

Tourism Statement

#2791 dba Fort Seward Lodge

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

The central focus of the business plan for the Fort Seward Lodge involves catering to out of town tourists, local, and regional guests. The licensees will continue to run advertising in travel/tourism publications and directories as well as through electronic methods, including an online presence via property specific website and other relevant platforms.

Explain how the facility was/will be constructed or improved in accordance with this application.

This facility is located at 39 Mud Bay Road in Haines. As such it is ideal for travelers who want an overnight stay in a beautiful location conveniently located in Haines. This building was built in 1906. This is a national historic monument and it takes constant upkeep and repairs yearly to maintain the business.

1. Who operates the facility for which a liquor license is being applied?

Rented Mule Enterprises, LLC Members of the entity are brothers Nicholas and Christopher Trimble who operate the facility, restaurant and liquor license.

2. Do you offer room rentals to the traveling public? Yes.

3. If so, how many of these rooms are available? Do any of the rental rooms have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)? If yes, how many of the rental rooms have kitchen facilities that meet this definition? Do you stock alcoholic beverages in guest rooms?

There are 10 rooms for rent at the Fort Seward Lodge. 3 of the rooms are equipped with kitchen facilities. We do not stock alcoholic beverages in the rooms.

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4. Does your establishment include a dining facility?

Yes. The Fort Seward Lodge offers breakfast, lunch, dinner, and snacks daily in a comfortable setting.

5. Are additional amenities available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists)?

Yes, Fort Seward Lodge does provide tourist type amenities to its guests such as hiking, river rafting. We also recommend other tours, and have a list on our website of close by tours, trips, and rentals, for our guests. The Fort Seward Lodge will continue to operate the facility as a tourist facility. In short, all of those things, which are routinely done by businesses in Alaska to encourage tourism, will continue to be done by the operators of the facility.



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 305** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, 3 AAC 305.045 and 3 AAC 305.060.

This form must be completed and submitted to AMCO's Anchorage office, along with all other required forms and documents before any license application will be considered complete.

Section 1 – Transferor Information

Enter information for the **current** licensee and licensed establishment.

Licensee:	Vivian and Nicholas Trimble	License #:	2791		
License Type:	Beverage Dispensary Tourism	Statutory Reference:	04.09.350		
Doing Business As:	Fort Seward Lodge				
Premises Address:	39 Mud Bay Road				
City:	Haines	State:	AK	ZIP:	99827
Local Governing Body/Bodies:	Haines				

Transfer Type:

- ☒ Regular transfer
- ☐ Transfer with security interest
- ☐ Involuntary retransfer
- ☐ Controlling interest transfer
- ☐ Location transfer

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OFFICE USE ONLY			JUN 06 2025
Complete Date:		Transaction #:	Dept. of Commerce AMCO
Board Meeting Date:		License Years:	
Issue Date:		Examiner:	



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application**Section 2 – Transferee Information**Enter information for the **new** applicant and/or location seeking to be licensed.

Licensee:	Rented Mule Enterprises, LLC				
Doing Business As:	Fort Seward Lodge				
Premises Address:	39 Mud Bay Road				
City:	Haines	State:	AK	ZIP:	99827
Community Council, (If applicable):					

Mailing Address:	P.O. Box 307				
City:	Haines	State:	AK	ZIP:	99827
Email:	nick@seaba-heli.com	Phone:	406-396-9665		

Designated Licensee:	Nicholas Trimble			
Contact Phone:	406-396-9665	Business Phone:	406-396-9665	
Contact Email:	nick@seaba-heli.com			

Seasonal License? Yes ☐ No ☒ If "Yes", write your six-month operating period: _____

Section 3 – Premises Information

Premises to be licensed is:

☒ an existing facility ☐ a new building ☐ a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer (Must be in feet).

3,696 Feet

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer (Must be in feet.)

1,056 Feet

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.

If more space is needed, please attach a separate sheet with the required information.

The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:		Phone:			

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:		Phone:			

Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the application shall be executed by an authorized officer of the Corporation. Information must be completed below for each **stockholder who owns 10% or more** of the stock in the corporation, and for each **president, vice-president, secretary, and managing officer**.
- If the applicant is a limited liability organization, whether manager managed or member managed, the following information must be completed for each **member with an ownership interest of 10% or more** and for each **manager regardless of ownership share**.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.
- For any entity, identify all affiliates for your organization as defined at 3 AAC 305.950.

