



Alaska Alcoholic Beverage Control Board

Form AB-17: 2020/2021 Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that are due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

Section 1 - Establishment and Contact Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

| | | | |
|-----------------------|-------------------------------------|------------|-------|
| Licensee: | Talon Charters, Inc. | License #: | 4594 |
| License Type: | Outdoor Recreation Lodge - Seasonal | | |
| Doing Business As: | Talon Lodge | | |
| Premises Address: | Apple Island | | |
| Local Governing Body: | City & Borough of Sitka | | |
| Community Council: | None | | |
| Mailing Address: | PO Box 6506 | | |
| City: | Sitka | State: | AK |
| | | ZIP: | 99835 |

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual **must be a licensee** who is required to be listed in and authorized to sign this application.

| | | | |
|-------------------|-------------------------|----------------|--------------|
| Contact Licensee: | GWEN YOUNGER | Contact Phone: | 800-536-1864 |
| Contact Email: | gyounger@talonlodge.com | | |

Optional: If you wish for AMCO staff to communicate with an individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

| | | | |
|------------------|---------------------|----------------|------|
| Name of Contact: | PHILIP YOUNGER | Contact Phone: | same |
| Contact Email: | phil@talonlodge.com | | |



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Section 2 – Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are **corporations** or **LLCs** must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is **neither** your EIN/tax ID number, **nor** your business license number. **You may view your entity's status or find your CBPL entity number by using the following site:** <https://www.commerce.alaska.gov/cbp/main/search/entities>

| | |
|-----------------------|-------|
| Alaska CBPL Entity #: | 93353 |
|-----------------------|-------|

You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

This subsection must be completed by any **community** or **entity**, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a **corporation**, the following information must be completed for each **shareholder 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**, the following information must be completed for each **member with an ownership interest of 10% or more**, and for each **manager**.
- 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**.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application. **You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.**

| | | | | | |
|-------------------|------------------------|--------|--------------|----------|-------|
| Name of Official: | PHILIP D. YOUNGER | | | | |
| Title(s): | PRES | Phone: | 602-515-8078 | % Owned: | 50 |
| Mailing Address: | 11657 E BELLA VISTA DR | | | | |
| City: | SCOTTSDALE | State: | AZ | ZIP: | 85259 |

| | | | | | |
|-------------------|------------------------|--------|--------------|----------|-------|
| Name of Official: | GWEN L. YOUNGER | | | | |
| Title(s): | SBC / TREAS | Phone: | 480-619-3544 | % Owned: | 50 |
| Mailing Address: | 11657 E BELLA VISTA DR | | | | |
| City: | SCOTTSDALE | State: | AZ | ZIP: | 85259 |

| | | | | | |
|-------------------|--|--------|--|----------|--|
| Name of Official: | | | | | |
| Title(s): | | Phone: | | % Owned: | |
| Mailing Address: | | | | | |
| City: | | State: | | ZIP: | |



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Section 3 – Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

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

This individual is an: applicant affiliate

| | | | | | | |
|------------------|--|--------|--|----------------|--|--|
| Name: | | | | Contact Phone: | | |
| Mailing Address: | | | | | | |
| City: | | State: | | ZIP: | | |
| Email: | | | | | | |

This individual is an: applicant affiliate

| | | | | | | |
|------------------|--|--------|--|----------------|--|--|
| Name: | | | | Contact Phone: | | |
| Mailing Address: | | | | | | |
| City: | | State: | | ZIP: | | |
| Email: | | | | | | |

Section 4 – Alcohol Server Education

This section must be completed only by the holder of a **beverage dispensary, club, or pub** license or **conditional contractor's permit**. The holders of all other license types should skip to Section 5.

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

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron 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, as set forth in AS 04.21.025 and 3 AAC 304.465.

Section 5 – License Operation

Check a **single box** for each calendar year that best describes how this liquor license was operated:

2018 2019

The license was regularly operated continuously throughout each year.

The license was regularly operated during a specific season each year.

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

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 of the calendar years.

If this box is checked, a complete copy of 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 for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.

AMCO
DEC 30 2019



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Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

Yes No

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?

Yes No

Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019?

Yes No

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 – Certifications

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

Initials

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.

Yes No

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 or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control Board.

Yes No

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.

Yes No

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, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or 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 to me as incomplete.

Gwen L. Younger
Signature of licensee

[Signature]
Signature of Notary Public

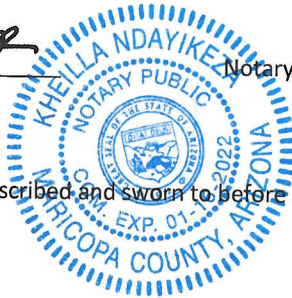
GWEN L. YOUNGER

Printed name of licensee

Notary Public in and for the State of ARIZONA

My commission expires: 01/16/2022

Subscribed and sworn to before me this 27 day of December, 2019.



Seasonal License? Yes No

If "Yes", write your six-month operating period: APRIL - SEPTEMBER

| | | | | | |
|--|-----------|------------------|-----------|--------|------------------|
| License Fee: | \$ 625.00 | Application Fee: | \$ 300.00 | TOTAL: | \$ 925.00 |
| Miscellaneous Fees: | | | | | |
| GRAND TOTAL (if different than TOTAL): | | | | | |