

under AS 04.11.400(d) and 3 AAC 304.325.

Alaska Alcoholic Beverage Control Board

Tourism Statement

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

0-4:-- 4 F-4-11-1 (1 c d)

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

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

	Section 1 - Establishinelit Illioni	iation	
Enter information for the bus	iness seeking to have its license renewed.		
Doing Business As:	Westmark Inn Skagway	License #:	591
License Type:	Beverage Dispensary - Tourism Season	al	
	Continuo Tamina 01.1		
	Section 2 – Tourism Stateme		
	a liquor license at your establishment has/will encourage to		
on site dining facilities	ough the summer season while the cruise ship is are adjacent to the Historic District and close is airport pickup service or free parking for thos	to shopping and	entertainment.
2.2. Explain how the facility w	vas/will be constructed or improved as required by AS 04.1	1.400(d)(1):	
replace the Chilkoot D	hotel has been closed due to COVID, we have ining kitchen hood and fire suppression system in the main lodge building.	ve taken the oppor ms as well as mod	tunity to dify the boiler
2.3 Does the licensee or appl tourism facility in which 2.4 If "no" who operates the		YES	NO

[Tourism Statement] (rev 9/22/2021)

AMCO

Page 1 of 2



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Tourism Statement

If "yes" answer the following questions:	
How many rooms are available?	
94	
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)?	
None	
Do you stock or plan to stock alcoholic beverages in guest rooms? YES X	
If "no" is your facility located within an airport terminal?	
2.6 If your establishment includes a dining facility, please describe that facility. If it does not please write "none".	
In addition to the Bonanza Bar & Grill, the Westmark Inn Skagway includes the Chilkoot Room and the Glacial Lounge.	
2.7 If additional amenities are available to your guests through your establishment (eg: guided tours or trips, rental equipment f guests, other activities that attract tourists), please describe them. If they are not offered, please write "none".	or
Amenities include cable tv, in-room hair dryers and coffee makers. Free internet access is availabl in the lobby for hotel guests. Lodge is within walking distance of the White Pass & Yukon Route Railroad, Skagway Museum and National Park Service Visitor's Center.	е

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED 3/04/2022 ABC BOARD LIQUOR LICENSE 2022 - 2023

TEMPORARY

591

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

4/15 - 10/15

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$1,250.00

1103

D/B/A: Westmark Inn Skagway 3rd & Spring Street

Mail Address:

Westmark Hotels, Inc.

Attn: Michelle Pipkin 450 Third Avenue West

Seattle, WA 98119-4002

CITY / BOROUGH: Skagway Skagway

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

04-900 (REV 7/21)

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

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED 3/04/2022 ABC BOARD LIQUOR LICENSE 2022 - 2023

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LICENSE FEE: \$1.250.00

CITY / BOROUGH: Skagway Skagway

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 7/21)

D/B/A:

Westmark Inn Skagway 3rd & Spring Street

Mailing Address:

Westmark Hotels, Inc.

Attn: Michelle Pipkin 450 Third Avenue West

Seattle, WA 98119-4002



Alcohol and Marijuana Control Office
550 W 7th Avenue,
Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2021 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 02/28/2022 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.