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Entity Official:	Nicholas Trimble				
Title(s):	Member	Phone:	406-396-9665	% Owned:	75
Address:	PO Box 307				
City:	Haines	State:	AK	ZIP:	99827
Email:	nick@seaba-heli.com	Phone:	406-396-9665		



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:	Christopher Trimble				
Title(s):	Member	Phone:	970-903-1052	% Owned:	25
Address:	3316 E. 4th Ave				
City:	Durango	State:	CO	ZIP:	81301
Email:	christopherttrimble@gmail.com	Phone:	970-903-1052		

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	
Email:		Phone:			

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	
Email:		Phone:			

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). The registered agent is either an individual resident of the state or domestic corporation authorized to transact business in the state and whose business office is the same as the registered office.

CBPL Entity #:	10294104	AK Formed Date:	12/11/24	Home State:	AK
Registered Agent:	Registered Agents, INC.	Agent's Phone:	907-312-5664		
Agent's Mailing Address:	821 N Street, Ste. 102				
City:	Anchorage	State:	AK	ZIP:	99501
Email:		Phone:	907-312-5664		

Residency of Agent:

Yes No

Does your registered agent satisfy the requirement of AS 04.11.430?

☒ ☐

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

☒☐

If “Yes”, disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

Nicholas has ownership in this license already.

Section 7 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

☒☐

If “Yes”, disclose the name of the individual and the reason for this authorization:

The Law Offices of Ernouf & Coffey, P.C. is assisting with this transfer.

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AMCO



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-01: Transfer License Application

Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Signature of transferor

Nicholas Trimble

Printed name of transferor

Subscribed and sworn to before me this _____ day of _____, 2025.

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____

Signature of transferor

Christopher Trimble, on behalf of Est. of Vivian Trimble

Printed name of transferor

Subscribed and sworn to before me this 8TH day of MAY, 2025.

Signature of Notary Public

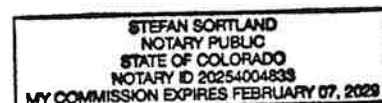
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Notary Public in and for the State of COLORADO.

My commission expires: 2/7/2029





Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

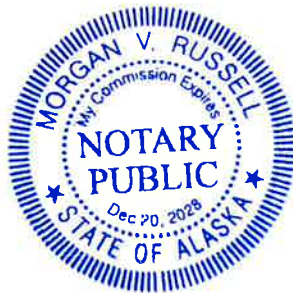
Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Nicholas M. Trimble
Signature of transferor

Nicholas M. Trimble
Printed name of transferor

Subscribed and sworn to before me this 8th day of May, 2025.



Morgan V. Russell
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 12/20/2028

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

Notary Public in and for the State of _____

My commission expires: _____

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AMCO



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 – Transferee Certifications

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

Initials

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

WMT

I certify that all proposed licensees have been listed with the Division of Corporations.

WMT

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.

WMT

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.

WMT

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

WMT

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 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.

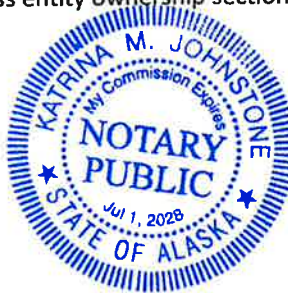
WMT

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.

WMT

Nicholas M. Trumble 5/8/25
Signature of transferee

Nicholas M. Trumble
Printed name



Katrina M. Johnstone
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 07/01/2028

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Subscribed and sworn to before me this 8 day of May, 2025.

Dept. of Commerce
AMCO



Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram**Why is this form needed?**

A detailed diagram of the proposed licensed premises is required for all alcohol license applications, per AS 04.11.260, 3 AAC 305.630 and 3 AAC 305.660. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete. You may attach blueprints or other detailed drawings that meet the requirements of this form.

The diagram MUST include:

- You must use a **solid, contiguous red line** to outline the outer perimeter of your premises with no breaks or separations.
 - The red outline is required to follow a physical barrier (wall, fence and even across doorways).
 - There should be no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
 - Stored
 - Served/Sold
 - Manufactured
 - Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - Cross streets
 - Points of reference, such as a compass rose indicating True North
 - All entrances, exits, walls, bars, and fixtures
- If your premises include multiple floors, please include a separate diagram of each floor.
 - You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.
- **Any license applications that include outdoor space** are required to submit a security plan that includes information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

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Licensee:	Rented Mule Enterprises, LLC	License Number:	2791
License Type:	Beverage Dispensary Tourism	JUN 16 2025	
Doing Business As:	Fort Seward Lodge	Dept. of Commerce	
Premises Address:	39 Mud Bay Road	AMCO	
City:	Haines	State:	AK
		ZIP:	99827



