Tailwind JNU LLC Tourism Statement

Tailwind JNU LLC operates the bar and restaurant facility in the Juneau International Airport, owned and operated by the City and Borough of Juneau, for which the liquor licenses are renewing.

To meet the needs of the Pre-Security and Post-Security customers, the dining facilities offer both dine in and grab and go options. Striving for customer satisfaction, Tailwind works hard to structure the drink menus with the best quality drinks and incorporate local spirits in our seasonal drinks when available.

Over the past few years, we have upgraded our kitchen equipment to be able to offer a wider array of food options as well as upgrading the seating, tables, televisions, and security.

We believe that our additions and improvements to the Juneau International Airport’s concession program contribute to the overall passenger experience at the airport. Having a comfortable place to stop and enjoy a cocktail, beer or glass of wine with your meal only enhances the tourism experience in Juneau and all of Alaska.
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 Information

Enter information for the business seeking to have its license renewed.

<table>
<thead>
<tr>
<th>Doing Business As:</th>
<th>Tailwind Concessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary – Tourism</td>
</tr>
<tr>
<td>License #:</td>
<td>5631</td>
</tr>
</tbody>
</table>

Section 2 – Tourism Statement

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

ATTACHED

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

ATTACHED

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

[ ] YES  [ ] NO

2.4 If “no” who operates the tourism facility?

City and Borough of Juneau
Tourism Statement

2.5 Do you offer room rentals to the traveling public?

[ ] YES  [X] NO

If “yes” answer the following questions:

How many rooms are available?

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)?

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

[ ] YES  [ ] NO

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

[ ] YES  [X] NO

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

INCLUDED W/ STATEMENT ATTACHED

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

NONE
### Establishment Contact Information

<table>
<thead>
<tr>
<th>Licensee (Owner):</th>
<th>TAILWIND JMU, LLC</th>
<th>License #: 5431</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>BEVERAGE DISPENSARY - TOURISM</td>
<td></td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>TAILWIND CONCESSIONS</td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td>1873 SHELL SIMMONS DR., STE 220</td>
<td></td>
</tr>
<tr>
<td>Local Governing Body:</td>
<td>CITY &amp; BOROUGH OF JUNEAU</td>
<td></td>
</tr>
<tr>
<td>Community Council:</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>408 LANDMARK DRIVE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>WILMINGTON</td>
<td>State: NC</td>
</tr>
<tr>
<td>ZIP:</td>
<td>28412</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Contact Licensee:</th>
<th>JEFFREY SWITZER</th>
<th>Contact Phone: 910-343-988</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:accounting@tailwindconcessions.com">accounting@tailwindconcessions.com</a></td>
<td></td>
</tr>
</tbody>
</table>

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

<table>
<thead>
<tr>
<th>Name of Contact:</th>
<th>JONALYN LONG</th>
<th>Contact Phone: 910-343-988</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:accounting@tailwindconcessions.com">accounting@tailwindconcessions.com</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact:</th>
<th>Contact Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Email:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact:</th>
<th>Contact Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Email:</td>
<td></td>
</tr>
</tbody>
</table>

[Form AB-17] [rev09/21/2021]
**Alaska Alcoholic Beverage Control Board**

**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/cbpl/main/search/entities](https://www.commerce.alaska.gov/cbpl/main/search/entities)

| Alaska CBPL Entity #: | 100762341 |

**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: JEFFREY D. SWITZER

| Title(s): | President | Phone: 790-991-7031 | % Owned: 50 |
| Mailing Address: | 14110 E. CALEY PL | State: CO | ZIP: 80111 |

### Name of Official: ALAN GIANUNITO

| Title(s): | Member | Phone: 910-398-1521 | % Owned: 50 |
| Mailing Address: | PO BOX 6223 | State: WY | ZIP: 83001 |

### Name of Official:

| Title(s): | Phone: | % Owned: |
| Mailing Address: | State: | ZIP: |
Section 3 – Sole Proprietor Ownership Information

Corporations, LLC’s and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a’s, payment of $48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.

This individual is an: [ ] Applicant [ ] Affiliate

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

This Individual is an: [ ] Applicant [ ] Affiliate

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

Section 4 – License Operation

Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated:

1. The license was regularly operated continuously throughout each year. (Year-round)
   
   2020 [X] 2021 [X]

2. The license was only operated during a specific season each year. (Seasonal)
   If your operation dates have changed, list them below:
   [ ]

3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. A complete AB-29: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.
   [ ]

4. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both calendar years. A complete Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated.
   [ ]

   If you have not met the minimum number of hours of operation in 2020 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 convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2020 or 2021?

[ ] Yes [ ] No

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

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

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 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

JEFFREY STRITZER

Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of: NORTH CAROLINA

My commission expires: 12/25/2025

Subscribed and sworn to before me this 30 day of DECEMBER 20 21

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

<table>
<thead>
<tr>
<th>License Fee:</th>
<th>$2500</th>
<th>Application Fee:</th>
<th>$300.00</th>
<th>Misc. Fee:</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fees Due:</td>
<td>$1800</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

AMCO Received 12/30/21
ENTITY DETAILS

Name(s)

Type
Legal Name

Name
Tailwind JNU LLC

Entity Type: Limited Liability Company
Entity #: 10076234
Status: Good Standing
AK Formed Date: 1/18/2018
Duration/Expiration: Perpetual
Home State: NORTH CAROLINA
Next Biennial Report Due: 1/2/2024

Entity Mailing Address: 408 LANDMARK DRIVE, WILMINGTON, NC 28412
Entity Physical Address: 1873 SHELL SIMMONS DRIVE, JUNEAU, AK 99801

Registered Agent

Agent Name: ROBERT BLASKO
Registered Mailing Address: 9360 GLACIER HWY, JUNEAU, AK 99801
Registered Physical Address: 9360 GLACIER HWY, JUNEAU, AK 99801

Officials

<table>
<thead>
<tr>
<th>AK Entity #</th>
<th>Name</th>
<th>Titles</th>
<th>Owned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TAILWIND HOSPITALITY INC</td>
<td>Member</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Filed Documents

<table>
<thead>
<tr>
<th>Date Filed</th>
<th>Type</th>
<th>Filing</th>
<th>Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/18/2018</td>
<td>Creation Filing</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>2/12/2018</td>
<td>Correction</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>5/09/2018</td>
<td>Agent Change</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>9/04/2020</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>10/07/2021</td>
<td>Certificate of Compliance</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>11/08/2021</td>
<td>Certificate of Compliance</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>1/03/2022</td>
<td>Biennia Report</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
</tbody>
</table>

Close Details  Print Friendly Version
License Details

License #: 1065882

Business Name: TAILWIND JNU LLC

Status: Active

Issue Date: 01/25/2018

Expiration Date: 12/31/2023

Mailing Address: 408 LANDMARK DR
                WILMINGTON, NC 28412

Physical Address: 1873 SHELL SIMMONS DR
                 JUNEAU, AK 99801

Owners

TAILWIND JNU LLC

Activities

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>NAICS</th>
<th>Professional License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 - Accommodation and Food Services</td>
<td>722110 - FULL-SERVICE RESTAURANTS</td>
<td></td>
</tr>
</tbody>
</table>

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2022</td>
<td>1/25/2022</td>
</tr>
</tbody>
</table>

Close License Detail  Print Friendly Version