners, including the processing of refunds. Further Crystal closed its California office and our Miami, Florida office

AMCO



Page 2 of 2

closed to employees first due to government required closures and then out of abundance of caution as COVID-19 cases have surged in South Florida.

For the above reasons Crystal could not commit to renewal of neither Crystal Symphony Liquor License #5054 nor Crystal Serenity Liquor License #4904 at the time of renewal. Now Crystal is happy to begin operations due to the rollout of the vaccine and hope for improvements to public health situation and we may now focus on reopening cruising in U.S. waters.

Crystal formally requests your consideration of good cause for the failure to complete the renewal by February 28th, 2021 of Liquor Licenses #5054 and #4904. And further request you grant renewal without penalties.

Should you have any questions or need anything further, please feel free to contact me.

Respectfully,

Crystal Cruises, LLC

A handwritten signature in blue ink, appearing to read "J. Hoppe", written over a large, stylized "S" or "H" shape.

Jessica S. Hoppe

Senior Vice President and General Counsel



Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Crystal Serenity	License Number:	4904
License Type:	Common Carrier- Seasonal		
Examiner:	Kristina S.	Transaction #:	100073693

1000276015

Document	Received	Completed	Notes
AB-17: Renewal Application	5/21/21	11/24/21	
App and License Fees	5/21/21	6-2-2021	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement			
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star	11-16-21	11-16-21	need
FP Cards & Fees / AB-08a	9-20-21	9-20-21	FP, AB-08a fees
Late Fee	6-2-2021	6-2-2021	

Names on FP Cards:	FP also on SAS - Ricardo Alonso Jack Anderson
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	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 type="checkbox"/>	<input checked="" type="checkbox"/>

LGB 1 Response: N/A

LGB 2 Response: N/A

☐

Waive

☐

Protest

☐

Lapsed

☐

Waive

☐

Protest

☐

Lapsed



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):	Crystal Cruises, LLC	License #:	4904
License Type:	Common Carrier - Seasonal		
Doing Business As:	Crystal Serenity		
Premises Address:	11755 Wilshire Boulevard Suite 900 ALASKA WATERS		
Local Governing Body:			
Community Council:			

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

Mailing Address:	1501 Biscayne Boulevard, Suite 501		
City:	Miami	State:	FL
		ZIP:	33132

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:	Jessica Hoppe	Contact Phone:	786-971-1171
Contact Email:	crystal_legal@crystalcruises.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:	Leyani Roman	Contact Phone:	786-971-1171
Contact Email:	cyrstal_legal@crystalcruises.com		

Name of Contact:		Contact Phone:	
Contact Email:			

Name of Contact:		Contact Phone:	
Contact Email:	AMCO		



Form AB-17: 2021-22 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 #:	10036684
-----------------------	----------

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:	Crystal Acquisitionn Company Limited				
Title(s):	Manager-Member	Phone:	786-971-1171	% Owned:	100
Mailing Address:	1501 Biscayne Blvd. Ste 501				
City:	Miami	State:	FL	ZIP:	33132

Name of Official:	Jack Anderson				
Title(s):	Manager	Phone:		% Owned:	
Mailing Address:	1501 Biscayne Blvd. Ste 501				
City:	Miami	State:	FL	ZIP:	33132

Name of Official:	Jessica Hoppe				
Title(s):	Manager	Phone:		% Owned:	
Mailing Address:	1501 Biscayne Blvd. Ste 501				
City:	Miami	State:	FL	ZIP:	33132



Form AB-17: 2021-22 License Renewal Application

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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.

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 - 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:	Kevin Jones				
Title(s):	Manager	Phone:	786-971-1171	% Owned:	
Mailing Address:	1501 Biscayne Boulevard, Suite 501				
City:	Miami	State:	FL	ZIP:	33132

Name of Official:	Ricardo Celorio				
Title(s):	Manager	Phone:	786-971-1171	% Owned:	
Mailing Address:	1501 Biscayne Boulevard, Suite 501				
City:	Miami	State:	FL	ZIP:	33132

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	



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 type="checkbox"/> | <input 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 checked="" 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 checked="" 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: 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.