Alaska Alcoholic Beverage Control Board
Form AB-02: Premises Diagram

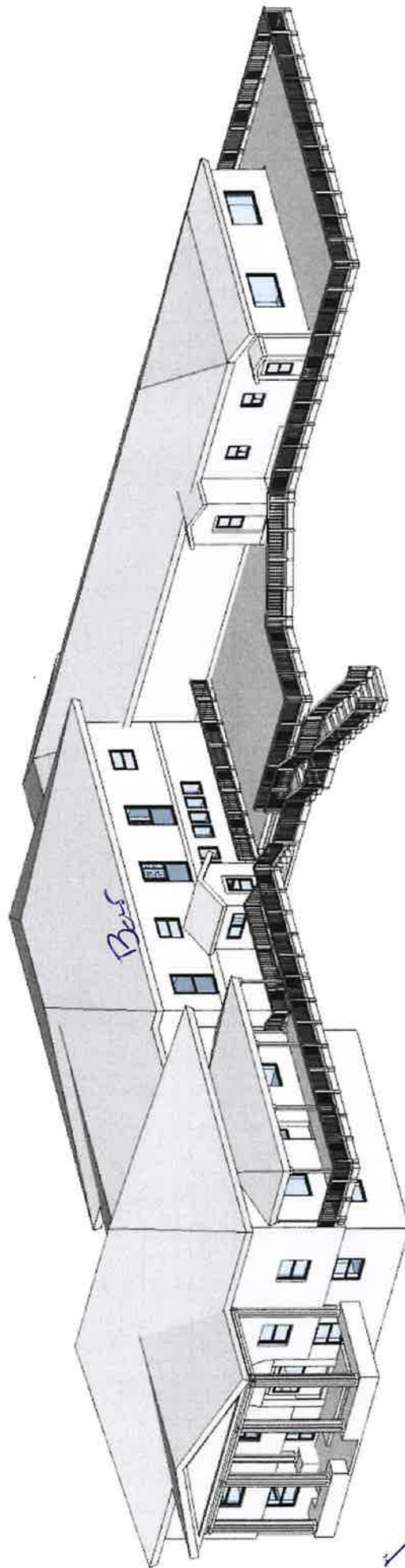
Section 2 – Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.

