



Alaska Alcoholic Beverage Control Board 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 submitted to AMCO’s main office before any tourism license application will be reviewed.

Section 1 – Establishment Information

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

| | | | |
|---------------------------|-------------------------------|-------------------|------|
| Doing Business As: | The Sitka Hotel | License #: | 5442 |
| 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.

Have a liquor license benefits tourism by offering tourists a place to eat and relax in downtown Sitka with hotel amenities nearby

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

The Sitka Hotel has undergone renovations since September 2015 and will continue to be maintained by the new owners

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?



Alaska Alcoholic Beverage Control Board
Tourism Statement

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

2.5 Do you offer room rentals to the traveling public?

YES

NO

If "yes" answer the following questions:

How many rooms are available?

44

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)?

16 rooms include microwave and mini fridge; 22 rooms have a separate sink, microwave and refrigerator

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".

The Sitka Hotel has its own dining facility, including a bar

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".

There is a concierge service available to the hotel guests, but no additional amenities at this time.

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

12/28/2021

ABC BOARD

LIQUOR LICENSE

2022 - 2023

TEMPORARY

5442

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

1106

CITY / BOROUGH: Sitka
Sitka

D/B/A: Sitka Hotel
118 Lincoln Street

Mail Address:
Sitka Jet Center, Inc.
118 Lincoln Street
Sitka , AK 99835

This license cannot be transferred without permission
of the Alcoholic Beverage Control Board

[] Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD



DIRECTOR

04-900 (REV 7/21)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

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COPY

DIRECTOR

D/B/A: Sitka Hotel
118 Lincoln Street

Mailing Address:
Sitka Jet Center, Inc.
118 Lincoln Street
Sitka , AK 99835

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

04-900 (REV 7/21)



Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2021 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2022 will be expired per AS 04.11.540, 3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

Establishment Contact Information

| | | | |
|-----------------------|------------------------------------|------------|------|
| Licensee (Owner): | Sitka Jet Center <i>INC</i> | License #: | 5442 |
| License Type: | Beverage Dispensary - Tourism | | |
| Doing Business As: | The Sitka Hotel | | |
| Premises Address: | 118 Lincoln Street, Sitka AK 99835 | | |
| Local Governing Body: | Borough and City of Sitka | | |
| Community Council: | N/A | | |

If your mailing address has changed, write the NEW address below:

| | | | | | |
|------------------|--|--------|--|------|--|
| Mailing Address: | | | | | |
| City: | | State: | | ZIP: | |

Section 1 - Licensee Contact Information

Contact Licensee: The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title.

This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

| | | | |
|-------------------|----------------------------|----------------|--|
| Contact Licensee: | Robert Petrie | Contact Phone: | |
| Contact Email: | robert@petrieautosales.com | | |

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

| | | | |
|------------------|--------------------------|----------------|---------------|
| Name of Contact: | Darryl L. Thompson, Esq. | Contact Phone: | (907)272-9322 |
| Contact Email: | darryl@akdltlaw.com | | |

| | | | |
|------------------|--|----------------|--|
| Name of Contact: | | Contact Phone: | |
| Contact Email: | | | |

| | | | |
|------------------|--|----------------|--|
| Name of Contact: | | Contact Phone: | |
| Contact Email: | | | |



Form AB-17: 2022/2023 License Renewal Application

Section 2 – Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

<https://www.commerce.alaska.gov/cbp/main/search/entities>

| | |
|-----------------------|----------|
| Alaska CBPL Entity #: | 10027944 |
|-----------------------|----------|

