

North Star Ventures LLC  
P.O. Box 5503  
Ketchikan, AK 99901

December 15, 2021

Alcohol and Marijuana Control Office  
550 West 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501

Re: Tourism License Renewal – License 4618 – Tourism Statement

To Whom It May Concern:

The Stikine Inn is a full service hotel and restaurant, owned and operated by William and Cheryl Goodale and Jake Harris. We have 34 hotel rooms available for rent, and offer many amenities to our guests. All 34 of our rooms have small refrigerators and microwave ovens. We have one suite with a full kitchen. Our restaurant is a modern dining facility with catering and seating for approximately 154 people with our summer deck. The only item not available in our rooms is alcohol. Our alcohol sales are limited to our lounge and restaurant areas.

Now that the major renovations have been completed, we are still adding amenities and modernizations for the comfort of our guests. We have also begun offering guest laundry services. At this time have recently purchased from the City of Wrangell additional property so we may build out the building to add up to thirty more rooms and tourism related retail space. We received our fill permit from the Army Corps of Engineers and have filled in an area for an addition to the hotel. A warehouse for additional storage has been built to accommodate the growing business of the hotel and restaurant. We are the only operating hotel in Wrangell at this time.

We continue to advertise globally and have clientele from Australia, New Zealand, Japan, China, Germany, and the Middle East. We encourage tourism by working closely with the local charter companies and Stikine river operators to provide tourists a complete package for their wilderness experiences. Our website not only showcases our hotel and restaurant, but also boasts Wrangell and its many beautiful sights and experiences. We offer van services to shuttle people to and from the airline and ferries. We also shuttle our guests to the many hiking trails and other attractions.

Sincerely,



William C. Goodale

Managing Partner

AMCO

DEC 17 2021



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

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.

Table with 2 columns: Field Name, Value. Rows: Doing Business As: Stikine Inn, License #: 4618; 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.

We are a full service hotel and restaurant. We are the only fine dining in the city of Wrangell. When our guests wish to have a relaxing dinner and evening, the ability to serve spirits enhances their experience.

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

All requirements of Alaska Statute 04.11.400(d)(1) were met in 2018 when the liquor license was transferred to North Star Ventures, LLC. Before that it met the criteria as well. All changes requested by AMCO were done before the transfer. All requirements and restrictions brought on by COVID were adhered to including when the relaxations were recinded.

2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

YES [X] NO [ ]

2.4 If “no” who operates the tourism facility?

[Empty text box for answer to question 2.4]



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?

34

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)?

1

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".

Our restaurant is a modern dining facility with catering and seating for approximately 154 people with our summer deck.

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".

None.  
We do work closely with all of the local vendors that supply these amenities.

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

# LIQUOR LICENSE

# 4618

ISSUED

## 2022 - 2023

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

02/09/2022

# TEMPORARY

ABC BOARD

THIS LICENSE EXPIRES MIDNIGHT  
FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispens

LICENSE FEE: \$2,500.00

1106

CITY / BOROUGH: Wrangell  
Wrangell

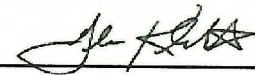
D/B/A: Stikine Inn  
107 Stikine Avenue

Mail Address:  
North Star Ventures LLC  
PO Box 662  
Wrangell, AK 99929

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

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ISSUED

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ISSUED BY ORDER OF THE  
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# COPY

DIRECTOR

D/B/A: Stikine Inn  
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Mailing Address:  
North Star Ventures LLC  
PO Box 662  
Wrangell, AK 99929

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):	North Star Ventures LLC	License #:	4618
License Type:	Beverage Dispensary - Tourism		
Doing Business As:	Stikine Inn		
Premises Address:	107 Stikine Avenue		
Local Governing Body:	City & Borough of Wrangell		
Community Council:	None		

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

Mailing Address:	P.O. Box 662				
City:	Wrangell	State:	AK	ZIP:	99929

### 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:	William Goodale	Contact Phone:	907-617-5833
Contact Email:	bill@kpunet.net		

