



Document reference ID : 2591

Licensing Application Summary

Application ID:	2591
Applicant Name:	Island Hotels, Llc
License Type applied for:	Beverage Dispensary Tourism License (BDTL) (AS 04.09.350)
Application Status:	In Review
Application Submitted On:	02/28/2024

Entity Information

Business Structure:	Limited liability company
Alaska Entity Number (CBPL):	10025175

Entity Contact Information

Entity Address:	236 W Rezanof Drive, Kodiak, AK, 99615, USA
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Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Island Hotels, Llc	Susan Johnson	Member	51
Island Hotels, Llc	Daniel Keith Gilbert	Member	49

Premises Address

Nearest municipality, city, and/or borough: Kodiak

Country, State, Zip: AK, United States, 99615

Basic Business information

Business/Trade Name: Chart Room

Local Government and Community Council Details

City/Municipality Kodiak (City of)

Borough Kodiak Island Borough

Public Notice Posting Attestation and Publishers Affidavit

Attestations

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

I certify 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.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 305.700.

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

I certify that all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations.

The proposed changes conform to all applicable public health, fire, and safety laws.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature

Electronic Signature not collected; application submitted based on paper form.

Payment Info

Payment Type : CC

Payment Id: d87f58aa-28d4-4b96-9ef9-2af4af0b97be

Receipt Number: 100778262

Payment Date: 2/28/2024 11:21:21 AM

Documents

#	File Name	Type	Added On
1	AMCO.pdf	Claim Business Letter Of Authorization Document	11/16/2023 12:08 AM

License Renewal

Is this application being made by you for the benefit of someone else? If “YES,” indicate below or attach explanation.

No

Has the applicant, applicant’s spouse, partner, officer, director or stockholders, of the licensed entity become disqualified by law or by facts and conditions from holding a license or permit under the Alcohol and Cannabis Control Information System Alcoholic Beverage Code ? If “YES,” indicate below or attach explanation.

No

Have there been changes since your original application that have not been reported on this or previous applications ? If “YES,” indicate below or attach explanation.

No

How many hours did you operate in 2022 as set forth in AS 04.11.330?

Operated to meet the minimum 240 hrs.

How many hours did you operate in 2023 as set forth in AS 04.11.330?

Operated to meet the minimum 240 hrs.

Are you a seasonal license and has your operation times/dates/seasons changed?

No

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 2022 or 2023.?

No

Have any Notices of Violation been issued for this license in 2022 or 2023?

No



License Number:
600



License Expiration Date:
12/31/2023



License Trade Name:
Chart Room



Mailing Address:
236 Rezanof Dr W
Kodiak , AK
99615 - 6044



Alaska Alcoholic Beverage Control Board

Form AB-37: 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 Anchorage office before any tourism license application will be reviewed.

Section 1 – Establishment Information

Enter information for the licensed establishment or the business seeking to be licensed.

Doing Business As:	Chart Room	License #:	600
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.**

A full service hotel is valuable to travelers to provide both lodging and food/beverage service. Kodiak is a destination location for many tourists interested in bear viewing, fishing, whale watching and more. Travelers look for a place to stay that can provide for all their needs and to enjoy their vacation time.

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

The Chart Room overlooks Kodiak Harbor, and it is a desirable place to eat, drink + visit while taking in the beauty of Kodiak in it's downtown location. The front side has windows all across for guests to look out over the water.

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?**

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Alaska Alcoholic Beverage Control Board

Form AB-37: Tourism Statement

2.5 Do you offer room rentals to the traveling public?

YES



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



NO



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

There is a restaurant & a lounge side that are open daily in the evenings year round. Continental breakfast is also served in this location daily.

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".

We have the Harbor Room meeting room that accomodates up to 105 people for banquets and meetings.



Alaska Alcoholic Beverage Control Board

Form AB-37: Tourism Statement

Section 3 – Certification

Read the statement below, and then sign your initials in the box to the right of the statement:

Initials

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Susan Johnson

Printed name of licensee/affiliate

Susan Johnson

Signature of licensee/affiliate

AMCO Received 7/24/2024