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.

| Doing Business As: | JL Sitka, Inc DBA Westmark Sitka | License #: | 1031 |
| License Type:       | Beverage Dispensary – Tourism     |

Section 2 – Tourism Statement

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

See attached

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

We continuously improve our facility. This year we will add new POS systems - hardware + software, new furnishings and dishware.

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?

N/A

AMCO

DEC 30 2021
2.5 Do you offer room rentals to the traveling public?  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If "yes" answer the following questions:

How many rooms are available?

105

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)?

N/A

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If "no" is your facility located within an airport terminal?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

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

It is an all in one dining room lounge that seats about 125 inside.

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

AMCO

DEC 30 2021
Tourism Statement for Renewal JL Sitka #1031

December 23, 2021

Westmark Sitka Hotel (JL Sitka)

To Whom it may concern:

JL Sitka DBA Westmark Sitka Hotel is located at 330 Seward Street, Sitka Alaska 99835

Westmark Sitka is a 105 room hotel that is very much in compliance with the guidelines for tourism licensing. We have a restaurant and lounge that is open for business year round. We are looking to see a record number of cruise ships this summer season but have in the past seen up to several hundred for the summer season. We employ anywhere from 30 to 150 people at a time throughout the year. We are Alaska owned and operated. I am a hands on owner who takes pride in personally hiring and at times train our crew. We work very closely with staff to provide an environment which is safe, fun and generate excitement about Southeast Alaska.

Yes we do offer rooms to the traveling public. In fact we have many contracts with the State of Alaska, Alaska Airlines and Delta Airlines to name a few.
We do not stock alcoholic beverages in our rooms.

We are not in an airport or its terminals.

We do not have any rooms with kitchens.

We are in the heart of downtown Sitka and are a staple of the community. We hold the TAP classes in our facility along with the CHAMBER and ROTARY meetings.

We have responsibly held this tourism license for years and it is our goal to remain doing so. Should you have any questions please feel free to call me at (907) 230-4095 or lisalaudon@gmail.com

Thank you for your time.

Lisa J Laudon
STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LIQUOR LICENSE
2022 - 2023
TEMPORARY

LIQUOR LICENSE
2022 - 2023
TEMPORARY

TYPE OF LICENSE: Beverage Dispense

CITY / BOROUGH: Sitka

D/B/A: Westmark Sitka Hotel

Mail Address:
JL Sitka, Inc.
330 Seward Street
Sitka, AK 99835

LICENSE NUMBER: 1031

LICENSE FEE: $2,500.00

ISSUED 4/13/2022

ABCD BOARD

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

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2024 UNLESS DATED BELOW

CITY / BOROUGH: Sitka

D/B/A: Westmark Sitka Hotel

Mail Address:
JL Sitka, Inc.
330 Seward Street
Sitka, AK 99835

LICENSE FEE: $2,500.00

ISSUED 4/13/2022

ABCD BOARD

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

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2024 UNLESS DATED BELOW

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

COPY

DIRECTOR

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

04-900 (REV 7/21)
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 04.11.770, 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 07/28/2022 will be expired per AS 04.11.540, 3 AAC 304.160(s).
- 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 11.770, 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

<table>
<thead>
<tr>
<th>Licensee (Owner):</th>
<th>JL Sitka, Inc.</th>
<th>License #:</th>
<th>1031</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary - Tourism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>Westmark Sitka Hotel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td>330 Seward Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Governing Body:</td>
<td>City of Borough of Sitka</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Council:</td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Mailing Address: N/A
- City:  
- State:  
- ZIP:  

### Section 1 – Licensee Contact Information

Contact Licensee: The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title. This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

<table>
<thead>
<tr>
<th>Contact Licensee:</th>
<th>Lisa J. Laudon</th>
<th>Contact Phone:</th>
<th>907-230-4095</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:lisalaudon@gmail.com">lisalaudon@gmail.com</a></td>
<td></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>Sharon Bryant</th>
<th>Contact Phone:</th>
<th>907-747-6241</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:wmsit-cont@alaska.net">wmsit-cont@alaska.net</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact:</th>
<th>Susan Doyle</th>
<th>Contact Phone:</th>
<th>907-747-6241</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:wmsit-qsstcont@alaska.net">wmsit-qsstcont@alaska.net</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

[Form AB-17] (rev09/21/2021)
### 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 #:** 114445