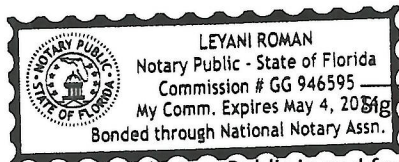
- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and potentially expired if I do 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.

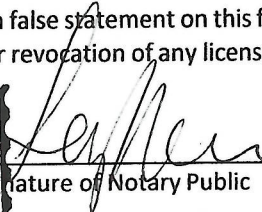
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.


Signature of licensee

Jessica Hoppe, Crystal Cruises, LLC

Printed name of licensee




Signature of Notary Public

Notary Public in and for the State of: FLORIDA

My commission expires: May 4, 2024

Subscribed and sworn to before me this 17th day of May, 2021.

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



DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

OMB No. 1625-0037

CERTIFICATE OF COMPLIANCE

Name of Vessel: CRYSTAL SERENITY		IMO Number: 9243667	Flag of Vessel: BAHAMAS
Owner (including e-mail): SERENITY HOLDINGS LIMITED FORT ANNE, DOUGLAS, IM1 5PD, ISLE OF MAN jdiep@crystalcruises.com		Operator Manager (including e-mail): CRYSTAL CRUISES, LLC 1501 BISCAYNE BOULEVARD, SUITE 501 MIAMI, FL, 33132, United States of America hlind@crystalcruises.com	

Gross Tonnage: 68,870	Date Keel was Laid: 16 Jun 2002	Type of Vessel: <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Chemical Tanker <input type="checkbox"/> Oil Tanker <input type="checkbox"/> Gas Carrier <input type="checkbox"/> Mobile Offshore Drilling Unit (MODU) <input type="checkbox"/> OCS Facility
---------------------------------	---	--

FOR PASSENGER VESSELS ONLY

☒ The maximum number of passengers is 1,140. The maximum allowable total persons on board is 1,795.

FOR TANK VESSELS

Deadweight Tonnage: _____

☐ The vessel is authorized to carry into or from United States ports (check all that apply):

- ☐ The products listed on the Certificate of Fitness for the Carriage of Dangerous Chemicals in Bulk.
- ☐ The products listed on the Certificate of Fitness for the Carriage of Liquefied Gases in Bulk subject to conditions noted on the attached USCG Subchapter O Endorsement (SOE).
- ☐ Crude Oil.
- ☐ Other Petroleum Products.
- ☐ Category Z Noxious Liquid Substances (NLS) as noted on the vessel's International Pollution Prevention Certificate for the Carriage of Noxious Liquid Substances in Bulk (NLS Certificate).

☐ This vessel's vapor collection system (VCS) has been certified as meeting the requirements of Title 46, Code of Federal Regulations, Part 39 and Title 33, Code of Federal Regulations, Section 155.750(d) by _____, under the authority of Title 46, Code of Federal Regulations, Section 39.1015, for the collection of cargo vapors listed in the certification dated _____, and is therefore accepted for the collection of these vapors in the navigable waters of the United States.

☐ This vessel is equipped with (check all that apply):

- ☐ Segregated Ballast Tanks.
- ☐ Dedicated Clean Ballast Tanks.
- ☐ Crude Oil Washing System.

☐ This vessel is equipped with an inert gas system that complies with the requirements of SOLAS 74 (amended) II-2/4.5.5 and 46 CFR 32.

FOR OCS FACILITY

(i.e. Floating Production, Storage and Offloading (FPSO) Units/Floating Production Systems (FPS)) (See instructions)

☐ The maximum allowable number of persons on board is _____ and the minimum number of lifeboatmen required is _____.

FOR MOBILE OFFSHORE DRILLING UNITS (MODU) ONLY

☐ The vessel has been examined in accordance with (check one):

- ☐ 33 CFR 143.207(a).
- ☐ 33 CFR 143.207(b).
- ☐ 33 CFR 143.207(c) per _____ (Year) MODU Code.

☐ The maximum allowable number of persons on board is _____ and the minimum number of lifeboatmen required is _____.

☐ The vessel is (check all that apply):

- ☐ Propelled by Mechanical Means.
- ☐ Not Propelled by Mechanical Means.
- ☐ Equipped with Dynamic Positioning (DP).

CERTIFICATION


THIS IS TO CERTIFY THAT the vessel has been examined and found to be in compliance with all applicable U.S. and international marine safety and environmental protection standards.

