



## 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 completed and 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.

Doing Business As:	LAST HOOK OFF -	License #:	1758
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.

*See attached.*

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

*See attached*

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?

*see attached*



Alaska Alcoholic Beverage Control Board  
**Tourism Statement**

2.5 Do you offer room rentals to the traveling public?

YES

NO

If "yes" answer the following questions:

How many rooms are available?

*12 Rooms*

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)?

*all*

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".

*yes*

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".

*see attached document*

## **Response to Tourism Statement Guidelines**

### **1: Explain how issuance of a liquor license at your establishment has/will encourage tourism.**

We continue to promote tourism, hunting and fishing. We own the Fleets Inn Hotel and Last Hook Off to promote tourism to help with a revenue stream. We lease the restaurant portion of this building to King Cove China who provides food service. We contract with guides to hunt on our lands. We also promote our shareholders from elsewhere to come and visit our community. Our community is a fishing community and many outside fishermen bring their families to visit and enjoy our beautiful community.

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

A total of 12 rooms are available to the public for rental with the Fleets Inn.

We lease the restaurant portion of the facility to King Cove China. Customers can eat in the bar or take food to their rooms.

We do guided tours when requested. We help facilitate needs for customers to make sure their time in King Cove is enjoyable. We continue to hope the road from King Cove to Cold Bay is completed and we can promote more tourism with the guided services also provided in Cold Bay, welcoming people to drive over and spend a few days.

### **3. Who operates the facility for which the liquor license is being applied.**

This facility is operated by staff of the King Cove Corporation. It is one of our departments.

### **4. Do you offer room rentals to the traveling public? Yes 12 hotel rooms**

**a. 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 appliances 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 the guest rooms?** All 12 rooms have a small kitchenette, including a range, refrigerator, microwave satellite television, full bathroom facilities. We do not stock alcoholic beverages in the rooms.

**b. If not, is your facility located within an airport terminal?** Not located by an airport terminal.

### **5. Does your establishment include a dining facility?** Food is served in the bar from the King Cove China restaurant which is within the same building.

**6. Are additional amenities available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists)?** We at KCC offer tours and assist guests on acquiring their various licenses for hunting or sport fishing. Dave's Bush Rentals has vehicles that guest rent to go out and view, fish, hike. We have worked with the local processing facility to give tours. With more reliable access into King Cove, we hope to develop a bigger program.

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD  
FORM CONTROL

LICENSE NUMBER

XXXX

ISSUED  
2/25/2022  
ABC BOARD

LIQUOR LICENSE  
2022 - 2023  
**TEMPORARY**

1758

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 Dispens

LICENSE FEE: \$2,500.00

1106

CITY / BOROUGH: King Cove  
Aleutians East Borough

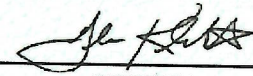
D/B/A: Last Hook Off  
NHN Windy Walkway

Mail Address:  
King Cove Corporation  
PO Box 38  
King Cove, AK 99612

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  
FORM CONTROL

LICENSE NUMBER

XXXX

ISSUED  
2/25/2022  
ABC BOARD

LIQUOR LICENSE  
2022 - 2023  
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1758

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NHN Windy Walkway

Mailing Address:  
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PO Box 38  
King Cove, AK 99612

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ISSUED BY ORDER OF THE  
ALCOHOLIC BEVERAGE CONTROL BOARD

**COPY**

DIRECTOR

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

04-900 (REV 7/21)



Alaska Alcoholic Beverage Control Board

**2022-2023 Master Checklist: Renewal License Application**

Doing Business As:	Last Hook Off	License Number:	1758
License Type:	Beverage Dispensary - Tourism		
Examiner:	<i>Regina</i>	Transaction #:	100312014

Document	Received	Completed	Notes
AB-17: Renewal Application	12/6	<i>2/25</i>	
App and License Fees	12/6	<i>2/25</i>	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement	12/6	<i>2/25</i>	
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star / FAA Cert			
FP Cards & Fees / AB-08a			
Late Fee			

Names on FP Cards: \_\_\_\_\_

	Yes	No	N/A
CBPL Entity Printout included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business License Copy included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background(s) Completed & Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Consideration: <u>Tourism</u>			
Board Meeting Date: <u>4/12/2022</u>			
LGB Sent Date: <u>2/28/22</u>			
LGB Deadline Date: _____			
LGB 1 Name: <u>City of King Cove</u>			
LGB 2 Name: _____			
<input type="checkbox"/> Waive	<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Waive
<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Waive	<input type="checkbox"/> Protest
<input type="checkbox"/> Lapsed	<input type="checkbox"/> Waive	<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed



Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue,  
 Suite 1600  
 Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

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):	King Cove Corporation	License #:	1758
License Type:	Beverage Dispensary - Tourism		
Doing Business As:	LAST HOOK-OFF		
Premises Address:	NHU Windy Walkway		
Local Governing Body:	City of King Cove		
Community Council:			

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:	Dean Gould	Contact Phone:	907-497-8120
Contact Email:	dean.gould@kingcovecorporation.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:	Della Trumble	Contact Phone:	907-223-9289
Contact Email:	della.trumble@kingcovecorporation.com		

Name of Contact:		Contact Phone:	
Contact Email:			

Name of Contact:		Contact Phone:	
Contact Email:			



Alaska Alcoholic Beverage Control Board

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 #: 114291

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.

Table with 4 columns: Name of Official, Title(s), Phone, % Owned. Row 1: Dean Gould, President, 907-497-8120, % Owned: [blank]. Mailing Address: PO Box 124, City: King Cove, State: Alaska, ZIP: 99612.

Table with 4 columns: Name of Official, Title(s), Phone, % Owned. Row 1: Warren Wiltsm, Vice-President, 907-497-7724, % Owned: [blank]. Mailing Address: PO Box 151, City: King Cove, State: ALASKA, ZIP: 99612.

Table with 4 columns: Name of Official, Title(s), Phone, % Owned. Row 1: Liza Mack, Sec/Treasurer, 907-854-1711, % Owned: [blank]. Mailing Address: 1130 W 80th Ave, City: Anchorage, State: Alaska, ZIP: 99518.



# 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:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Affiliate
Name:		
Contact Phone:		
Mailing Address:		
City:	State:	ZIP:
Email:		

This individual is an:	<input type="checkbox"/> Applicant	<input type="checkbox"/> 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 <b>regularly operated continuously</b> throughout each year. (Year-round)                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. The license was <b>only operated during a specific season</b> each year. (Seasonal)<br><i>if your operation dates have changed, list them below:</i><br>_____ to _____                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.<br><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"/>            |

*Closed 3/14/2020 & reopened June 14, 2021 because of COVID & City of King Cove Reg*

**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.**

AMCO

DEC - 6 2021





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

Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of: Alaska

My commission expires Nov. 28, 2021

Subscribed and sworn to before me this 1 day of Dec, 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 columns: License Fee, Application Fee, Misc. Fee, Total Fees Due. Values: License Fee: \$2500, Application Fee: \$300.00, Misc. Fee: \$, Total Fees Due: \$2800



DEC - 6 2021

Details

# ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	THE KING COVE CORPORATION

**Entity Type:** Business Corporation**Entity #:** 11429D**Status:** Good Standing**AK Formed Date:** 12/12/1972**Duration/Expiration:** Perpetual**Home State:** ALASKA**Next Biennial Report Due:** 1/2/2022 [File Biennial Report](#)**Entity Mailing Address:** PO BOX 38, KING COVE, AK 99612**Entity Physical Address:** 38 WINDY WALKWAY, KING COVE, AK 99612

## Registered Agent

**Agent Name:** DELLA TRUMBLE**Registered Mailing Address:** PO BOX 38, KING COVE, AK 99612**Registered Physical Address:** 38 WINDY WALKWAY, KING COVE, AK 99612

## Officials

 Show Former

AK Entity #	Name	Titles	Owned
	Dale Gould	Director	
	Darlene Totemoff	Director	
	Dean Gould	Director, President	
	Donna Walker	Director	
	Harriet Berikoff	Director	
	Liza Mack	Director	
	Rita Uttecht	Director, Secretary, Treasurer	
	Robert Gould	Director, Vice President	
	Warren Wilson	Director	

## Filed Documents

Date Filed	Type	Filing	Certificate
12/12/1972	Creation Filing	<a href="#">Click to View</a>	
1/29/1975	Biennial Report	<a href="#">Click to View</a>	

