



Tailwind MC, LLC  
408 Landmark Drive  
Wilmington, NC 28412  
Ph: 910-343-9881  
Fax: 910-401-1174

## Tailwind JNU LLC Tourism Statement

Tailwind JNU LLC operates the bar and restaurant facility in the Juneau International Airport, owned and operated by the City and Borough of Juneau, for which the liquor licenses are renewing.

To meet the needs of the Pre-Security and Post-Security customers, the dining facilities offer both dine in and grab and go options. Striving for customer satisfaction, Tailwind works hard to structure the drink menus with the best quality drinks and incorporate local spirits in our seasonal drinks when available.

Over the past few years, we have upgraded our kitchen equipment to be able to offer a wider array of food options as well as upgrading the seating, tables, televisions, and security.

We believe that our additions and improvements to the Juneau International Airport's concession program contribute to the overall passenger experience at the airport. Having a comfortable place to stop and enjoy a cocktail, beer or glass of wine with your meal only enhances the tourism experience in Juneau and all of Alaska.

AMCO

JAN 8 2022



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  
**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:	TAILWIND CONCESSIONS	License #:	5649
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.

ATTACHED

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

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?

CITY AND BOROUGH OF JUNEAU



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  
**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?

[Empty text box for room count]

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)?

[Empty text box for kitchen facilities count]

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".

INCLUDED W/ STATEMENT ATTACHED

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



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):	TAILWIND JNU, LLC	License #:	5649
License Type:	BEVERAGE DISPENSARY - TOURISM		
Doing Business As:	TAILWIND CONCESSIONS		
Premises Address:	1873 SHELL SIMMONS DR, STE 220		
Local Governing Body:	CITY & BOROUGH OF JUNEAU		
Community Council:	NONE		

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

Mailing Address:	408 LANDMARK DRIVE				
City:	WILMINGTON	State:	NC	ZIP:	28412

**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:	JEFFREY SWITZER	Contact Phone:	910-343-9881
Contact Email:	accounting@tailwindconcessions.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:	JONALYN LONG	Contact Phone:	910-343-9881
Contact Email:	accounting@tailwindconcessions.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 #:	10076234
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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:	JEFFREY D. SWITZER				
Title(s):	PRESIDENT	Phone:	700-891-7031	% Owned:	50
Mailing Address:	14110 E. CALEY AL				
City:	CENTENNIAL	State:	CO	ZIP:	80111

Name of Official:	ALAN GIAQUINTO				
Title(s):	MEMBER	Phone:	910.398.1521	% Owned:	50
Mailing Address:	PO BOX 4223				
City:	JACKSON	State:	NY	ZIP:	83001

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:	<input checked="" 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 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)<br><i>If your operation dates have changed, list them below:</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| _____ to _____  |                                     |                                     |
| 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"/>            |
- 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.**



# 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.

Jeffrey Switzer  
Signature of licensee

[Signature]  
Signature of Notary Public

JEFFREY SWITZER  
Printed name of licensee

Notary Public in and for the State of: NORTH CAROLINA

My commission expires: 6/25/2025

SARAH MCDADE  
 NOTARY PUBLIC  
 New Hanover County  
 North Carolina  
 My Commission Expires

Subscribed and sworn to before me this 30 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

License Fee:	\$ <u>2500</u>	Application Fee:	\$ 300.00	Misc. Fee:	\$ <u>—</u>
Total Fees Due:					\$ <u>2800</u>

# ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	Tailwind JNU LLC

**Entity Type:** Limited Liability Company

**Entity #:** 10076234

**Status:** Good Standing

**AK Formed Date:** 1/18/2018

**Duration/Expiration:** Perpetual

**Home State:** NORTH CAROLINA

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

**Entity Mailing Address:** 408 LANDMARK DRIVE, WILMINGTON, NC 28412

**Entity Physical Address:** 1873 SHELL SIMMONS DRIVE, JUNEAU, AK 99801

## Registered Agent

**Agent Name:** ROBERT BLASKO

**Registered Mailing Address:** 9360 GLACIER HWY, JUNEAU, AK 99801

**Registered Physical Address:** 9360 GLACIER HWY, JUNEAU, AK 99801

## Officials

Show Former

AK Entity #	Name	Titles	Owned
	TAILWIND HOSPITALITY INC	Member	100.00

## Filed Documents

Date Filed	Type	Filing	Certificate
1/18/2018	Creation Filing	<a href="#">Click to View</a>	<a href="#">Click to View</a>
2/12/2018	Correction	<a href="#">Click to View</a>	<a href="#">Click to View</a>
5/09/2018	Agent Change	<a href="#">Click to View</a>	
9/04/2020	Biennial Report	<a href="#">Click to View</a>	
10/07/2021	Certificate of Compliance		<a href="#">Click to View</a>
11/08/2021	Certificate of Compliance		<a href="#">Click to View</a>
1/03/2022	Biennial Report	<a href="#">Click to View</a>	

[Close Details](#)

[Print Friendly Version](#)



# LICENSE DETAILS

**License #:** 1065882[Print Business License](#)**Business Name:** TAILWIND JNU LLC**Status:** Active**Issue Date:** 01/25/2018**Expiration Date:** 12/31/2023**Mailing Address:** 408 LANDMARK DR  
WILMINGTON, NC 28412**Physical Address:** 1873 SHELL SIMMONS DR  
JUNEAU, AK 99801

## Owners

TAILWIND JNU LLC

## Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	

## 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.

Start Date	End Date
1/1/2022	1/25/2022

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