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of **any** type including non-profit must list ONLY the following:
 - All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of **any** type must list ONLY the following:
 - All Members with an ownership interest of 10% or more
 - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of **any** type, including Limited Partnerships must list ONLY the following:
 - Each Partner with an interest of 10% or more
 - All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. **If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.**

| | | | | | |
|-------------------|---------------------|--------|----|----------|-------|
| Name of Official: | Deborah Petrie | | | | |
| Title(s): | Director , VP , Sec | Phone: | | % Owned: | 50 |
| Mailing Address: | 118 Lincoln St. | | | | |
| City: | Sitka | State: | AK | ZIP: | 99835 |

| | | | | | |
|-------------------|--------------------|--------|----|----------|-------|
| Name of Official: | Robert Petrie | | | | |
| Title(s): | Director President | Phone: | | % Owned: | 50 |
| Mailing Address: | 118 Lincoln St. | | | | |
| City: | Sitka | State: | AK | ZIP: | 99835 |

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



Form AB-17: 2022/2023 License Renewal Application

Section 3 – Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each **new owner or officer** and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.

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 – License Operation

Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated:

- | | 2020 | 2021 |
|---|-------------------------------------|-------------------------------------|
| 1. The license was regularly operated continuously throughout each year. (Year-round) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The license was only operated during a specific season each year. (Seasonal) <i>If your operation dates have changed, list them below:</i> _____ to _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. <i>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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 calendar years. <i>A complete 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.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have not met the minimum number of hours of operation in 2020 and/or 2021, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason.

Section 5 – Violations and Convictions

Have **ANY** Notices of Violation been issued for this license **OR** 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 2020 or 2021?

Yes No

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.



Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 License Renewal Application

Section 6 - Certifications

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, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application... I certify that all current licensees... I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL)... I certify that all licensees, agents, and employees who sell or serve alcoholic beverages... I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises...

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.

Signature of licensee: Robert Petrie
Printed name of licensee: Robert Petrie



Signature of Notary Public: Elizabeth Alvarez

Notary Public in and for the State of: Texas

My commission expires: 7/22/2025

Subscribed and sworn to before me this 11th day of December, 2021.

- Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification
Common Carrier applications must include a current safety inspection certificate

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

Table with 2 rows and 4 columns: License Fee (\$2500), Application Fee (\$300.00), Misc. Fee (\$0), Total Fees Due (\$2800.00)

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 | Name |
|------------|-----------------------|
| Legal Name | Sitka Jet Center Inc. |

Entity Type: Business Corporation

Entity #: 10027944

Status: Good Standing

AK Formed Date: 3/16/2015

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: 7217 CHARLENE CT, AZLE, TX 76020

Entity Physical Address: 118 LINCOLN ST, SITKA, AK 99835

Registered Agent

Agent Name: Deborah Petrie

Registered Mailing Address: 118 LINCOLN ST, SITKA, AK 99835

Registered Physical Address: 2202 SAWMILL CREEK RD, SITKA, AK 99835

Officials

Show Former

| AK Entity # | Name | Titles | Owned |
|-------------|----------------|--|-------|
| | Deborah Petrie | Director, Secretary, Shareholder, Vice President | 50.00 |
| | Robert Petrie | Director, President, Shareholder, Treasurer | 50.00 |

Filed Documents

| Date Filed | Type | Filing | Certificate |
|------------|-----------------|-------------------------------|-------------------------------|
| 3/16/2015 | Creation Filing | Click to View | Click to View |
| 9/17/2015 | Initial Report | Click to View | |
| 8/26/2016 | Agent Change | Click to View | |
| 3/07/2017 | Biennial Report | Click to View | |
| 10/16/2018 | Biennial Report | Click to View | |
| 6/25/2021 | Biennial Report | Click to View | |

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LICENSE DETAILS

License #: 1026658

[Print Business License](#)

Business Name: THE SITKA HOTEL

Status: Active

Issue Date: 09/30/2015

Expiration Date: 12/31/2022

Mailing Address: 118 LINCOLN STREET
SITKA, AK 99835

Physical Address: 118 LINCOLN STREET
SITKA, AK 99835

Owners

SITKA JET CENTER INC.

Activities

| Line of Business | NAICS | Professional License # |
|--------------------------------------|---|------------------------|
| 72 - Accommodation and Food Services | 721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS | |

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.