



Alaska Alcoholic Beverage Control Board

Form AB-37: 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 Anchorage office before any tourism license application will be reviewed.

Section 1 – Establishment Information

Enter information for the licensed establishment or the business seeking to be licensed.

Doing Business As:	Shelter Cove Lodge	License #:	4263
License Type:	Beverage Dispensary Tourism Seasonal		

Section 2 – Tourism Statement

2.1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.

We have an annual fishing charter operation hosting 600+ guests who appreciate our fine dining & beverage service as part of their packages. We have availability for local diners & tourists who also appreciate an upscale dining experience.

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

Our facility meets all local codes as well as the requirements of the AABCB.

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?

[Empty text box for question 2.4]



Alaska Alcoholic Beverage Control Board

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[Empty box for answer to 2.4]



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Form AB-37: 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?
10 in the main lodge and 9 in another lodge on Port St. Nicholas.

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)?
Refrigerators, microwaves & coffee service in each room. No separate sink.

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".
We have a waterfront dining room with a 42 person capacity.

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".
We have a charter fishing operation with 8-9 boats + 600+ annual fishing guests. We also do day charters for non-lodge guests.



Alaska Alcoholic Beverage Control Board
Form AB-37: Tourism Statement

Section 3 – Certification

Read the statement below, and then sign your initials in the box to the right of the statement:

Initials

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

LINDA LEWIS

Printed name of licensee/affiliate

Linda Lewis

Signature of licensee/affiliate



Alaska Alcoholic Beverage Control Board

2023-2024 Master Checklist: Renewal License Application

Doing Business As:	Shelter Cove Lodge	License Number:	4263
License Type:	Beverage Dispensary Tourism - Seasonal		
Examiner:	C.Brito	Transaction #:	100511450

Document	Received	Completed	Notes
AB-17: Renewal Application	12/16	12/17	
App and License Fees	12/16	12/17	

Supplemental Document	Received	Completed	Notes
AB-25: Supplier Certification			
AB-33: Restaurant Receipts Aff			
AB-36: Rec Site Statement			
AB-37: Tourism Statement			
AB-39: Change of Officers			
COI / COC / 5 Star / FAA Cert			
FP Cards & Fees / AB-08a			
Late Fee (after 12/31/2022)			
Additional Documents:			
Names on FP Cards:			

	Yes	No	N/A
CBPL Entity Printout included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business License Copy included?	<input 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>3/6-7/2023</u>			
LGB Sent Date: _____			
LGB Deadline Date: _____			
LGB 1 Name: _____			
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



Alaska Alcoholic Beverage Control Board

Form AB-17: 2023/2024 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2022 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 application for renewal or any fees for renewal that have not been postmarked by 2/28/2023 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.

Section 1 - Establishment Contact Information

Licensee (Owner):	Shelter Cove Enterprises LLC	License #:	4263
License Type:	Beverage Dispensary Tourism - Seasonal		
Doing Business As:	SHELTER COVE LODGE		
Local Governing Body:	CITY OF CRAIG		
Community Council:	NONE		

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

Mailing Address:					
City:		State:		ZIP:	

Section 2 - Licensee Contact Information

Contact Licensee: The individual listed below must be part of the ownership structure of the licensee listed in Section 1. This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	LINDA LEWIS	Contact Phone:	541-953-8310
Contact Email:	sheltercovelodge@hotmail.com		

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee (such as legal counsel) about your license, list their information below:

Name of Contact:		Contact Phone:	
Contact Email:			

Section 3 - for Package Stores ONLY: Written Order Information

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2022 and/or 2023?

YES NO



Form AB-17: 2023/2024 License Renewal Application

Section 4 – Ownership Structure Certification

YES NO

Did the ownership structure of the licensed business change in 2021/2022?

If Yes, and you have **NOT** notified AMCO, list the updated information on form AB-39: Change of Officers and submit with your renewal application.

If No, certify the statement below by initialing the box to the right of the statement.

I certify that the ownership structure of the business who owns this alcohol license did not change in any way during the calendar years 2021 or 2022.

[Handwritten initials]

Section 5 – License Operation

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

- | | 2021 | 2022 |
|---|-------------------------------------|-------------------------------------|
| 1. The license was operated for more than 240 hours throughout each year. (Year-round) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The license was only operated during a specified time each year. (Not to exceed 6 months per year)
<i>If your operation dates have changed, list them below:</i>
<u>May</u> to <u>September</u> | <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. <u>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</u> | <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. <u>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.</u>
<u>If you have not met the minimum number of hours of operation in 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.</u> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 6 - Violations and Convictions

YES NO

Have **ANY** Notices of Violation been issued for this license?