 S.R. ELLIOTT, CDR, By Direction Officer in Charge, Marine Inspection Sector Miami Zone	09 Aug 2021 Date Issued	Tank Vessels, OCS Facilities, and MODU's Annual Exam Date	Passenger Vessels Periodic Exams Due 1. 09 Feb 2022 2. _____ 3. _____
	09 Aug 2022 Date of Expiration		

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number.

The Coast Guard estimates that the average burden for this report is 10 minutes [or 0.17 hours]. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: United States Coast Guard Headquarters, COMMANDANT (CG-CVC), Attn: Office of Commercial Vessel Compliance, 2703 Martin Luther King Jr. Ave, SE, Stop 7501, Washington, D.C. 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0037), Washington, D.C. 20503.

AMCO Received 11/14/2021 Page 1 of 2

EXAMINATION RECORD (See instructions on Certificate of Compliance)		
TYPE OF EXAMINATION	REMARKS	PLACE, DATE, AND PORT STATE OFFICER
COC-CVE Initial Ballast	CONDUCTED COC-CVE EXAMINATION. WITNESSED SATISFACTORY FIRE DRILL IN INCINERATOR ROOM DK#3 MVB#5. WITNESSED SATISFACTORY MUSTERING AND ABANDON SHIP DRILL. LOWERED AND MANEUVERED PORT SIDE LIFE BOATS. WITNESSED SUCCESSFUL DEPLOYMENT OF 25 PERSON LIFE-RRAFT. CONDUCTED NON-HAZARDOUS WASTE STREAM IAW NVIC 04-04 TESTED ENGINES ON STBD SIDE LIFEBOAT @3 DEF. ISSUED @3 DEF. CLEARED @00 DEF. OUTSTANDING	Place of Examination: Port of Miami, FL Unit: Sector Miami Date: 09 Aug 2021 Signature of Port State Control Officer:  Typed Name: JUAN A. DUQUE
		Place of Examination: Unit: Date: Signature of Port State Control Officer: Typed Name:
		Place of Examination: Unit: Date: Signature of Port State Control Officer: Typed Name:
		Place of Examination: Unit: Date: Signature of Port State Control Officer: Typed Name:
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		Place of Examination: Unit: Date: Signature of Port State Control Officer: Typed Name:
		Place of Examination: Unit: Date: Signature of Port State Control Officer: Typed Name:

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
PORT STATE CONTROL REPORT OF INSPECTION - FORM A*

MISLE Activity Number:

7281697

Exam Type:

CCC-CVE-ANN

In accordance with the IMO's Procedures for Port State Control and the International Ship & Port Facility Security (ISPS) Code

1. Reporting Country: United States of America		2. Name of Ship: CRYSTAL SERENITY	
3. Flag of Ship: BAHAMAS		4. Ship Type Code: 71	5. Call Sign: C6913
6. IMO Number: 9243667		7. Gross Tonnage: 68,870	8. Deadweight: —
9. Yr. of Build: 2002	10. Date of Inspection: 08/09/2021		11. Place of Inspection: MIAMI, FL
12. Classification Society: DNV		13. Detention Info ** a) Date/Time Imposed: b) Date/Time Released:	
14. Ship Management Information (include address):			

Charterer:

ISM DOC Company w/IMO Company #:

Owner w/IMO Company #:

Operator w/IMO Company #:

Relevant Certificates/Documents**:

a) Name	b) Issuing Authority	c) Date of Issue and Expiry
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

d) Information on last intermediate or annual survey/audit **	Date	Surveying/Auditing Authority	Place
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Check all applicable for 16-19 below:

16. Deficiencies Identified:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes (If yes see Form B (CG-5437B))
17. Major Control Action:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Detention <input type="checkbox"/> Expulsion <input type="checkbox"/> Denial of Entry: For <input type="checkbox"/> Safety <input type="checkbox"/> Security
18. Priority:	<input type="checkbox"/> PI	<input type="checkbox"/> PII <input type="checkbox"/> NPV <input type="checkbox"/> ISPS I <input type="checkbox"/> ISPS II <input type="checkbox"/> ISPS III
19. Drills Conducted?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Fire Drill <input checked="" type="checkbox"/> Abandon Ship Drill <input type="checkbox"/> ISPS/Security Related Drill

