



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:	Edgewater Inn	License #:	5391
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.

Our central focus is catering to local, regional, and tourists from out of state. These guests expect a full bar during their stay, and seek out our establishment because of this amenity.

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

Building is approximately 35 years old. No major renovations planned at this time.

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?

Highgate Hotels L.P.



Alaska Alcoholic Beverage Control Board

Form AB-37: Tourism Statement

2.3 Do you offer room rentals to the traveling public?

YES

NO

If "yes" answer the following questions:

How many rooms are available?

30

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)?

None

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

2.4 If your establishment includes a dining facility, please describe that facility. If it does not please write "none".

We have a full service kitchen operating for breakfast, lunch and dinner, seven days a week.

2.5 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".

Fully guided fishing excursions.

AMCO
JUL 19 2023



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

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.



Matthew R Herod

Printed name of licensee/affiliate

Matthew R Herod

Signature of licensee/affiliate

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED
7/27/2023
ABC BOARD

LIQUOR LICENSE
2023 - 2024

5391

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2024 (AS 04.11.270(b))

TEMPORARY

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2025 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

1106

CITY / BOROUGH: Ketchikan
Ketchikan Gateway Borough

D/B/A: The Ketch Inn
4871 N Tongass Highway

Mail Address:
The Ketch Inn, LLC
4871 North Tongass Highway
Ketchikan, AK 99901

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

Joan M. Wilson
DIRECTOR

04-900 (REV 10/20/22)

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
7/27/2023
ABC BOARD

LIQUOR LICENSE
2023 - 2024

5391

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2024 (AS 04.11.270(b))

TEMPORARY

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2025 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

CITY / BOROUGH: Ketchikan
Ketchikan Gateway Borough

D/B/A: The Ketch Inn
4871 N Tongass Highway

Mailing Address:
The Ketch Inn, LLC
4871 North Tongass Highway
Ketchikan, AK 99901

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

COPY

DIRECTOR

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

04-900 (REV 5/9/22)



Alaska Alcoholic Beverage Control Board

2023-2024 Master Checklist: Renewal License Application

Doing Business As:	Edgewater Inn	License Number:	5391
License Type:	Beverage Dispensary - Tourism		
Examiner:	<i>Donovan</i>	Transaction #:	100522427

Document	Received	Completed	Notes
AB-17: Renewal Application	12/28	<i>7/26</i>	
App and License Fees	12/29		

Supplemental Document	Received	Completed	Notes
AB-25: Supplier Certification			
AB-33: Restaurant Receipts Aff			
AB-36: Rec Site Statement			
AB-37: Tourism Statement	12/28		
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 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 checked="" type="checkbox"/> <i>8/22</i>
Special Consideration: <u><i>Tourism</i></u> Board Meeting Date: _____			
LGB Sent Date: _____			LGB Deadline Date: _____
LGB 1 Name: <u><i>KGB</i></u>			LGB 2 Name: <u><i>Weldman</i></u>
<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

AB-17: 2023/2024 License Renewal Application

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

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):	The Ketch Inn, LLC	License #:	5391
License Type:	Beverage Dispensary - Tourism		
Doing Business As:	The Ketch Inn		
Local Governing Body:	Ketchikan, Ketchikan Gateway Borough		
Community Council:			

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:	John C Loeffler	Contact Phone:	480-295-7600
Contact Email:	chris@caliberco.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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.



Section 5 – License Operation

Check ONEBOX 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> _____ May 1 _____ to _____ October 1 _____	<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. <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> <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6 - Violations and Convictions

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Have ANY Notices of Violation been issued for this license?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

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)

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.



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.

Signature of licensee

John C. Loeffler, II
 Printed name of licensee



Hollie Jade Couture
 Signature of Notary Public

Notary Public in and for the State of Arizona

My commission expires: 8/9/2025

Subscribed and sworn to before me this 22nd day of December, 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>

100522427
 # 100592736

FOR OFFICE USE ONLY

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

AMCO

JUL 19 2023



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

Alaska Alcoholic Beverage Control Board
Form AB-13: Business Name Change

Why is this form needed?

This business name change form is required for any licensee seeking to change the business name of the licensee's licensed premises when the name change is not part of a transfer of ownership or location, per 3 AAC 304.185(c). **The required \$250 business name change fee may be made by check, cashier's check, money order, or credit card (VISA, MasterCard, American Express or Discover).**

This form must be completed and submitted to AMCO's Anchorage office prior to changing any business name. A new State of Alaska business license must be obtained prior to completing this form. Forms and contact information may be found on the Corporations, Business & Professional Licensing website at <https://www.commerce.alaska.gov/web/cbpl/BusinessLicensing.aspx>.

