

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-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 is 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.

Se	ection 1 – Establishmen	t and C	ontact Info	rmation	1	
Enter information for the bus	siness seeking to have its license renev	ved. If any p	opulated informat	tion is incor	rect, ple	ease contact AMCO
Licensee:	Dove Island Lodge & Sitka Sportfishing Charters, LLC License #: 5126				5126	
License Type:	Outdoor Recreation Lodge					
Doing Business As:	Dove Island Lodge					
Premises Address:	Dove Island					
Local Governing Body:	City & Borough of Sitka					
Community Council:	None					
Mailing Address:	7.0. Box 1512					
City:	Sitka	State:	AK	1	ZIP:	99835
Enter information for the indi must be a licensee who is req	vidual who will be designated as the p uired to be listed in and authorized to	rimary poin sign this app	t of contact regard	ding this ap	plicatio	n. This individual
Contact Licensee:	Tracie Lambeth		Contact Pho	ne:	907	- 738-094
Contact Email:	sitkasportfishamac	c.com				
Optional: If you wish for AMC about this application and oth	O staff to communicate with an indivic er matters pertaining to the license, pl	lual who is <u>n</u> ease provide	ot a licensee name that person's co	ed on this fontact inform	orm (eg nation ir	: legal counsel) n the fields below.
Name of Contact:	Nicole Bilinski		Contact Pho	AND THE PARTY	0	747-5460
Contact Email:	gofish@doveisland	lodge.	lom			.,



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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 <u>corporations</u> or <u>LLCs</u> 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 vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #	80025D			10.745	and the second second
You must ensure that yo	u are able to certify the follow	ing statement before s	igning your initials in the k	oox to the right	: Initials
	in good standing with CBPL an				R
 limited partnership, that i If the applicant is a cc the stock in the corpo If the applicant is a <u>lii</u> ownership interest o If the applicant is a <u>pa</u> 	ompleted by any community of sapplying for renewal. If more proporation, the following information, and for each president, mited liability organization, the fact of more, and for each materials, including a limited partnership, and for each generals.	space is needed, please mation must be comple of vice-president, secreto e following information anager. partnership, the followi	e attach additional comple ted for each shareholder wary, ary, and managing officer. must be completed for ea	ted copies of th vho owns 10% o ch member wit	is page. or more of h an
match that which is listed that individual on this app	rmation provided in the below with CBPL. If one individual ho lication and with CBPL. Failure icials, additional copies of this	lds multiple titles ment to list all required titles	ioned in the bullets above, constitutes an incomplete	all titles must be application. Yo	e listed for
Title(s):	Member	Phone:	907-738-0944	% Owned:	50
Mailing Address:	P. O. Box 151	2	107 750 0117		
City:	Sitka	State:	AK	ZIP: 90	1835
Name of Official:	Harold 1	ambeth		91.2	
Title(s):	member	Phone:	907-738-0856	% Owned:	50
Mailing Address:	P.O. Box 1	512			
City:	Sitka	State:	AK	ZIP: 90	1835
Name of Official:					
Title(s):		Phone:		% Owned:	

State:

Mailing Address:

City:

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 <u>individual or multiple individuals</u> 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:		1			
City:	State:		ZIP:		
Email:					
This individual is an: applicant affiliate					
Name:		Contact Phone:		****	****
Mailing Address:					
City:	State:		ZIP:		
Email:					-
Read the line below, and then sign your initials in the box to the right learning of the line below, and then sign your initials in the box to the right learning of the line below to the right learning of the line line below to the line below the line below the line below the line below that learning all working learning lear	alcoholic beve e ABC Board g hours, as se	erages or check identifica and keep current, valid co et forth in AS 04.21.025 an	opies of the	eir	Initials 2019
The license was regularly operated continuously throughout each ye		•			
The license was regularly operated during a specific season each yea					\boxtimes
The license was only operated to meet the minimum requirement of If this box is checked, a complete copy of Form AB-30: Proof of Minir documentation must be provided with this application.	240 total ho num Operati	urs each calendar year. on Checklist, and all nece.	ssary		
The license was not operated at all or was not operated for at least to each year, during one or both of the calendar years. If this box is checked, a complete copy of Form AB-29: Waiver of Open be submitted with this application for each calendar year during who minimum requirement, unless a complete copy of the form (including	ration Appli ch the licens	cation and corresponding e was not operated for at	fees must least the		

[Form AB-17] (rev 09/17/2019) License # 5126 DBA Dove Island Lodge

Page 3 of 4



Alaska Alcoholic Beverage Control Board

Form AB-17: 2020/2021 Renewal License Application

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 <u>this license</u> in the calendar years 2018 or 2019?		
Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a loordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019?	ocal	\times
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs an	d/or convictio	ns.
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 in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in licensed business.	n, and that the	8
I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premis 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.	ses,	*
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any licer	form or nse issued.	S
As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar value of AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application being returned to reduce the failure to do so by any deadline given to me by AMCO staff will result in this application being returned to return the return to the return the return this application being returned to return the return	complete. I ag cation and und me as incomple make	ree to lerstand ete.
Notary Public NICOLE Y. BILINSKI State of Alaska My Commission Expires April 19, 2022 My commission expires: My commission expires: My Commission Expires April 19, 2022	April 19,	<i>303</i> 2 20 <u>19</u> .
Yes No Seasonal License? If "Yes", write your six-month operating period:		
License Fee: \$ 1250.00 Application Fee: \$ 300.00 TOTAL:	\$ 1550.00	
Miscellaneous Fees:		
GRAND TOTAL (if different than TOTAL):		