Copy provided to: ECI Giske
(Printed name of Master/Vessel representative)

Signature: _____

Name of PSCO: Ivan A. Dupre, CIV
(Printed name of duly authorized PSCO or reporting authority)

Signature: _____

Issuing Unit Name and Address:

USCG SECTOR MIAMI
100 MACARTHUR CAUSEWAY
MIAMI BEACH, FL 33139
MIAMIARRIVALS@USCG.MIL
305-535-8725

Copies forwarded to: Check as appropriate

<input type="checkbox"/> Agent	<input type="checkbox"/> Ship Management
<input type="checkbox"/> Flag State	<input type="checkbox"/> Recognized Organization
<input type="checkbox"/> Recognized Security Organization	

Reviewed by Supervisor

Name: _____

Date: _____

* This inspection report has been issued solely for the purposes of informing the master and other port States that an inspection by the USCG has taken place. This inspection report shall not be construed as a seaworthiness certificate in excess of certificates the ship is required to carry.

** To be completed in the event of a detention.

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
PORT STATE CONTROL REPORT OF INSPECTION—FORM B

MISLE Activity Number:

7281697

Exam Type:

COC-CVE-ANN

In accordance with IMO Port State Control Procedures and the International Ship & Port Facility Security (ISPS) Code

1. Reporting Country: United States of America

2. Name of Ship: CRYSTAL SERENITY

3. IMO Number: 9243667

4. Date of Inspection: 08/09/2021

Place of Inspection: MIAMI, FL

6. Nature of Discrepancy:

No.	Code	Description	Cite (Convention)	(Action Taken) ²
01	07105	FIRE DOORS IN MAIN VERTICAL ZONE BULKHEADS... SHALL SATISFY THE FOLLOWING REQUIREMENTS: THE DOORS SHALL BE SELF- CLOSING AND MULTIPLE FIRE DOORS WERE OBSERVED ACROSS THE VESSEL NOT PROPERLY SECURED WHEN MAGNETIC RELEASE WAS RETURNED	74 SOLAS (2001 CONS) 11-2/30.4.1	10C
02	07101	WHERE THE CONTENTS AND USE OF A SPACE ARE SUCH THAT THERE IS A DOUBT AS TO ITS CLASSIFICATION FOR THE PURPOSE OF THIS REGULATION... IT SHALL BE TREATED AS A SPACE WITHIN THE RELEVANT CATEGORY HAVING THE MOST STRINGENT BOUNDARY REQUIREMENTS. PSCO OBSERVED A WORKSPACE IN A CPT. 3 CORRIDOR, AND THE WORKSPACE BLOCKED ACCESS TO THE INTERNATIONAL SHORE CONNECTION AND WAS ADJACENT TO A HIGH VOLTAGE PANEL.	74 SOLAS (2001 CONS) 11-2/19.2.2.3.2.2	10C
03	07120	THE MEANS OF ESCAPE... SHALL BE MARKED BY LIGHTING OR PROTRUDING LIGHT STRIP INDICATORS... MARKING MUST GUIDE PASSENGERS TO IDENTIFY ESCAPE ROUTE. ESCAPE LIGHTING WAS BLOCKED BY LUNGE AND OTHER ITEMS IN THE PASSAGE STORE ROOM.	74 SOLAS (2001 CONS) 11-2/13.3.2.5.1	10C

Copy
Provided to:

Earl Gisure
(Printed name of Master/Vessel representative)

Signature:

Name of
PSCO:

Juan A. Duque
(Printed name of duly authorized PSCO of reporting authority)

Signature:

Issuing Unit Name and Address:

US COAST GUARD SECTOR MIAMI
100 MACARTHUR CAUSEWAY
MIAMI BEACH, FL 33139
OFFICE 305-535-8725

Miamiarrivals@uscg.mil

Copies forwarded to: Check as appropriate

- ☐ Agent ☐ Ship Management
☐ Flag State ☐ Recognized Organization
☐ Recognized Security Organization

Reviewed by Supervisor

Name:

Date:

¹ This inspection was not a full survey and deficiencies listed may not be exhaustive. In the event of a detention, it is recommended that a full survey is carried out and all deficiencies are rectified before an application for re-inspection is made.

