

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

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

Phone: 907.269.0350

### Alaska Alcoholic Beverage Control Board

## **Tourism Statement**

A new, transfer, or renewal application for a Beverage Dispensary – Tourism or Restaurant/Eating Place – Tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

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

	Section 1 – Establishment Infor	mation	
Enter information for the b	ousiness seeking to have its license renewed.		
Doing Business As:	Breeze Inn	License #:	177
License Type:	Beverage Dispensary - Tourism		
	Section 2 – Tourism Statem	ent	
2.1. Explain how issuance	of a liquor license at your establishment has/will encourage	tourism.	
out-of-state, and foreign i lodging accommodations	st-oriented small boat harbor area, the Breeze Inn Motel, Finbound visitors year-round. As Seward's largest year-rou as well as food and beverage service all year, whether ouce, or work temporarily in the business sector.	nd full service property	Breeze Inn provides
Licensee has spend m such as building 72 ne the restaurant dining r installing new furniture	y was/will be constructed or improved as required by AS 04 illions of dollars on continual improvement to the fac w guest rooms (increasing the total room count to 10 oom and the lounge, renovating the restaurant's con and new carpeting, and many other improvements. It is facility to upgrade the guest experience.	ility during his period on the constructing a newnercial kitchen, purc	w lobby, renovatir hasing and
	oplicant for this liquor license also operate the ch this license is located?	YES	NO
2.4 ii no wno operates ti	ne tourism facility?		
			AMCO
		_	
		D	EC 1 5 2021



**Tourism Statement** 

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2.5 Do you offer room rentals to the traveling public?	X	NO
If "yes" answer the following questions:		
How many rooms are available?		
100		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for with refrigeration and cooking appliance devices, including a microwave)?	food preparat	ion along
None		
Do you stock or plan to stock alcoholic beverages in guest rooms?	YES	NO X
If "no" is your facility located within an airport terminal?	YES	NO
2.6 If your establishment includes a dining facility, please describe that facility. If it does not please wr		
Licensee owns and operates full service restaurant that operates year-round. Guests may dine in 85 or in the lounge that seats 55.	the dining roo	om that seats
2.7 If additional amenities are available to your guests through your establishment (eg: guided tours o		equipment for
guests, other activities that attract tourists), please describe them. If they are not offered, please write		
In conjunction with other local businesses, we are sometimes able to offer discounted packages that	t encourage l	ocai tourism.

AMCO DEC 1 5 2021 STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

**ISSUED** 02/07/2022 ABC BOARD LIQUOR LICENSE 2022 - 2023

**TEMPORARY** 

177

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

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$2,500.00

1106

Breeze Inn D/B/A:

1311 4th Ave

Mail Address:

Juris Mindenbergs 4128 148th Avenue NE Redmond, WA 98052

CITY / BOROUGH:

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

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

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LICENSE FEE: \$2,500.00

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THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 7/21)

Juris Mindenbergs 4128 148th Avenue NE

D/B/A:

Breeze Inn 1311 4th Ave

Mailing Address:

Redmond, WA 98052



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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.

	Establishment	Contact I	nformation			
Licensee (Owner):	JURIS MINDENBERGS	Lic	ense #:	177		
License Type:	BEVERACE DISPENSARY - TOURISM					
Doing Business As:	BREEZE INN					
Premises Address:	1311 4th AVE SEWARD, AK					
Local Governing Body:	1311 4th AVE SEWARD, AK City of Seward (Kenni Peninsula Borough)					
Community Council:	None					
If your mailing address ha	is changed, write the NEW addr	ess below:				
Mailing Address:						
City:		State:		ZIP:		
Contact Email:	JURIS MINDENBERGS Contact Phone: (425) 885-53 trendconstruct@aol.com					
Intional House with few AMCO	staff to communicate with anyone oth					
Name of Contact:	Michael Franklin	er than the com	Contact Phone:		885-533	
Contact Email:	LINKW 66 @ Yahoo.com					
Name of Contact:		74	Contact Phone:			
Contact Email:						
Name of Contact:			Contact Phone:			
Contact Email:	AMCO					
Form AD 171 (100,00 /21 /2021)				~ 4444		



## 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 #. <a href="https://www.commerce.alaska.gov/cbp/main/search/entities">https://www.commerce.alaska.gov/cbp/main/search/entities</a>

Alaska CBPL Entity #:

**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 <u>any</u> 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 any type must list ONLY the following:
  - All Members with an ownership interest of 10% or more
  - o 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: Title(s): Phone: % Owned: **Mailing Address:** City: State: ZIP: Name of Official: Title(s): Phone: % Owned: **Mailing Address:** City: State: ZIP: 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: | X | Applicant Name: JURIS MINDENBERGS **Contact Phone:** (425) 885-5333 **Mailing Address:** 4128 148th AVE NE City: REDMOND State: WA ZIP: 98052 Email: trendconstruct@ aol.com This individual is an: **Applicant** Affiliate (SPOUSE) Name: SUSAN MINDENBERGS **Contact Phone:** (206) 447-1560 Mailing Address: 705 2nd AVE SUITE 1050 SEATTLE City: State: WA ZIP: 98104 SUSANMM@MSN.COM Email: Section 4 – License Operation Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated: 2020 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: to 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 Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been Yes No 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.



# 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	entity that I ur	derstand that	providing a fal	se statement on thi	s form or any other form
provide	myself or of the organized ed by AMCO is grounds for	rejection and	epial of this ar	lication or rev	ocation of any lice	ise issued
Aleis	Wudung	SILPAN	M. EXP. 06	Sill.		ise issued.
Signature of licensee		MY	NOTARY 13	Signate	re of Notary Public	
	Mindeubere	SET S	PUBLIC Notary Pugli	for the	e State of: Washi	ngton
Printed name of licens			M. NO. 148 F WASH	My con	nmission expires: _	06/07/2022
	Subscribe	d and sworn t	6/16 chanelinhe th	is 6th day of	December	20.2/

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

AMCO

# Department of Commerce, Community, and Economic Development DIVISION OF CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #28423

# LICENSE DETAILS

License #: 28423

Print Business License

**Business Name: BREEZE INN** 

Status: Active

Issue Date: 12/20/1990

Expiration Date: 12/31/2023

Mailing Address: 4128 148TH AVE NE

REDMOND, WA 98052

Physical Address: 303 N HARBOR ST

SEWARD, AK 99664

## **Owners**

JURIS MINDENBERGS

## **Activities**

Line of Business 72 - Accommodation and Food Services	NAICS 722110 - FULL-SERVICE RESTAURANTS	Professional License #
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	

## **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.