



April 30, 2019

Kenai Peninsula Borough  
Attn: Borough Clerks

Via Email: [joanne@borough.kenai.ak.us](mailto:joanne@borough.kenai.ak.us)  
[jblankenship@borough.kenai.ak.us](mailto:jblankenship@borough.kenai.ak.us)  
[tshassetz@kpb.us](mailto:tshassetz@kpb.us)

<b>License Type:</b>	Outdoor Recreation Lodge – Seasonal	<b>License Number:</b>	5779
<b>Licensee:</b>	True Life Adventures Alaska, LLC		
<b>Doing Business As:</b>	Cove Peaks Lodge		
<b>Premises Address:</b>	50815 Halibut Cove		

**New Application**

**Transfer of Ownership Application**

**Transfer of Location Application**

**Transfer of Controlling Interest Application**

We have received a completed application for the above listed license (see attached application documents) within your jurisdiction. This is the notice required under AS 04.11.480.

A local governing body may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the director **and** the applicant with a clear and concise written statement of reasons for the protest within 60 days of receipt of this notice, and by allowing the applicant a reasonable opportunity to defend the application before a meeting of the local governing body, as required by 3 AAC 304.145(d). If a protest is filed, the board will deny the application unless the board finds that the protest is arbitrary, capricious, and unreasonable. To protest the application referenced above, please submit your protest within 60 days and show proof of service upon the applicant.

AS 04.11.491 – AS 04.11.509 provide that the board will deny a license application if the board finds that the license is prohibited under as a result of an election conducted under AS 04.11.507.

AS 04.11.420 provides that the board will not issue a license when a local governing body protests an application on the grounds that the applicant’s proposed licensed premises are located in a place within the local government where a local zoning ordinance prohibits the alcohol establishment, unless the local government has approved a variance from the local ordinance.

Sincerely,

*Erika McConnell*

Erika McConnell  
Director, ABC Board  
[amco.localgovernmentonly@alaska.gov](mailto:amco.localgovernmentonly@alaska.gov)



**Alaska Alcoholic Beverage Control Board**  
**Form AB-00: New License Application**

**What is this form?**

This new license application form is required for all individuals or entities seeking to apply for a new liquor license. Applicants should review **Title 04 of Alaska Statutes** and **Chapter 304 of the Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

**Section 1 – Establishment and Contact Information**

Enter information for the business seeking to be licensed.

Licensee:	True Life Adventures LLC True Life Adventures Alaska LLC		
License Type:	Outdoor Recreation Lodge	Statutory Reference:	AS 4.11.225
Doing Business As:	Cove Peaks Lodge		
Premises Address:	50815 Halibut Cove		
City:	Homer	State:	AK ZIP: 99603
Local Governing Body:	Kenai Peninsula Borough		
Community Council:	N/A		

Mailing Address:	P.O. Box 2678		
City:	Homer	State:	AK ZIP: 99603

Designated Licensee:	Erik Groves		
Contact Phone:	907-756-3124	Business Phone:	907-756-3124
Contact Email:	egroves@erikgroveslaw.com		

Seasonal License?  Yes  No If "Yes", write your six-month operating period: May 15-Nov 15

OFFICE USE ONLY			
Complete Date:	License Years:	License #:	
Board Meeting Date:	Transaction #:		
Issue Date:	BRE:		





Alaska Alcoholic Beverage Control Board  
**Form AB-00: New License Application**

**Section 2 – Premises Information**

Premises to be licensed is:

- an existing facility     a new building     a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

N/A

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

N/A

**Section 3 – Sole Proprietor Ownership Information**

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an:  applicant     affiliate

Name:					
Address:					
City:		State:		ZIP:	

This individual is an:  applicant     affiliate

Name:					
Address:					
City:		State:		ZIP:	





Alaska Alcoholic Beverage Control Board  
**Form AB-00: New License Application**

**Section 4 – Entity Ownership Information**

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 5. If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official:	David A. Schaaf				
Title(s):	Manager/Owner	Phone:	970-250-9286	% Owned:	37.5
Address:	1218 H Lane				
City:	Delta	State:	CO	ZIP:	81416

Entity Official:	Steven L. West				
Title(s):	Manager/Owner	Phone:	970-275.3950	% Owned:	37.5
Address:	12596 Slate Point Road				
City:	Paonia	State:	CO	ZIP:	81428

Entity Official:	Erik R. Groves				
Title(s):	Manager	Phone:	907-756-3124	% Owned:	2.5
Address:	3851 Homer Spit Road				
City:	Homer	State:	AK	ZIP:	99603

Entity Official:	TLA Holdings LTD				
Title(s):	Owner Member	Phone:	970-250-9286	% Owned:	100
Address:	650 North Main St				
City:	Delta	State:	CO	ZIP:	81416



**Alaska Alcoholic Beverage Control Board**  
**Form AB-00: New License Application**

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:	10045623	AK Formed Date:	11/28/2016	Home State:	AK
Registered Agent:	Erik R. Groves		Agent's Phone:	907-756-3124	
Agent's Mailing Address:	3851 Homer Spit Road				
City:	Homer	State:	AK	ZIP:	99603

Residency of Agent: Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?