² Codes are for action taken, see below. (Note: code numbers are derived from international harmonization; U.S. uses similar codes and those are reflected below.)

10	Deficiency Rectified	17	Rectify deficiencies prior to departure	20	Ship expelled
15	Rectify deficiencies by next port	60	Rectify deficiencies prior to movement	25	Ship denied entry
16	Rectify deficiencies within 14 days	40	Rectify deficiencies prior to next U.S. port after sailing foreign	a.	To the satisfaction of RO/RSO
50	Rectify deficiencies within 30 days	30	Ship detained	b.	To the satisfaction of the Administration
				c.	To the satisfaction of the U.S. Coast Guard

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

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ENTITY DETAILS

Name(s)

Type	Name
Legal Name	Crystal Cruises, LLC

Entity Type: Limited Liability Company

Entity #: 10036684

Status: Good Standing

AK Formed Date: 4/12/2016

Duration/Expiration: Perpetual

Home State: CALIFORNIA

Next Biennial Report Due: 1/2/2022 [File Biennial Report](#)

Entity Mailing Address: 1501 BISCAYNE BLVD STE 501, MIAMI, FL 33132

Entity Physical Address: SUITE 150N 2710 GATEWAY OAKS DRIVE, C/O CORPORATION
SERVICE COMPANY, SACRAMENTO, CA 95833-3505

Registered Agent

Agent Name: COMPLETE CORPORATE SERVICES OF ALASKA, INC.

Registered Mailing Address: 3085 MOUNTAINWOOD CIR, JUNEAU, AK 99801

Registered Physical Address: 3085 MOUNTAINWOOD CIR, JUNEAU, AK 99801

Officials

☐ Show Former

AK Entity #	Name	Titles	Owned
	CRYSTAL AQUISITION COMPANY LIMITED	Manager, Member	100.00
	JACK ANDERSON	Manager	

AK Entity #	Name	Titles	Owned
	JESSICA HOPPE	Manager	
	KEVIN JONES	Manager	
	RICARDO CELORIO	Manager	

Filed Documents

Date Filed	Type	Filing	Certificate
4/12/2016	Creation Filing	Click to View	Click to View
6/22/2017	Change of Officials	Click to View	
9/29/2017	Change of Officials	Click to View	
1/31/2018	Biennial Report	Click to View	
6/02/2020	Biennial Report	Click to View	
5/10/2021	Change of Officials	Click to View	

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Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Crystal Symphony	License Number:	5054
License Type:	Common Carrier- Seasonal		
Examiner:	Kristina S.	Transaction #:	100073691

Document	Received	Completed	Notes
AB-17: Renewal Application	5/21/21	11/24/21	
App and License Fees	5/21/21	6-2-2021	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement			
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star	11/17/21	11/17/21	needed.
FP Cards & Fees / AB-08a	9-20-2021	9-20-2021	FP, AB-08a, fees.
Late Fee	6-2-2021	6-2-2021	

Names on FP Cards:	Jack Anderson, Ricardo Celorio
--------------------	--------------------------------

	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 type="checkbox"/>	<input checked="" type="checkbox"/>

LGB 1 Response:	N / A	LGB 2 Response:	N / A		
<input type="checkbox"/> Waive	<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Waive	<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed



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):	Crystal Cruises, LLC	License #:	5054
License Type:	Common Carrier - Seasonal		
Doing Business As:	Crystal Symphony		
Premises Address:	11755 Wilshire Boulevard Suite 900 ALASKA WATERS		
Local Governing Body:			
Community Council:			

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

Mailing Address:	1501 Biscayne Boulevard, Suite 501				
City:	Miami	State:	FL	ZIP:	33132

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:	Jessica Hoppe	Contact Phone:	786-971-1171
Contact Email:	crystal_legal@crystalcruises.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:	Leyani Roman	Contact Phone:	786-971-1171
Contact Email:	cyrstal_legal@crystalcruises.com		

Name of Contact:		Contact Phone:	
Contact Email:			

Name of Contact:		Contact Phone:	
Contact Email:			



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021-22 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 #:	10036684
-----------------------	----------