Licensee (Owner):	Westmark Hotels, Inc.		License #:	591		
License Type:	Beverage Dispensary - Tou	everage Dispensary - Tourism Seasonal				
Doing Business As:	Westmark Inn Skagway					
Premises Address:	3rd & Spring Street				r	
Local Governing Body:	Municipality of Skagway Bo	rough				
Community Council:	None					
your mailing address ha	as changed, write the NEW address be	elow:				
Mailing Address:						
City:	9	State:		ZIP:		
ust be listed on CBPL with t is person will be the design	ated point of contact regarding this license	tion 2 or 3	as an Official/Owne	is completed	l.	
ust be listed on CBPL with t is person will be the design	dividual listed below must be listed in Sect he same name and title.	tion 2 or 3	as an Official/Owne	is completed		
ust be listed on CBPL with t is person will be the design Contact Licensee:	dividual listed below must be listed in Sect he same name and title. Lated point of contact regarding this license	cion 2 or 3 e, unless th	as an Official/Owne	is completed	l.	
ist be listed on CBPL with to its person will be the design Contact Licensee: Contact Email:	dividual listed below must be listed in Sect he same name and title. Lated point of contact regarding this license David McGlothlin	e, unless th	as an Official/Owner ne Optional contact Contact Phone:	is completed	336-5910	
ust be listed on CBPL with to is person will be the design Contact Licensee: Contact Email: Otional: If you wish for AMCC	dividual listed below must be listed in Section he same name and title. The same name and title at the same name and title. The same name and title at the same name and title. The same name and title at the same name and title. The same name and title at the same name and title. The same name and title at the same name and title. The same name name and title at the same name and title. The same name name and title at the same name and title. The same name name and title at the same name and title. The same name name and title at the same name and title. The same name name and title at the same name and title. The same name name and title at the same name name and title at the same name name and title at the same name name name name name name name n	e, unless th	as an Official/Owner ne Optional contact Contact Phone:	is completed (206	1. 6) 336-5910 them below:	
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Ist be listed on CBPL with to be person will be the design Contact Licensee: Contact Email: tional: If you wish for AMCO Name of Contact: Contact Email:	dividual listed below must be listed in Section he same name and title. The same name name name and title. The same name name name name name name name n	e, unless th	as an Official/Owner ne Optional contact Contact Phone: ct Licensee about you	is completed (206 ar license, list t	1. 6) 336-5910 them below: 6) 336-6105	
Ist be listed on CBPL with to be person will be the design Contact Licensee: Contact Email: tional: If you wish for AMCCON Name of Contact: Contact Email:	dividual listed below must be listed in Section Section Seame name and title. The same name and the s	e, unless th	as an Official/Owner ne Optional contact Contact Phone: ct Licensee about you Contact Phone:	is completed (206 ar license, list t	1. 6) 336-5910 them below: 6) 336-6105	
ust be listed on CBPL with to is person will be the design Contact Licensee: Contact Email:	dividual listed below must be listed in Section he same name and title. The same name and title is licensed at the point of contact regarding this licensed. David McGlothlin dagroup.com Staff to communicate with anyone other than more point of the property of the pro	e, unless th	as an Official/Owner ne Optional contact Contact Phone: ct Licensee about you Contact Phone:	is completed (206	336-5910	

[Form AB-17] (rev09/21/2021)

DFC 9 7 2021 Page 1 of 4



Form AB-17: 2022/2023 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 #: 5724D

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:
 - o All shareholders who own 10% or more stock in the corporation
 - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of <u>any</u> type must list ONLY the following:
 - o 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:
 - o Each Partner with an interest of 10% or more
 - o 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:	Holland America Line, Inc					
Title(s):	Shareholder	Shareholder Phone: (206) 281-3535 % Owned: 100				
Mailing Address:	450 3rd Ave W					
City:	Seattle	State:	WA	ZIP:	98119	

Name of Official:	Charles E Ball				
Title(s):	Director, President	Phone:	(206) 336-5980	% Owi	ned: 0
Mailing Address:	450 3rd Ave W			•	•
City:	Seattle	State:	WA	ZIP:	98119

Name of Official:	Daniel Howard	Daniel Howard					
Title(s):	Vice President and Secretary	Phone:	(661) 753-1550	% Owi	ned: 0		
Mailing Address:	24305 Town Center Drive	24305 Town Center Drive					
City:	Santa Clarita	State:	CA	ZIP:	91355		

AMCO

DEC 27 2021



Form AB-17: 2022/2023 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	#:	5724
,	401 6	y		UIZTI

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.

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- Partnerships of any type, including Limited Partnerships must list ONLY the following:
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 - o All General Partners regardless of percentage owned

<u>Important Note</u>: 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. <u>If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.</u>

Name of Official:	David McGlothlin				
Title(s):	Vice President	Phone:	(206) 336-5910	% Owr	ned: 0
Mailing Address:	450 3rd Ave W				•
City:	Seattle	State:	WA	ZIP:	98119

Name of Official:	Natalya Leahy	Natalya Leahy					
Title(s):	Vice President/Treasurer	Phone:	(206) 626-9557	% Owr	ned:	0	
Mailing Address:	450 3rd Ave W	450 3rd Ave W					
City:	Seattle					19	

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

AMCO



Form AB-17: 2022/2023 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: The license was regularly operated continuously throughout each year. (Year-round) The license was only operated during a specific season each year. (Seasonal) If your operation dates have changed, list them below: The license was only operated to meet the minimum requirement of 240 total hours each calendar year. A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both calendaryears. 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 and/or 2021, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason. Section 5 - Violations and Convictions Yes No Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2020 or 2021?