---

**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-O8a’s, payment of $48.25 for each new officer with a date-stamped copy of the CBPL change per AS 4.11.045, 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 4.11.050(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 4.11.270, 7 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.**

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th>Lisa J. Laudon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>Pres., Dir., Treasurer</td>
</tr>
<tr>
<td>Phone:</td>
<td>907-230-4095</td>
</tr>
<tr>
<td>% Owned:</td>
<td>50%</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>330 Seward Street, Sitka, AK 99835</td>
</tr>
<tr>
<td>City:</td>
<td>Sitka</td>
</tr>
<tr>
<td>State:</td>
<td>AK</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99835</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th>John E Emmi Jr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>V.P., Dir., Sec</td>
</tr>
<tr>
<td>Phone:</td>
<td>907-229-735</td>
</tr>
<tr>
<td>% Owned:</td>
<td>50</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>330 Seward Street</td>
</tr>
<tr>
<td>City:</td>
<td>Sitka</td>
</tr>
<tr>
<td>State:</td>
<td>AK</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99835</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
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<td>Phone:</td>
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<td>% Owned:</td>
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<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>ZIP:</td>
<td></td>
</tr>
</tbody>
</table>
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 shareholders 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

Lisa J. Laudon

Printed name of licensee

Signature of Notary Public

J. Marquez

Notary Public in and for the State of: ALASKA

My commission expires: 02-12-2024

Subscribed and sworn to before me this 29th day of 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-75: 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>$4,500</th>
<th>Application Fee:</th>
<th>$300.00</th>
<th>Misc. Fee:</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fees Due:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,800.00</td>
</tr>
</tbody>
</table>

AMCO

DEC 30 2021
**ENTITY DETAILS**

**Name(s)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>JL Sitka, Inc</td>
</tr>
<tr>
<td>Previous Legal Name</td>
<td>JL Westmark, Inc.</td>
</tr>
</tbody>
</table>

**Entity Type:** Business Corporation

**Entity #:** 114445

**Status:** Good Standing

**AK Formed Date:** 2/28/2008

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2024

**Entity Mailing Address:** 330 SEWARD ST, SITKA, AK 99835

**Entity Physical Address:** 880 N STREET, STE. 101, ANCHORAGE, AK 99501

**Registered Agent**

**Agent Name:** TED STEPovich

**Registered Mailing Address:** 880 N ST STE 101, ANCHORAGE, AK 99501

**Registered Physical Address:** 880 N ST STE 101, ANCHORAGE, AK 99501

**Officials**

<table>
<thead>
<tr>
<th>AK Entity #</th>
<th>Name</th>
<th>Titles</th>
<th>Owned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>JOHN E EMMI</td>
<td>Director, Secretary, Vice President, Shareholder</td>
<td>50.00</td>
</tr>
<tr>
<td></td>
<td>LISA LAUDON</td>
<td>Director, President, Treasurer, Shareholder</td>
<td>50.00</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>2/28/2008</td>
<td>Creation Filing</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>5/02/2008</td>
<td>Initial Report</td>
<td>Click to View</td>
<td>Click to View</td>
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<tr>
<td>5/08/2008</td>
<td>Amendment</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>9/01/2010</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>6/11/2012</td>
<td>Biennial Report</td>
<td>Click to View</td>
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<tr>
<td>10/02/2013</td>
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<td>12/18/2015</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>1/10/2018</td>
<td>Biennial Report</td>
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<tr>
<td>Date Filed</td>
<td>Type</td>
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<tr>
<td>------------</td>
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</tr>
<tr>
<td>6/15/2018</td>
<td>Admin Dissolution</td>
<td>Click to View</td>
<td>Click to View</td>
</tr>
<tr>
<td>9/23/2019</td>
<td>Agent Change</td>
<td>Click to View</td>
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<tr>
<td>9/23/2019</td>
<td>Reinstatement</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>4/24/2020</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>10/05/2021</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
</tbody>
</table>
License Detail

LICENSE DETAILS

License #: 975321

Business Name: JL SITKA

Status: Active

Issue Date: 05/03/2012

Expiration Date: 12/31/2022

Mailing Address: 330 SEWARD ST
SITKA, AK 99835

Physical Address: 330 SEWARD ST
SITKA, AK 99835

Owners

JL SITKA, INC

Activities

Line of Business
72 - Accommodation and Food Services

NAICS
722110 - FULL-SERVICE RESTAURANTS

Professional License #

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.

No Lapses on record for the last 4 years.