Please note that licensees seeking approval of a business name change for more than one liquor license must submit a separate completed copy of this form and pay a separate fee for each license.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	The Ketch, LLC	License Number:	5391		
License Type:	Beverage Dispensary- Toursim				
Current DBA:	The Ketch Inn				
Premises Address:	4871 N Tongass Hwy				
City:	Ketchikan	State:	AK	ZIP:	99901
Contact Person:	Matthew R Herod	Contact Phone:	9075704420		
Contact Email:	mherod@salmonfallsresort.com				

Section 2 – New Business Name

Enter information for the new State of Alaska business license and name.

Business License #:	2178523
Doing Business As:	The Ketch

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.

Initials

JL

John C Loeffler

Printed name of licensee

Signature of licensee

OFFICE USE ONLY

Issue Date:		Transaction #:	100592736
-------------	--	----------------	-----------

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

The Ketch, LLC

P.O. Box 5700, Ketchikan , AK 99901

owned by

THE KETCH, LLC

is licensed by the department to conduct business for the period

April 13, 2023 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

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Amended Certificate of Registration

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

THE KETCH, LLC
formerly
Edgewater Hotel Group, LLC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 12, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	THE KETCH, LLC
Previous Legal Name	Edgewater Hotel Group, LLC

Entity Type: Limited Liability Company

Entity #: 10053411

Status: Good Standing

AK Formed Date: 3/9/2017

Duration/Expiration: Perpetual

Home State: ARIZONA

Next Biennial Report Due: 1/2/2025

Entity Mailing Address: 8901 E MOUNTAIN VIEW RD, SCOTTSDALE, AZ 85258

Entity Physical Address: 8901 E MOUNTAIN VIEW RD, SCOTTSDALE, AZ 85258

Registered Agent

Agent Name: Corporation Service Company

Registered Mailing Address: 8585 OLD DAIRY RD STE 208, JUNEAU, AK 99801

Registered Physical Address: 8585 OLD DAIRY RD STE 208, JUNEAU, AK 99801

Officials

Show Former

AK Entity #	Name	Titles	Owned
	Caliber Hospitality LLC	Member	30.00
	CDIF LLC	Member	50.00
	Heavlin Management Company LLC	Member	10.00
	Leslie Hospitality Consulting LLC	Member	10.00

Filed Documents

Date Filed	Type	Filing	Certificate
3/09/2017	Creation Filing	Click to View	Click to View
2/20/2019	Biennial Report	Click to View	
11/13/2020	Biennial Report	Click to View	
4/22/2021	Agent Change	Click to View	
11/08/2021	Agent Change	Click to View	
4/12/2022	Amendment	Click to View	Click to View

Date Filed	Type	Filing	Certificate
12/06/2022	Agent Change	Click to View	
12/29/2022	Biennial Report	Click to View	

[Close Details](#)

 [Print Friendly Version](#)

Department of Commerce, Community, and Economic Development
DCCED RECEIPTING

[State of Alaska](#) / [Commerce](#) / [Intranet](#) / [Receipting](#) / [Receipt](#) / #100522427

RECEIPT #100522427

Net Total: \$2,800.00

Comment:

Actions

[Edit Receipt](#)

[Internal Receipt](#)

[Customer Receipt](#)

[Email Receipt](#)

Transaction #1

Type: Credit Card

Received: 12/29/2022

Amount: \$2,800.00

Payer Name: John Loeffler

Name:

CC Last 4: 8324

Auth: 009771

Code:

Created: 1/11/2023

Owner: soa\sfcarrrell

Close Out #: 18904

#:

AG #: 12462

Account Item(s)

Type	Amount	Applicant	Ref #
ALC - Renewal Application Fee (Expired: 06/30/2023)	\$300.00	John Loeffler	5391
ALC - Alcohol License Fees (Expired: 06/30/2023)	\$2,500.00	John Loeffler	5391

COPYRIGHT © STATE OF ALASKA · [DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT](#) · [CONTACT US](#)

Department of Commerce, Community, and Economic Development
DCCED RECEIPTING

State of Alaska / Commerce / Intranet / Receipting / Receipt / #100592736

RECEIPT #100592736

Net Total: \$250.00

Comment:

Actions

- [Edit Receipt](#)
- [Internal Receipt](#)
- [Customer Receipt](#)
- [Email Receipt](#)

Transaction #1

Type: Credit Card

Received: 7/26/2023

Amount: \$250.00

Payer Matthew Herod

Name:

CC Last 4: 6231

Auth 026253

Code:

Created: 7/26/2023

Owner: soa\dbennett-smith

Close Out

#:

AG #:

Account Item(s)

Type	Amount	Applicant	Ref #
ALC - Change of Business Name	\$250.00	Matthew Herod	5391