**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:	Jacob Harris	Contact Phone:	425-241-7634
Contact Email:	jacobmichaelharris@hotmail.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 #:	10075430
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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:	William Goodale				
Title(s):	Manager/Member	Phone:	907-617-5833	% Owned:	40
Mailing Address:	PO Box 5503				
City:	Ketchikan	State:	AK	ZIP:	99901

Name of Official:	Cheryl Goodale				
Title(s):	Member	Phone:	907-617-9526	% Owned:	40
Mailing Address:	PO Box 5503				
City:	Ketchikan	State:	AK	ZIP:	99901

Name of Official:	Jacob Harris				
Title(s):	Member	Phone:	425-241-7634	% Owned:	20
Mailing Address:	PO Box 1452				
City:	Wrangell	State:	AK	ZIP:	99929



DEC 17 2021



# 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:

1. The license was **regularly operated continuously** throughout each year. (Year-round)

2020

2021

2. The license was **only operated during a specific season** each year. (Seasonal)

*If your operation dates have changed, list them below:*

\_\_\_\_\_ to \_\_\_\_\_

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

*A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.*

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. *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.*

**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



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 and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and potentially expired if I do not comply with statutory or regulatory requirements.
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.
I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in officers.
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons 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, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 304.465.
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 from what is currently approved and on file with the Alcoholic Beverage Control 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.

Signature of licensee (Handwritten signature of William C. Goodale)

Printed name of licensee: WILLIAM C. GOODALE

Signature of Notary Public (Handwritten signature of Vanessa D. Head)

Notary Public in and for the State of: Alaska

My commission expires: 8/28/24

Subscribed and sworn to before me this 15th day of December, 2021.

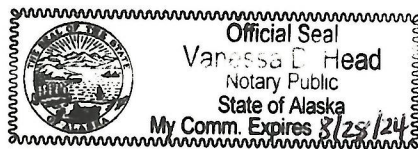
- Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: 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 (\$), Total Fees Due (\$2800)





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

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## ENTITY DETAILS

### Name(s)

Type	Name
Legal Name	North Star Ventures LLC

**Entity Type:** Limited Liability Company

**Entity #:** 10075430

**Status:** Good Standing

**AK Formed Date:** 1/8/2018

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2024

**Entity Mailing Address:** POST OFFICE BOX 5503, KETCHIKAN, AK 99901

**Entity Physical Address:** 107 STIKINE AVE, WRANGELL, AK 99929

### Registered Agent

**Agent Name:** H Clay Keene

**Registered Mailing Address:** 540 WATER STREET, SUITE 302, KETCHIKAN, AK 99901

**Registered Physical Address:** 540 WATER STREET, SUITE 302, KETCHIKAN, AK 99901

### Officials

Show Former

AK Entity #	Name	Titles	Owned
	Cheryl Goodale	Member	40.00
	Jacob Harris	Member	20.00
	William Goodale	Manager, Member	40.00

## Filed Documents

Date Filed	Type	Filing	Certificate
1/08/2018	Creation Filing	<a href="#">Click to View</a>	<a href="#">Click to View</a>
1/08/2018	Initial Report	<a href="#">Click to View</a>	
10/21/2019	Biennial Report	<a href="#">Click to View</a>	
12/30/2021	Biennial Report	<a href="#">Click to View</a>	

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License Detail

# LICENSE DETAILS

**License #:** 2146377[Print E](#)**Business Name:** Stikine Inn**Status:** Active**Issue Date:** 12/28/2021**Expiration Date:** 12/31/2023**Mailing Address:** P.O. Box 5503  
Ketchikan, AK 99901**Physical Address:** 107 Stikine Ave  
Wrangell, AK 99929

## Owners

North Star Ventures LLC

## Activities

Line of Business	NAICS	Professic
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	
72 - Accommodation and Food Services	722410 - DRINKING PLACES (ALCOHOLIC BEVERAGES)	
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	
72 - Accommodation and Food Services	722213 - SNACK AND NONALCOHOLIC BEVERAGE BARS	
72 - Accommodation and Food Services	722320 - CATERERS	

## 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 unlicens between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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