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Soft Army

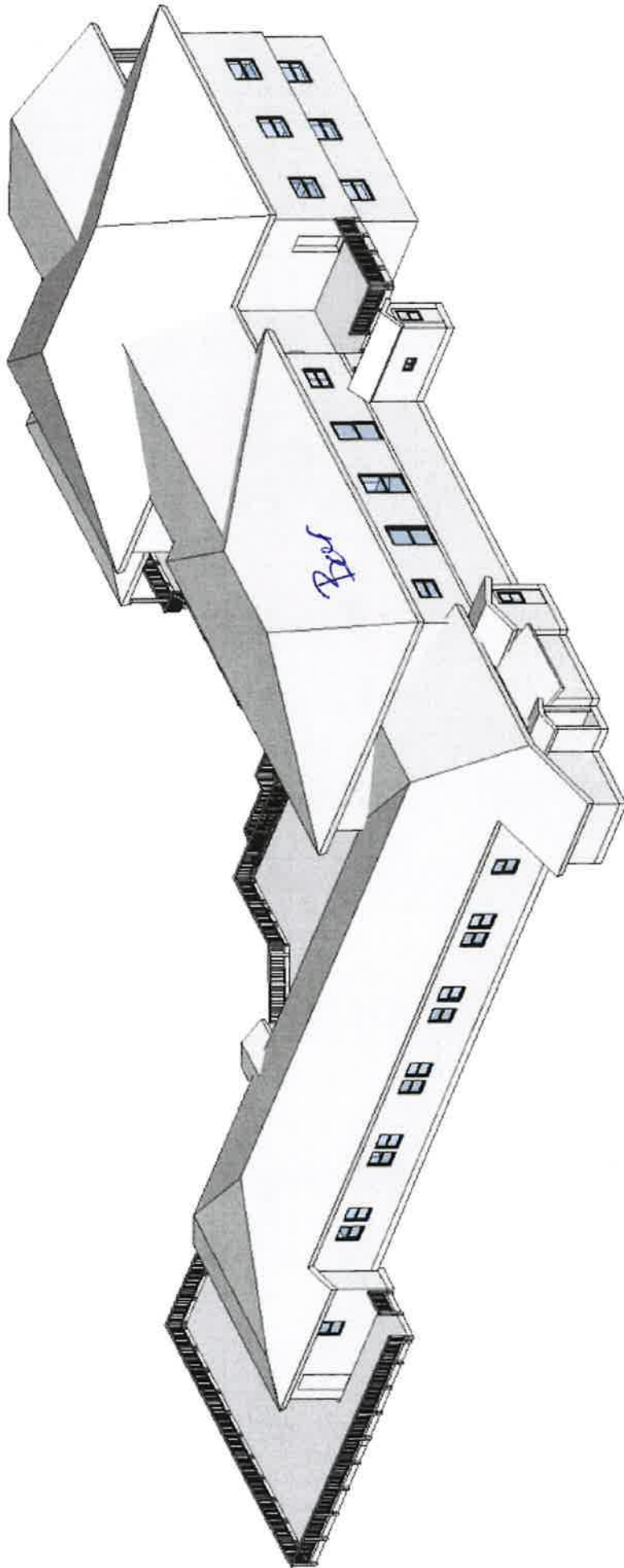
Bus

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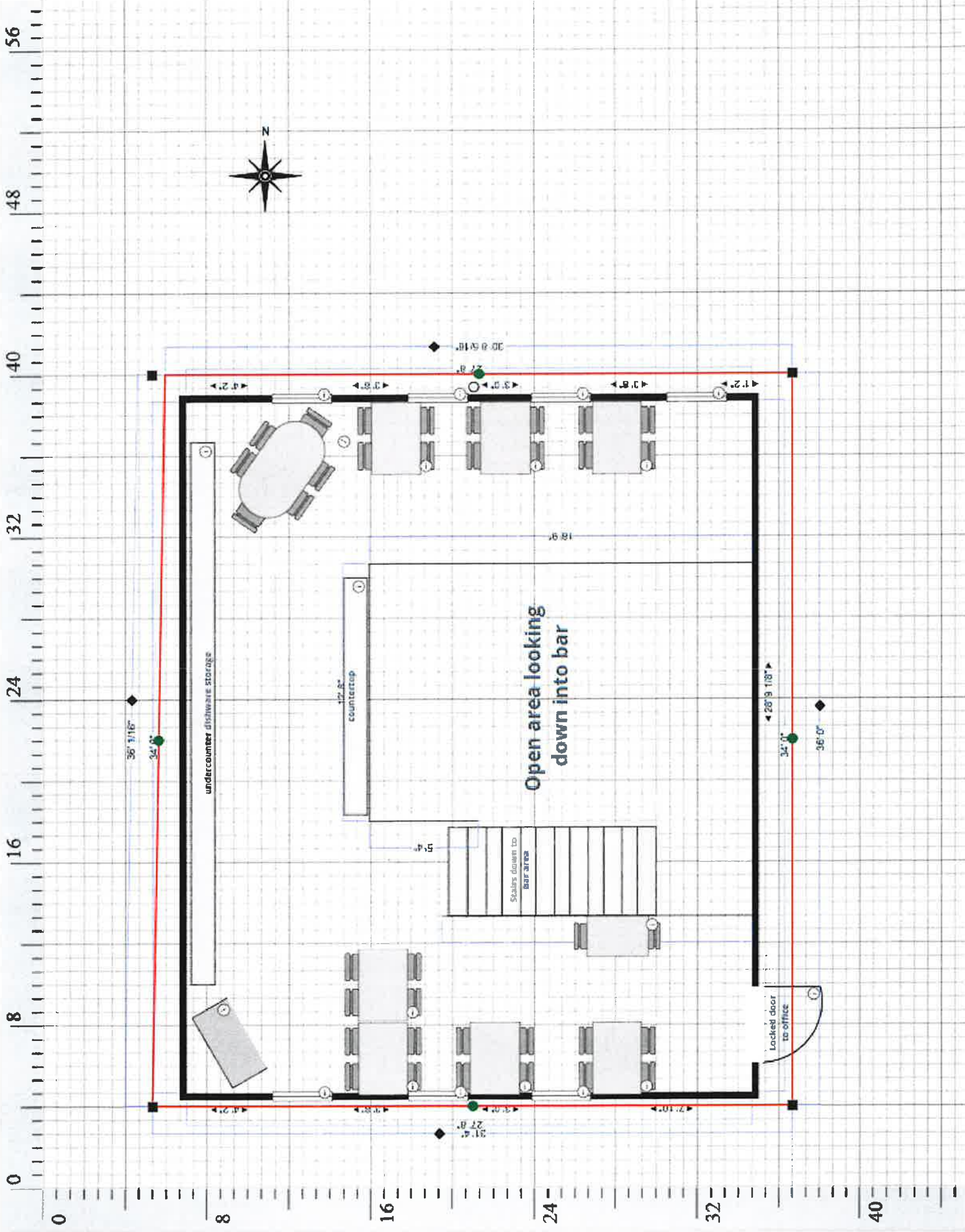
Totem