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 2021 or 2022?

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

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

Section 7 – 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 the license being potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, 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 I have provided AMCO with all required changes of the ownership structure of the business license, and have provided all required documents for any new or changes of officers.

AMCO



Alaska Alcoholic Beverage Control Board

Form AB-17: 2023/2024 License Renewal Application

- 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 hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

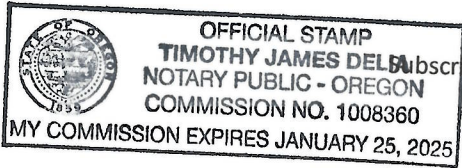
Linda Lewis
Signature of licensee

LINDA LEWIS
Printed name of licensee

[Signature]
Signature of Notary Public

Notary Public in and for the State of Oregon

My commission expires: 1-25-25



Subscribed and sworn to before me this 12 day of Dec, 2022.

- Restaurant and Eating Place** applications must include a completed AB-33: Restaurant Receipts Affidavit
- Recreational Site** applications must include a completed AB-36: Recreational Site Statement
- Tourism** applications must include a completed AB-37: 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:
<https://www.commerce.alaska.gov/web/amco/AlcoholLicenseApplication.aspx>

FOR OFFICE USE ONLY

100511450

License Fee:	\$ 1250-	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ 1550-

AMCO
DEC 16 2022

Details

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	SHELTER COVE ENTERPRISES, LLC

Entity Type: Limited Liability Company

Entity #: 65332D

Status: Good Standing

AK Formed Date: 11/27/1998

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2024

Entity Mailing Address: PO BOX 798, CRAIG, AK 99921

Entity Physical Address: 703 HAMILTON DR., CRAIG, AK 99921

Registered Agent

Agent Name: John Peterson

Registered Mailing Address: 307 BAWDEN ST, KETCHIKAN, AK 99901

Registered Physical Address: 307 BAWDEN ST, KETCHIKAN, AK 99901

Officials

Show Former

AK Entity #	Name	Titles	Owned
	LINDA L LEWIS	Member	100.00

Filed Documents

Date Filed	Type	Filing	Certificate
11/27/1998	Creation Filing	Click to View	
12/09/1998	Biennial Report		
1/18/2001	Biennial Report	Click to View	
12/31/2001	Biennial Report	Click to View	
11/01/2002	Agent Change	Click to View	
2/02/2004	Biennial Report	Click to View	
12/12/2005	Biennial Report	Click to View	
1/11/2008	Biennial Report	Click to View	
2/16/2010	Biennial Report	Click to View	
12/06/2011	Biennial Report	Click to View	

Date Filed	Type	Filing	Certificate
11/08/2013	Biennial Report	Click to View	
12/29/2015	Biennial Report	Click to View	
1/04/2018	Biennial Report	Click to View	
1/28/2020	Biennial Report	Click to View	
12/31/2021	Biennial Report	Click to View	

[Close Details](#)

 [Print Friendly Version](#)

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

PO Box 110806, Juneau, AK 99811-0806

This is to certify that

SHELTER COVE LODGE

P O BOX 798, CRAIG, AK 99921

owned by

SHELTER COVE ENTERPRISES, LLC

is licensed by the department to conduct business for the period

October 11, 2022 to December 31, 2024
for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Julie Sande
Commissioner

License Detail

LICENSE DETAILS

License #: 1088926

[Print Business License](#)

Business Name: SHELTER COVE LODGE

Status: Active

Issue Date: 10/26/2018

Expiration Date: 12/31/2024

Mailing Address: P O BOX 798
CRAIG, AK 99921

Physical Address: 703 HAMILTON DR
CRAIG, AK 99921

Owners

SHELTER COVE ENTERPRISES, LLC

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.

[Close License Detail](#)

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License Detail

LICENSE DETAILS

License #: 1088921

License unavailable for printing

Business Name: SHELTER COVE LODGE**Status:** Inactivated**Issue Date:** 10/26/2018**Expiration Date:** 12/31/2020**Mailing Address:** PO BOX 798
CRAIG, AK 99921**Physical Address:** 703 HAMILTON DR
CRAIG, AK 99921

Owners

LINDA L LEWIS

Activities

Line of Business	NAICS	Professional License #
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