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:	Crystal Acquisitionn Company Limited				
Title(s):	Manager-Member	Phone:	786-971-1171	% Owned:	100
Mailing Address:	1501 Biscayne Blvd. Ste 501				
City:	Miami	State:	FL	ZIP:	33132

Name of Official:	Jack Anderson				
Title(s):	Manager	Phone:		% Owned:	
Mailing Address:	1501 Biscayne Blvd. Ste 501				
City:	Miami	State:	FL	ZIP:	33132

Name of Official:	Jessica Hoppe				
Title(s):	Manager	Phone:		% Owned:	
Mailing Address:	1501 Biscayne Blvd. Ste 501				
City:	Miami	State:	FL	ZIP:	33132



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021-22 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 #:	10036684
-----------------------	----------

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:	Kevin Jones				
Title(s):	Manager	Phone:	786-971-1171	% Owned:	
Mailing Address:	1501 Biscayne Boulevard, Suite 501				
City:	Miami	State:	FL	ZIP:	33132

Name of Official:	Ricardo Celorio				
Title(s):	Manager	Phone:	786-971-1171	% Owned:	
Mailing Address:	1501 Biscayne Boulevard, Suite 501				
City:	Miami	State:	FL	ZIP:	33132

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

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

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.



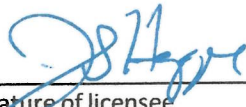
Form AB-17: 2021/2022 License Renewal Application

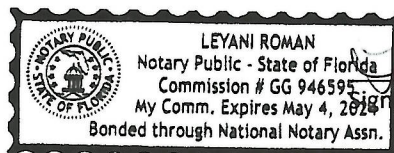
Section 6 – Certifications

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
Jessica Hoppe, Crystal Cruises, LLC
Printed name of licensee




Signature of Notary Public

Notary Public in and for the State of: FLORIDA

My commission expires: May 4, 2024

Subscribed and sworn to before me this 17th day of May, 2021.

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

AMCO

MAY 21 2021



DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

OMB No. 1625-0037

CERTIFICATE OF COMPLIANCE

Name of Vessel: CRYSTAL SYMPHONY		IMO Number: 9066667	Flag of Vessel: BAHAMAS
Owner (including e-mail): SYMPHONY HOLDINGS LIMITED FORT ANNE, DOUGLAS, IM1 5PD ISLE OF MAN		Operator Manager (including e-mail): CRYSTAL CRUISES, LLC 21ST FLOOR, WISMA GENTING, 28 JALAN SULTAN ISMAIL, JUALA LUMPUR, 50250, MALAYSIA	

Gross Tonnage: 51,044	Date Keel was Laid: 10 Jan 1994	Type of Vessel: <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Chemical Tanker <input type="checkbox"/> Oil Tanker <input type="checkbox"/> Gas Carrier <input type="checkbox"/> Mobile Offshore Drilling Unit (MODU) <input type="checkbox"/> OCS Facility
---------------------------------	---	--

FOR PASSENGER VESSELS ONLY

☒ The maximum number of passengers is 975. The maximum allowable total persons on board is 1,520.

FOR TANK VESSELS

Deadweight Tonnage: _____

☐ The vessel is authorized to carry into or from United States ports (check all that apply):

- ☐ The products listed on the Certificate of Fitness for the Carriage of Dangerous Chemicals in Bulk.
- ☐ The products listed on the Certificate of Fitness for the Carriage of Liquefied Gases in Bulk subject to conditions noted on the attached USCG Subchapter O Endorsement (SOE).
- ☐ Crude Oil.
- ☐ Other Petroleum Products.
- ☐ Category Z Noxious Liquid Substances (NLS) as noted on the vessel's International Pollution Prevention Certificate for the Carriage of Noxious Liquid Substances in Bulk (NLS Certificate).

☐ This vessel's vapor collection system (VCS) has been certified as meeting the requirements of Title 46, Code of Federal Regulations, Part 39 and Title 33, Code of Federal Regulations, Section 155.750(d) by _____, under the authority of Title 46, Code of Federal Regulations, Section 39.1015, for the collection of cargo vapors listed in the certification dated _____, and is therefore accepted for the collection of these vapors in the navigable waters of the United States.

☐ This vessel is equipped with (check all that apply):

- ☐ Segregated Ballast Tanks.
- ☐ Dedicated Clean Ballast Tanks.
- ☐ Crude Oil Washing System.