Date Filed	Type	Filing	Certificate
2/05/1976	Biennial Report	<a href="#">Click to View</a>	
1/06/1978	Biennial Report	<a href="#">Click to View</a>	
12/31/1979	Biennial Report	<a href="#">Click to View</a>	
3/03/1988	Agent Change	<a href="#">Click to View</a>	
3/17/1988	Biennial Report		
12/21/1989	Biennial Report		
1/06/1992	Biennial Report	<a href="#">Click to View</a>	
2/07/1994	Biennial Report	<a href="#">Click to View</a>	
8/05/1994	Change of Officials	<a href="#">Click to View</a>	
7/16/1996	Biennial Report		
8/21/1996	Agent Change	<a href="#">Click to View</a>	
11/13/1998	Biennial Report	<a href="#">Click to View</a>	
2/16/2000	Biennial Report	<a href="#">Click to View</a>	
1/04/2002	Biennial Report	<a href="#">Click to View</a>	
1/13/2004	Biennial Report	<a href="#">Click to View</a>	
10/31/2005	Biennial Report	<a href="#">Click to View</a>	
2/06/2008	Biennial Report	<a href="#">Click to View</a>	
4/22/2010	Biennial Report	<a href="#">Click to View</a>	
10/12/2011	Certificate of Compliance		<a href="#">Click to View</a>
3/21/2012	Certificate of Compliance		<a href="#">Click to View</a>
3/22/2012	Biennial Report	<a href="#">Click to View</a>	
8/13/2012	Change of Officials	<a href="#">Click to View</a>	
12/30/2013	Biennial Report	<a href="#">Click to View</a>	
4/06/2016	Biennial Report	<a href="#">Click to View</a>	
5/10/2017	Agent Change	<a href="#">Click to View</a>	
2/28/2018	Biennial Report	<a href="#">Click to View</a>	
3/08/2018	Change of Officials	<a href="#">Click to View</a>	
12/07/2019	Biennial Report	<a href="#">Click to View</a>	
4/16/2021	Agent Change	<a href="#">Click to View</a>	

[Close Details](#)

[Print Friendly Version](#)

License Detail

# LICENSE DETAILS

**License #:** 13156[Print Business License](#)**Business Name:** KING COVE CORPORATION**Status:** Active**Issue Date:****Expiration Date:** 12/31/2021**Mailing Address:** PO BOX 38  
KING COVE, AK 99612-0038**Physical Address:** 38 WINDY WLAKWAY  
KING COVE, AK 99612

## Owners

THE KING COVE CORPORATION

## Activities

Line of Business	NAICS	Professional License #
53 - Real Estate, Rental and Leasing	531110 - LESSORS OF RESIDENTIAL BUILDINGS AND DWELLINGS	

## 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.

[Close License Detail](#)[Print Friendly Version](#)

**4. REMOVE from Record:**

AS 10.50.765(b)

The following officials (members and, if applicable, managers) will be completely removed from the record as a result of this filing:

Name: Darlene Totemoff Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

If an official is not being removed from record, then list them in Item #5 below (with their current information).

**5. ALL Current Officials:**

AS 10.50.765(b)

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing.

- An LLC must have at least one member who owns a % of the LLC. — AS 10.50.155(b)
- Must provide all members who own 5% or more of the LLC. — AS 10.50.765 (b)
- Members must own a % of the LLC. A member may be a manager if the LLC is manager managed.
- An LLC may be managed by a manager if provided in Articles of Organization. A manager may be a member if the manager also owns a % of the LLC. — AS 10.50.075(5) and AS 10.50.110(b)

- List ALL officials and their current information to be on record.
- Manager will only be accepted if the entity is manager-managed per the articles.
- **BOLD** fields are required.

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	% OWNED	MEMBER	Manager
Dean Gould, President	PO Box 124, King Cove, Ak 99612			
Warren Wilson, Vice-President	PO Box 151, King Cove, Ak 99612			
Liza Mack, Sec/Treasurer				
Dale Gould	PO Box 373, King Cove, Ak 99612			
Candace Hendrickson	8230 Frank St., Anchorage, Ak 99518			

→ If necessary, use the following supplement page and include all information required above in Item #5.

**6. Required Signature:**

AS 10.50.840

The Notice of Change of Officials must be signed by: a member (AS 10.50.840(a)(2)); or a manager if manager managed (AS 10.50.840(a)(1)); or an attorney-in-fact (AS 10.50.840(c)). Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Signature: Dean Gould Date: 2/24/2022

Printed Name: Dean Gould

Title of Authorized Signer:  Member  Manager  Attorney-in-fact

*If signing on behalf of a member or manager which is an entity, then identify the signer's relationship and signing authority with the member entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.*