

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE 550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

January 16, 2019

City and Borough of Sitka

Attn: Sara Peterson, Municipal Clerk

Via Email: sara.peterson@cityofsitka.org

melissa.henshaw@cityofsitka.org

Re: Notice of 2019/2020 Liquor License Renewal Application

License Type:	Beverage Dispensary – Tourism	License Number:	5249
Licensee:	JL Totem, Inc		
Doing Business As:	Totem Square Inn		

We have received a completed renewal application for the above listed license (see attached application documents) within your jurisdiction. This is the notice required under AS 04.11.480.

A local governing body may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the director **and** the applicant with a clear and concise written statement of reasons for the protest within 60 days of receipt of this notice, and by allowing the applicant a reasonable opportunity to defend the application before a meeting of the local governing body, as required by 3 AAC 304.145(d). If a protest is filed, the board will deny the application unless the board finds that the protest is arbitrary, capricious, and unreasonable.

To protest the application referenced above, please submit your written protest within 60 days, and show proof of service upon the applicant and proof that the applicant has had a reasonable opportunity to defend the application before a meeting of the local governing body.

Sincerely,

Erika McConnell, Director

Enha M'Connell

amco.localgovernmentonly@alaska.gov



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

Master Checklist: Renewal Liquor License Application

Doing Business As:	Tota	m Carrona lan		Was particular to the same of	License Number:	5249
		m Square Inr			License Number.	5249
License Type:	Beve	erage Dispens		m	I	
Examiner:			JOHN		Transaction #:	997446
Document		Received	Completed	Notes		
AB-17: Renewal Applic	ation	12/18/18	119/19			
App and License Fees		12/18/18	12/18/18			
Supplemental Docume	ent	Received	Completed	Notes		
Tourism/Rec Site State	ment	12/18/18	1/9/19			
AB-25: Supplier Cert (V	VS)					
AB-29: Waiver of Oper	ation					
AB-30: Minimum Oper	ation					
AB-33: Restaurant Affidavit						
COI / COC / 5 Star 12/10/13						
FP Cards & Fees / AB-08a						
Late Fee						
Names on FP Cards:						
Yes No						
Selling alcohol in response to written order (package stores)?						
Mailing address and contact information different than in database (if yes, update database)?						
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?						
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?						
LGB 1 Response:			LGB 2 Res	ponse:		
Waive	Protest	t Lapsed	Wai	ive Pro	test Lapsed	



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https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Beverage Dispensary – Tourism License

Form AB-17d: 2019/2020 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 beverage dispensary – tourism liquor license that will expire on December 31, 2018. 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 correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete. 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 bus	iness seeking to have its license renew	ed. If any pop	oulated information	n is incorrect, p	lease contact AMCO.
Licensee:	JL Totem, Inc.			License #:	5249
License Type:	Beverage Dispensary - Tourism			Statute:	AS 04.11.400(d)
Doing Business As:	Totem Square Inn				
Premises Address:	201 Katlian Street				
Local Governing Body:	City & Borough of Sitka				
Community Council:	None				
Mailing Address:	330 Seward	Stre	et		
City:	Bitka	State:	Alask	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:	Lisa Laudo	n	Contact Phone	e: 90	7-230-4095
Contact Email:	lisalaudon egi	mail.e	om		
	O staff to communicate with individual stars pertaining to the license, please p				
Name of Contact:	Sharon Bryan	+	Contact Phone	e: 907	-747-6241
Contact Email:	Sharon Bryan wmsit-conteales	ka ne	+		
[Form AB-17d] (rev 09/17/2018)		AMCO			Page 1 of 4



Form AB-17d: 2019/2020 Tourism Renewal License Application

Section 2 – Entity or Community Ownership Information

This top subsection must be completed by any licensee that is a <u>corporation</u> or <u>LLC</u>. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). This number 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 vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities

General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #:	10047952	
You must ensure that you are a	ble to certify the following statement before signing your initials in the box to the ri	ght: 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 <u>corporation</u>, the following information must be completed 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 <u>limited liability organization</u>, 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 <u>partnership</u>, 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.