☐ This vessel is equipped with an inert gas system that complies with the requirements of SOLAS 74 (amended) II-2/4.5.5 and 46 CFR 32.

FOR OCS FACILITY

(i.e. Floating Production, Storage and Offloading (FPSO) Units/Floating Production Systems (FPS)) (See Instructions)

☐ The maximum allowable number of persons on board is _____ and the minimum number of lifeboatmen required is _____.

FOR MOBILE OFFSHORE DRILLING UNITS (MODU) ONLY

☐ The vessel has been examined in accordance with (check one):

- ☐ 33 CFR 143.207(a).
- ☐ 33 CFR 143.207(b).
- ☐ 33 CFR 143.207(c) per _____ (Year) MODU Code.

☐ The maximum allowable number of persons on board is _____ and the minimum number of lifeboatmen required is _____.

☐ The vessel is (check all that apply):

- ☐ Propelled by Mechanical Means.
- ☐ Not Propelled by Mechanical Means.
- ☐ Equipped with Dynamic Positioning (DP).

CERTIFICATION

THIS IS TO CERTIFY THAT the vessel has been examined and found to be in compliance with all applicable U.S. and international marine safety and environmental protection standards.

M. J. GREENWAY, CDR BY DIRECTION Officer in Charge, Marine Inspection SECTOR BOSTON Zone	20 AUG 21 Date Issued	Tank Vessels, OCS Facilities, and MODU's Annual Exam Date n/a	Passenger Vessels Periodic Exams Due 1. _____ 2. _____ 3. _____
	20 AUG 22 Date of Expiration		

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number.

The Coast Guard estimates that the average burden for this report is 10 minutes [or 0.17 hours]. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: United States Coast Guard Headquarters, COMMANDANT (CG-CVC), Attn: Office of Commercial Vessel Compliance, 2703 Martin Luther King Jr. Ave, SE, Stop 7501, Washington, D.C. 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0037), Washington, D.C. 20503.

(See instructions on Certificate of Compliance) (Complete only for COC exams occurring outside 12 NM (overseas, lightering zones, MODU's and OCS Facilities))

CG-3585 (06/21)

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

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ENTITY DETAILS

Name(s)

Type	Name
Legal Name	Crystal Cruises, LLC

Entity Type: Limited Liability Company

Entity #: 10036684

Status: Good Standing

AK Formed Date: 4/12/2016

Duration/Expiration: Perpetual

Home State: CALIFORNIA

Next Biennial Report Due: 1/2/2022 [File Biennial Report](#)

Entity Mailing Address: 1501 BISCAYNE BLVD STE 501, MIAMI, FL 33132

Entity Physical Address: SUITE 150N 2710 GATEWAY OAKS DRIVE, C/O CORPORATION
SERVICE COMPANY, SACRAMENTO, CA 95833-3505

Registered Agent

Agent Name: COMPLETE CORPORATE SERVICES OF ALASKA, INC.

Registered Mailing Address: 3085 MOUNTAINWOOD CIR, JUNEAU, AK 99801

Registered Physical Address: 3085 MOUNTAINWOOD CIR, JUNEAU, AK 99801

Officials

☐ Show Former

AK Entity #	Name	Titles	Owned
	CRYSTAL AQUISITION COMPANY LIMITED	Manager, Member	100.00
	JACK ANDERSON	Manager	

AK Entity #	Name	Titles	Owned
	JESSICA HOPPE	Manager	
	KEVIN JONES	Manager	
	RICARDO CELORIO	Manager	

Filed Documents

Date Filed	Type	Filing	Certificate
4/12/2016	Creation Filing	Click to View	Click to View
6/22/2017	Change of Officials	Click to View	
9/29/2017	Change of Officials	Click to View	
1/31/2018	Biennial Report	Click to View	
6/02/2020	Biennial Report	Click to View	
5/10/2021	Change of Officials	Click to View	

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THE STATE
of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West 7th Avenue, Suite 1600

Anchorage, AK 99501

Main: 907.269.0350

February 2, 2021

Crystal Cruises, LLC
11755 Wilshire Blvd Suite 900
Los Angeles, CA 90025

Email: crystal_legal@crystalcruises.com

Re: Late Renewal Application for #4904 DBA Crystal Serenity

LIQUOR LICENSE EXPIRES FEBRUARY 28, 2021

Dear Crystal Cruises, LLC:

Your liquor license will expire at midnight, February 28, 2021, per AS 04.11.540 and AS 04.11.550.