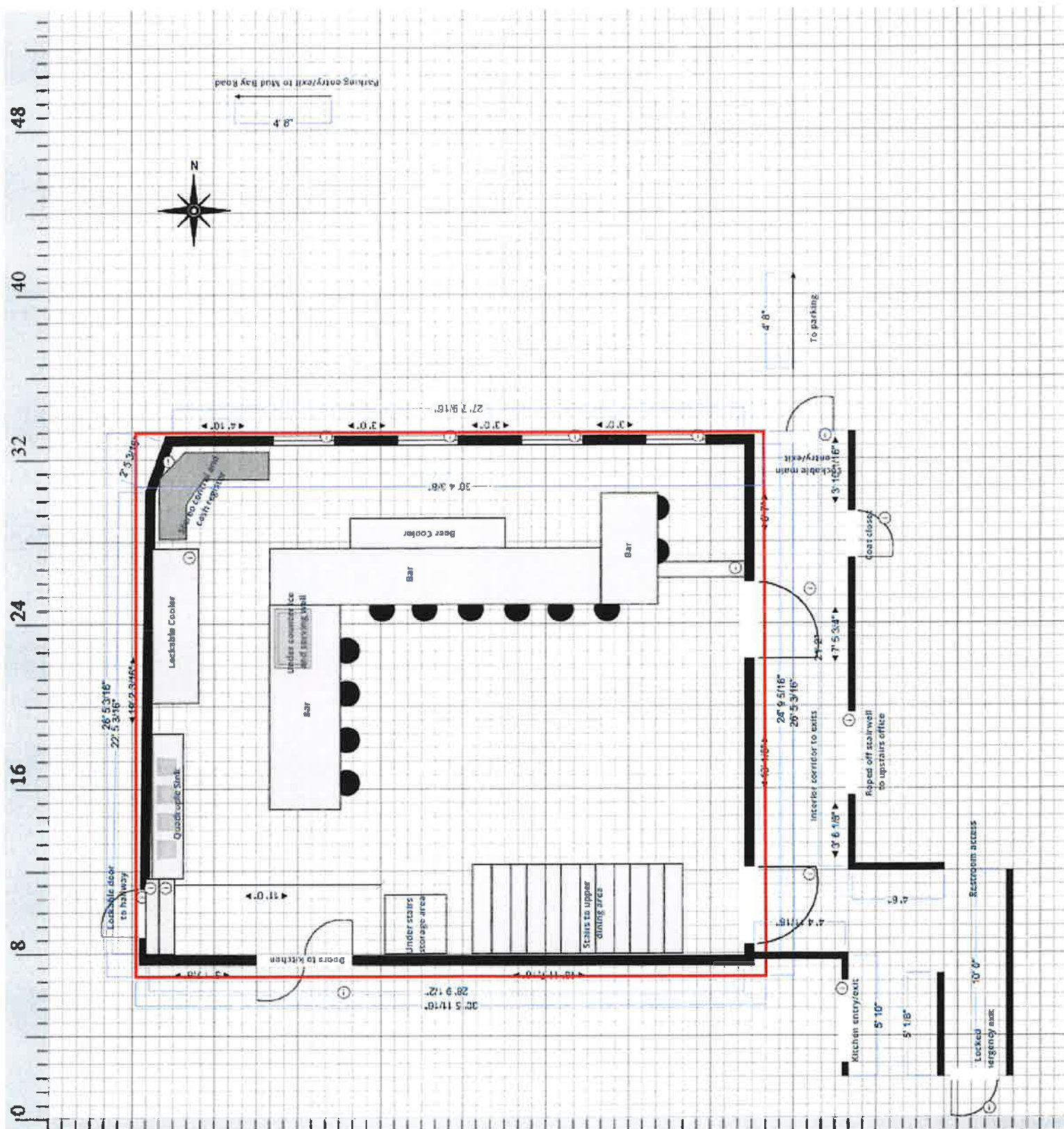


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Alaska Alcoholic Beverage Control Board Restaurant Endorsement Application

This endorsement application form is required to apply for a restaurant endorsement to support your underlying license or pending license application. Applicants should review and become familiar with AS 04.09.450, **Title 04 of Alaska Statutes** and **Chapter 305 of the Alaska Administrative Code**. This form must be completed and submitted along with all other required forms and documents before any endorsement application will be considered complete and placed in the queue for our licensing examiners review.