Name of Official:	Lisa J. L	LVIII	77		u:
Title(s):	Owher, Director, Prosi	Phone:	907-230-40	9%Owned	: 50
Mailing Address:	330 Seward Street				
City:	Sitka	State:	Alaska	ZIP:	19835
Name of Official:	John E. E.	nmi			
Title(s):	Duner, Sec. V.P. Shereh	Bhone:	917-229-7135	% Owned	: 50
Mailing Address:	330 Sevard Stru	t	,		
City:	sitka	State:	Alasken	ZIP:	99835
Name of Official:					
Title(s):		Phone:		% Owned	:
Mailing Address:					•
City:		State:		ZIP:	

[Form AB-17d] (rev 09/17/2018) License #5249 DBA Totem Square Inn

AMCO

Page 2 of 4



Form AB-17d: 2019/2020 Tourism Renewal License Application

Section 3 – Sole Proprietor Ownership Information

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. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse). This individual is an: applicant affiliate (spouse) **Contact Phone:** Name: **Mailing Address:** ZIP: City: State: Email: This individual is an: applicant affiliate (spouse) **Contact Phone:** Name: **Mailing Address:** ZIP: City: State: Email: Section 4 – Alcohol Server Education 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: 2017 2018 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.

[Form AB-17d] (rev 09/17/2018) License #5249 DBA Totem Square Inn AMCO

Page 3 of 4



Form AB-17d: 2019/2020 Tourism Renewal License Application

Applicant violations and convictions in calendar years 2017 and 2018: Yes No Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2017 or 2018? 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 2017 or 2018? 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 Icertify 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. Icertify 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 (BAC) 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. I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board. 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 and understand and understand as a submitting as part of this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic B		Sect	tion 6 – Violati	ons and Convi	ctions		
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 2017 or 2018? 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:	Applicant violations	and convictions in cal	endar years 2017 and 2	2018:		Yes No	
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	GRAND TOTAL (i	f different than TOT	AL):			2800.	
	<u> </u>		***************************************		omeliseed		

To Whom it may concern,

Totem Square Inn Hotel and Marina is located at 330 Seward Street Sitka, Alaska 99835. This is a 75 room Hotel located in the downtown area of Sitka, Alaska and is also located on a Marina.

Sitka is a cruise ship and fishing destination and people travel from all over the world to go there. This will be our 3rd year hosting the Delta airlines crew at this hotel and they have added Sitka to there destinations which they fly along with Alaska airlines who has been servicing the market for years.

We offer rooms, food, cocktails and for the last 3 years we have ran another tourist attraction to our venue. We are renting non-guided fishing boats, you can look us up at fishbaranof.com. We had a huge success this last 3 years and we have purchased 2 more boats to add to our fleet. We are hands on Owner/ Operators. We hire up to 185 people in the summer. Two (2) of our 75 rooms have kitchenettes and those are our suites. We do no stock alcoholic beverages in our rooms. Yes we offer room rentals to the traveling public and we serve breakfast, lunch and dinner at our facility.

Please feel free to call should you have any questions. (907) 230-4095

Regards,

Lisa J Laudon JL Totem, Inc.

> AMCO DEC 1 8 2018

January 8, 2019

To Whom it may Concern,

Totem Square Hotel is on a Marina where we have a boat rental business which is promoted with the cruise ship industries. The tourists from the cruise ships come and rent boats for the day and eat and drink the local fish and brew pub and Alaska grown distilleries at the hotel. We promote tourism of Alaska all day long. We directly employ 30 people and indirectly affect 100 or more by having local carvers, musicians and other artists perform in the bar and dining room. Our hotel guests stay with us as we have a full service restaurant and lounge. I hope this explains it better. Should you have any questions please call me at (907) 230-4095.

Thank you,

Lisa Laudon

JAN n 9 2019

Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

ENTITY DETAILS

Name(s)

Type

Legal Name

Name

JL Totem, Inc.

Entity Type: Business Corporation

Entity #: 10047952

Status: Good Standing

AK Formed Date: 1/1/2017

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2021

Entity Mailing Address: 330 SEWARD STREET, SITKA, AK 99835

Entity Physical Address: 3205 LAKESIDE DRIVE, ANCHORAGE, AK 99515

Registered Agent

Agent Name: Lisa Laudon

Registered Mailing Address: 330 SEWARD STREET, SITKA, AK 99835

Registered Physical Address: 3205 LAKESIDE DRIVE, ANCHORAGE, AK 99515

Officials

AK Entity #	Name	Titles	∐Show Former Owned
	John Emmi	Shareholder, Secretary, Vice President	50
	Lisa Laudon	Director, Treasurer, President, Shareholder	50