An application for renewal of your liquor license has not been received by the Alcohol & Marijuana Control Office as of this date. If you have already submitted a renewal application for the 2021/2022 operating years and believe that you have received this notice in error, please contact the Alcohol & Marijuana Control Office immediately.

In order to avoid expiration of your license and mandatory cessation of alcohol sale, service, manufacture, and/or storage at your establishment, the following **must** be submitted to our office by February 28, 2021:

- Completed, signed, and notarized liquor license renewal application (including any necessary supplemental documents); and
- License fee, application fee, and \$500.00 late fee (payable by VISA, MasterCard, or check made out to State of Alaska).

The completed application and all fees must be postmarked by February 28, 2021. They may also be scanned and emailed or hand-delivered to our office **by 4:00 pm on February 28, 2021**. Any questions or concerns may be sent to alcohol.licensing@alaska.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Carrie Craig".

Carrie Craig
Records and Licensing Supervisor
Alcohol and Marijuana Control Office



THE STATE
of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West 7th Avenue, Suite 1600

Anchorage, AK 99501

Main: 907.269.0350

February 2, 2021

Crystal Cruises, LLC
11755 Wilshire Blvd Suite 900
Los Angeles, CA 90025

Email: crystal_legal@crystalcruises.com

Re: Late Renewal Application for #5054 DBA Crystal Symphony

LIQUOR LICENSE EXPIRES FEBRUARY 28, 2021

Dear Crystal Cruises, LLC:

Your liquor license will expire at midnight, February 28, 2021, per AS 04.11.540 and AS 04.11.550.

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550 West 7th Avenue, Suite 1600

Anchorage, AK 99501

Main: 907.269.0350

March 5, 2021

Crystal Cruises, LLC
11755 Wilshire Blvd Suite 900
Los Angeles, CA 90025

crystal_legal@crystalcruises.com

Re: Expiration and Mandatory Cessation of Operation of License #4904 DBA Crystal Serenity

YOUR LIQUOR LICENSE HAS EXPIRED

Dear Crystal Cruises, LLC:

Because an application for renewal and/or the required fees were not filed with the Alcohol & Marijuana Control Office (AMCO) by February 28, 2021, **your liquor license expired at midnight, February 28, 2021**, per AS 04.11.540.

**THE SERVICE, SALE, CONSUMPTION, MANUFACTURE, AND/OR
DISTRIBUTION OF ALCOHOL ON YOUR PREMISES MUST CEASE
IMMEDIATELY.**

The Alcoholic Beverage Control (ABC) Board will consider a written request to reinstate the license if the request is accompanied by a complete renewal application, all required fees (including any penalties and the \$1000.00 reinstatement fee) with written proof of good cause for the failure to file and pay by February 28, 2021, per 3 AAC 304.160(e). If you wish for this request to be considered by the ABC Board at its meeting on March 30, 2021, all items must be complete and received by AMCO staff on or before March 12, 2021.

The following ABC Board meeting is scheduled for June 8, 2021 and all items must be complete and received by AMCO staff on or before May 21, 2021.

Completed documents (with the exception of fingerprint cards and checks) may be scanned and emailed, and any questions or concerns may be sent to alcohol.licensing@alaska.gov.

Sincerely,

A stylized, blue ink-like signature of Carrie Craig.

Carrie Craig
Records and Licensing Supervisor



THE STATE
of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West 7th Avenue, Suite 1600

Anchorage, AK 99501

Main: 907.269.0350

March 5, 2021

Crystal Cruises, LLC
11755 Wilshire Blvd Suite 900
Los Angeles, CA 90025

crystal_legal@crystalcruises.com

Re: Expiration and Mandatory Cessation of Operation of License #5054 DBA Crystal Symphony

YOUR LIQUOR LICENSE HAS EXPIRED

Dear Crystal Cruises, LLC:

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A stylized, blue ink-like signature of Carrie Craig.

Carrie Craig
Records and Licensing Supervisor