Section 1 – Establishment and Contact Information

Enter information for the **current** licensee and licensed establish.

Licensee:	Rented Mule Enterprises, LLC	License #:	2791		
Doing Business As:	Fort Seward Lodge	License Type:	Beverage Dispensary Tourism		
Licensee Mailing Address:	PO Box 307, Haines, AK 99827	Phone Number:	406-396-9665		
Full Premises Address:	39 Mud Bay Road				
City:	Haines	State:	AK	ZIP:	99827
Local Governing Body:	Haines	Email:	nick@seaba-heli.com		

Section 2 – Endorsement Requested

Restaurant Endorsement:	AS 04.09.450. A restaurant endorsement authorizes the holder of a beverage dispensary license, fair license, golf course license, sporting activity or event license, club license, outdoor recreation lodge license, destination resort license, or beverage dispensary tourism license. The biennial fee for a restaurant endorsement is \$200 with a \$25 application fee.	
-------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

An application for a restaurant endorsement must specify the establishment or portion of the establishment that constitutes a bona fide restaurant, that there is supervision on the premises adequate to reasonably ensure that a person under 21 years of age will not obtain alcoholic beverages. This **endorsement** application is for the request of a designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

- ☐ Dining after standard closing hours: AS 04.16.010(c)
- ☒ Dining by persons 16 – 20 years of age: AS 04.16.049(a)
- ☒ Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)
- ☐ Employment for any persons under 21 years of age: AS 04.16.049(c)

NOTE: Under AS 04.16.049(d), a Department of Labor and Workforce Development work permit is not required to employ a person 18 - 20 years of age.

Section 3 – Access to Persons Under 21 Years of Age

Review AS 04.16.049(a); AS 04.16.049(c)

Be specific in your list where within the premises persons under 21 years of age are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Persons under 21 years of age will only be allowed in the dining area OR will only be employed and present in the kitchen).

Persons under age 21 will be permitted in the Lodge in the restaurant areas/outside dining area and restrooms. There will be no underage employees.

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AMCO Page 1 of 4



Alaska Alcoholic Beverage Control Board **Restaurant Endorsement Application**

Describe the policies, practices and procedures that will be in place to ensure that persons under 21 years of age do not gain access to alcoholic beverages while dining or employed at your premises. Outline how and where alcoholic beverages are stored on premises. Acknowledge that employees who sell and serve alcoholic beverages must have a current Server Education Card.

Storage: All alcohol will be locked in secure storage. This will only be accessible by the restaurant owners, general manager and bar tender. Each of these individuals will be at least 21 years old and will hold on their persons a current TAP or eTIP card verifying that they have been trained to control the distribution and service of alcoholic beverages in Alaska.

Access/Service: There will be no alcohol sales or delivery outside the building walls. Dining guests must walk in and out the same door, which controls the transfer of alcohol. An owner or manager is always on site and monitors the consumption of alcohol.

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section 4 – Food Service Establishment Permit

Per AS 04.21.080(b) for an establishment to qualify as a bona fide restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Link to the Alaska Department of Environmental Conservation (ADEC) Food Safety Website:

<http://dec.alaska.gov/eh/fss/food/>

Link to the Municipality of Anchorage Food Safety Website:

<http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx>

IF you are unable to certify the below statement, please discuss the matter with the AMCO office:

I have attached a copy of the current food service permit for this premises OR the plan review approval.

Initials

***Note:** If a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.

Section 5 – Hours of Operation

Review AS 04.16.010(c).

Include variances in weekend/weekday hours, and indicate AM/PM:

Days/Hours of Operation

Weekday	From Time of Day	To Time of Day
Sunday	12pm	2am
Monday	12pm	2am
Tuesday	12pm	2am
Wednesday	12pm	2am
Thursday	12pm	2am
Friday	12pm	2am
Saturday	12pm	2am

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Alaska Alcoholic Beverage Control Board Restaurant Endorsement Application

Section 6 – Areas Covered by Endorsement

Does the endorsement apply to your entire licensed premises as approved by the ABC Board? Yes ☒ No ☐

Does the requested endorsement expand your currently licensed premises? Yes ☐ No ☒