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.

AMCO

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Form AB-17: 2022/2023 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 of	entity that I understand that pro	viding a false statement on this form or any other form
provided by AMCO is grounds for	rejection or denial of this applic	ation or revocation of any license issued.
Much My	ANYA JON 2007702	Carez Jones
Signature of licensee	NOTARY :	Signature of Notary Public
David McGlothlin	S Pundatary Public &	and for the State of: Washington
Printed name of licensee	ON EXPIRES	My commission expires: 1/24/2025
Subceribo	d and swall the washing me this	December 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
Common Carrier applications must include a current safety inspection certificate

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:	\$1,250.00	Application Fee:	\$ 300.00	Misc. Fee:	\$
		Total Fees Due:			\$1,550.00

AMCO

Details

ENTITY DETAILS

Name(s)

Type Name
Legal Name WESTMARK HOTELS, INC.

Entity Type: Business Corporation

Entity #: 5724D

Status: Good Standing

AK Formed Date: 12/7/1962

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2024

Entity Mailing Address: ATTN: MICHELLE PIPKIN, 450 3RD AVE W, SEATTLE, WA 98119-4002

Entity Physical Address: 450 3RD AVE W, SEATTLE, WA 98119-4002

Registered Agent

Agent Name: ROBERT BLASCO

Registered Mailing Address: 9360 GLACIER HWY STE 202, JUNEAU, AK 99801

Registered Physical Address: 9360 GLACIER HWY STE 202, JUNEAU, AK 99801

Officials

			Show Former
AK Entity #	Name	Titles	Owned
	Charles E Bail	President, Director	
	DANIEL HOWARD	Secretary, Vice President	
	David McGlothlin	Vice President	
	Holland America Line, Inc	Shareholder	100.00
	NATALYA LEAHY	Treasurer, Vice President	

Filed Documents

Date Filed	Туре	Filing	Certificate
12/07/1962	Creation Filing		
2/02/1988	Biennial Report		
2/12/1990	Biennial Report		
1/15/1992	Biennial Report	Click to View	
1/03/1994	Biennial Report	Click to View	
12/26/1995	Biennial Report	Click to View	

Date Filed	Туре	Filing	Certificate
12/19/1997	Biennial Report	Click to View	
2/01/2000	Biennial Report	Click to View	
1/17/2002	Biennial Report	Click to View	
4/14/2003	Agent Change	Click to View	
5/16/2003	Agent Change	Click to View	
2/02/2004	Biennial Report	Click to View	
2/09/2006	Biennial Report	Click to View	
2/09/2010	Biennial Report	Click to View	
2/09/2010	Biennial Report	Click to View	
12/05/2011	Agent Change	Click to View	
12/06/2011	Biennial Report	Click to View	
12/31/2013	Biennial Report	Click to View	
12/16/2015	Biennial Report	Click to View	
12/15/2017	Biennial Report	Click to View	
3/22/2018	Agent Change	Click to View	
3/29/2018	Change of Officials	Click to View	
12/13/2019	Biennial Report	Click to View	
12/23/2021	Biennial Report	Click to View	

Close Details

Print Friendly Version

License Detail

LICENSE DETAILS

License #: 264883

Print Business License

Business Name: WESTMARK INN - SKAGWAY

Status: Active

Issue Date: 07/01/1999

Expiration Date: 12/31/2022

Mailing Address: 450 3RD AVE W

ATTN: MICHELLE PIPKIN SEATTLE, WA 98119-4002

Physical Address: THIRD AND SPRING STREET, SKAGWAY

SKAGWAY, AK 99840

Owners

WESTMARK HOTELS, INC.

Activities

Line of Business NAICS Professional License #

72 - Accommodation and Food Services 721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS

Endorsements

End # Issue	Renew	Expiration	Action End	Action Note	Address
1 12/23/2008		12/31/2010			3RD & SPRING ST, SKAGWAY, AK 99840

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.

Close License Detail Print Friendly Version