- If no, attach the approved diagram, no larger than 8 1/2" x 11" of the layout, and identify the portions of the premises covered by various requested endorsements. You must use a solid, contiguous **colored** line in any color other than red to outline the outer perimeter of the area of the premises covered by the requested endorsement(s).
- If endorsements are overlapping, provide a conspicuous means to distinguish each endorsement from the other (e.g., keyed map with varying colors for each requested endorsement).
- **Your drawing MUST include:**
 - Dimensions in feet **not** square feet of all exterior walls and major interior walls (we do not accept diagrams drawn to scale)
 - Include cross-streets
 - A north arrow, and any significant geographical features. Points of reference, such as a compass showing North.
 - All entrances, exits, walls, bars, and fixtures
- **If your premises includes multiple floors, please include a separate diagram of each floor.** You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- **Any endorsement application that includes outdoor space** are required to submit a security plan that includes information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

Section 7 – Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?

Yes ☒ No ☐

If yes, describe the entertainment offered or available and the hours in which the entertainment may occur.

Entertainment as described by AS 04.09.210, includes dancing, karaoke, live performances, or similar activities, but does not include recorded or broadcast performances without live participation.

live music and dance nights are common and usually done on Friday and Saturday nights from 5pm to 12am.

Food and beverage service offered or anticipated is:

☒ Table Service ☐ Buffet Service ☐ Counter Service ☐ Other: _____

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AMCO



Alaska Alcoholic Beverage Control Board **Restaurant Endorsement Application**

Section 8 – Attestations

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.

Initials

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 3AAC 305.340.

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 of 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, and or endorsement. I further understand that this is a Class A misdemeanor under AS 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Nicholas M. Triandis
Printed name of licensee

Nicholas M. Triandis
Signature of licensee

5/19/25
Date

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Dept. of Commerce
AMCO

Fort Seward Lodge

MENU

BREAKFAST

Eggs
Hashbrowns
Bacon or Sausage
Breakfast Sandwich
Breakfast Burrito
Biscuits and Gravy
French Toast
Quiche
Fruit Salad
Cinnamon Roll
Danish

LUNCH

Sandwich
Wraps
Salad
Potato Salad
Cold Slaw
Pasta Salad
Hot or Corn Dogs
Mac & Cheese
Chili or Soup

DINNER

Steak
Burger
Seafood
Pasta Dish
Stir fry or Rice Dish
Chicken
Pork
Vegetables
Potatoes

DRINKS

Smoothies
Fresh Squeezed Juice
Cold Pressed Juice
Coffee
Ice Tea

DESSERT

Carrot Cake
Cheesecake
Key Lime Pie
Lemon Bars

APPETIZERS

Smoked Salmon
Salmon Dip
Crab Dip
Veggie Tray
Meat & Cheese Tray

39 Mud Bay Road Haines, Alaska 99827

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Dept. of Commerce
AMCO



Application for Food Establishment Permit

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program



Permit ID: _____

Section 1- GENERAL INFORMATION (All applicants complete entire section - please print).

Purpose (check one) ☐ New ☐ Information Change ☐ Extensive Remodel ☐ Change of owner/operator ☒ Reactivate

Owner/Business Information	Name of Entity or Owner Responsible for Food Service <u>Barbara Carr / Nick Trimble</u>		AK Business License #	
	Business/Corporate Mailing Address <u>PO BOX 307</u>	City <u>Haines</u>	State <u>AK</u>	Zip <u>99827</u>
	Business/Corporate Phone <u>406-396-9665</u>	Email <u>Barbraskitchen@cs.com</u>		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party <u>Barbara Carr manager PIC/owner</u>			
Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:				
Establishment Information	Establishment Name <u>Fort Seward Lodge</u>	Physical Location <u>39 mud Bay Rd</u>	Nearest Community <u>Haines</u>	
	Establishment Mailing Address <u>PO BOX 307</u>	City <u>Haines AK</u>	State <u>AK</u>	Zip <u>99827</u>
	Establishment Phone <u>907-419-0292 / 406-396-9665</u>	Fax	Contact Person <u>Barbara Carr</u>	Zip <u>99827</u>
	Establishment Physical Address <u>39 mud Bay Rd</u>	City <u>Haines</u>	State <u>AK</u>	Zip <u>99827</u>

SEATING: (Food Service Only) ☐ N/A ☒ 25 or less ☐ 26-100 ☐ > 101

TYPE OF OPERATION Please describe the type of facility you plan to open below (i.e. restaurant, bar, grocery store, etc.)

Restuarant

SECTION 2 - NEW OR EXTENSIVELY REMODELED FACILITIES

a. A plan review will be required if your facility has never been permitted by the Alaska's Food Safety and Sanitation Program; has not had an active permit in the last five years; will be extensively remodeled; or is a new construction. If any of these apply, a Plan Review Application is required to process your application. Have you attached the Plan Review Application? ☐ Yes ☒ No

SECTION 3 - COMPLETE FOR ALL FOOD ESTABLISHMENTS (Check all that apply)

FOOD SERVICE ESTABLISHMENTS		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
a. A copy of your menu will be required. Have you attached a copy of the proposed menu?			
b. Attach appropriate label, placard, or menu notation for the consumer advisories if you serve: <input type="checkbox"/> Wild Mushrooms <input type="checkbox"/> Unpasteurized juices <input type="checkbox"/> Farmed halibut, salmon, or sablefish <input type="checkbox"/> Raw/undercooked animal foods such as beef, shell eggs, lamb, pork, poultry, seafood, and shellfish.			
c. Methods of food preparation (check the one that most closely describes the establishment): <input type="checkbox"/> Assembly of Ready to Eat Foods <input checked="" type="checkbox"/> Cook and Serve <input type="checkbox"/> Hot or cold Service for 2 hours or more is done <input type="checkbox"/> Complex (Preparation 1 day or more in advance, cooling and reheating is done).			
d. Style of Service: <input type="checkbox"/> Counter Service <input type="checkbox"/> Self Service (i.e. buffet line, salad bar) <input checked="" type="checkbox"/> Table Service			
e. Do you plan to operate as a caterer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all the equipment used to protect food from contamination and maintain product temperature during: Transportation: <u>NSF Cater gators</u> <u>Ice chest/coolers</u> <u>in personal Vehicles</u> Hot or Cold Holding:			

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Permit ID(s)	Establishment Name(s)		
1.	Will your food establishment be a <u>kiosk</u> or mobile unit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Are employee toilets available within 200 feet? <i>If you have an agreement with another business to use their restrooms, please attach written verification.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Portable water tanks, plumbing, and hoses are NSF or FDA approved components?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If you have a kiosk, is it located outside of a building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will you have a service provide water or remove wastewater? <i>If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Will another permitted food establishment (<u>commissary</u>) provide support to your facility? If yes, attach a copy of the Commissary Agreement.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
FOOD PROCESSORS			
a.	A copy of a label for each type of product you will produce is required. Have you attached food labels of each product to be produced?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b.	Describe who you will be distributing your product to (i.e. grocery stores, etc):		
c.	Will you be doing any of the following processes? Check all that apply.		
	<input type="checkbox"/> Reduced Oxygen Packaging <input type="checkbox"/> Smoking <input type="checkbox"/> Other: <input type="checkbox"/> Low Acid Canned Foods <input type="checkbox"/> Curing <input type="checkbox"/> Shelf Stable Acidified Foods <input type="checkbox"/> Dehydrating		
	<i>Be sure to check with your local Environmental Health Officer for any applicable forms and FDA requirements.</i>		
d.	Do you have a HACCP Plan? <i>Required for high hazard food processors such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, reduced oxygen packaging, etc.</i>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
e.	You are required to have a product coding system and a <u>recall plan</u> . Have you attached a copy of the coding system and recall procedures?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MOBILE RETAIL VENDOR SELLING SEAFOOD			
a.	A list of products that you will be selling is required. Have you attached a copy of the list of products?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b.	Provide names of suppliers where you will be purchasing your product:		
c.	Will <u>all</u> of your product be prepackaged?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d.	Will another permitted food establishment (<u>commissary</u>) provide support to your facility? If yes, attach a copy of the Commissary Agreement.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MACHINES VENDING POTENTIALLY HAZARDOUS FOODS			
a.	Have you attached the label that will be affixed to the front of each machine with name, physical address, and phone number of the permitted food establishment servicing the machine?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION 4 – Food Managers Certification/Alaska Safe Food Worker Card			
a.	Have you attached a copy of a Food Manager's Certification? <i>The operator of a food establishment that serves and prepares unwrapped or unpackaged food, except for a bar, tavern, or limited food service, must have at least one Certified Food Protection Manager who is involved in the daily operations of the establishment.</i>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
b.	Does everyone who works or will work at the food establishment have a Food Worker Card? <i>An operator of a food establishment shall keep on file a copy of the Food Worker Card issued by the department for each employed food worker and make the copy available to the Department upon request.</i>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.			
Applicant's Signature <i>Nicholas M. Trimble</i>		Date <i>5/19/25</i>	
Applicant's Printed Name <i>Nicholas M. Trimble</i>		Title <i>Owner</i>	

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