**Section 5 – Other Licenses**

Ownership and financial interest in other alcoholic beverage businesses: Yes No

Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

**Section 6 – Authorization**

Communication with AMCO staff: Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

If "Yes", disclose the name of the individual and the reason for this authorization:

David Alan Schaaf  
 Steven L. West







# Alaska Alcoholic Beverage Control Board Form AB-00: New License Application

## Section 7 – Certifications

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

Initials

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.



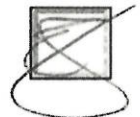
I certify that all proposed licensees have been listed with the Division of Corporations.



I certify 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.



I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.



I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.



As an applicant for a liquor license, 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, is true, correct, and complete.

Signature of licensee

Erik R. Groves  
Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 08/04/2020

Subscribed and sworn to before me this 4 day of February, 2019.

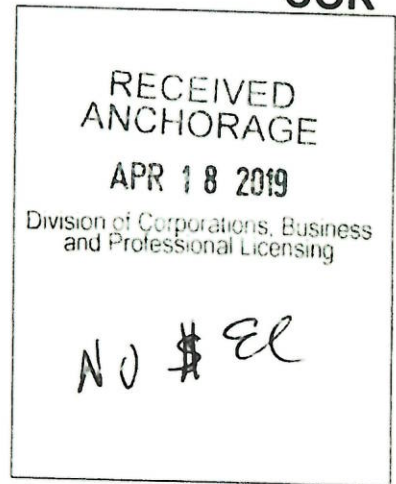




THE STATE  
of **ALASKA**

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

**COR**



**Corporations Section**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [corporations@alaska.gov](mailto:corporations@alaska.gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**Notice of Change of Officials**

**Domestic Limited Liability Company (AS 10.50)**

- This Notice of Change of Officials form is only for Domestic Limited Liability Companies and is used to report changes between biennial reporting periods in: members, managers, and percentage of interest held.
- This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov) and select *Search Corporations Database*
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

<b>1. Important:</b>	AS 10.50.765
<p>Each Domestic Limited Liability Company is required to notify this office when there is a change of officials. — AS 10.50.765</p> <p>Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.</p> <p>The Domestic Limited Liability Company is to keep and make available the records of the official(s) changes. — AS 10.50.860-.870</p>	

<b>2. Fee:</b>	<input checked="" type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.065(b)
<p>Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.</p>		

<b>3. Entity Information:</b>	AS 10.50.765
<p>Entity Name: <u>True Life Adventures Alaska LLC</u></p>	
<p>Alaska Entity Number: <u>10045623</u></p>	





**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: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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APR 18 2019

Division of Corporations, Business  
and Professional Licensing

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	
			MEMBER	Manager
Steve Leroy West	12596 Slate Point Road, Paonia, CO 81428			x
David Alan Schaaf	1218 H Lane, Delta, CO 81416			x
Erik Richard Groves	3851 Homer Spit Road, Homer, AK 99603			x
TLA Holdings LTD	PO Box 2678	100	x	

→ 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: \_\_\_\_\_

Date: April 18, 2019

Printed Name: \_\_\_\_\_ Erik R. Groves

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

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THE STATE  
of **ALASKA**

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

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APR 18 2019  
Division of Corporations, Business  
and Professional Licensing

**Corporations Section**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [corporations@alaska.gov](mailto:corporations@alaska.gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**Contact Information**

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

<b>Entity Information</b>		Enter your entity information as it appears on this filing.	
Entity Name:	True Life Adventures Alaska LLC		
AK Entity #:	10045623		

<b>Contact Person</b>		Whom may we contact with any questions or problems with this filing?	
Company:	The Law Office of Erik R. Groves		
Contact:	Erik R Groves		
Mailing Address:	Address	3851 Homer Spit Road	
	City	Homer	State AK ZIP 99603
Phone:	970-640-7717		
Email:	egroves@erikgroveslaw.com		

<b>Document Return Address</b>		Provide an address for the return of your filed documents.	
<input checked="" type="checkbox"/> Return my filings to the address provided <b>ABOVE</b> <input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>			
Company:			
Contact:			
Mailing Address:	Address		
	City		State ZIP





## Alaska Alcoholic Beverage Control Board Form AB-02: Premises Diagram

### What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The **second page** of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Yes No

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

### Section 1 - Establishment Information

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

Licensee:	True Life Adventures Alaska LLC	License Number:	5779		
License Type:	Outdoor Recreation Lodge				
Doing Business As:	Cove Peaks Lodge				
Premises Address:	50815 Halibut Cove				
City:	Homer	State:	AK	ZIP:	99603







Alaska Alcoholic Beverage Control Board  
**Form AB-02: Premises Diagram**

**Section 2 – Detailed Premises Diagram**

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.

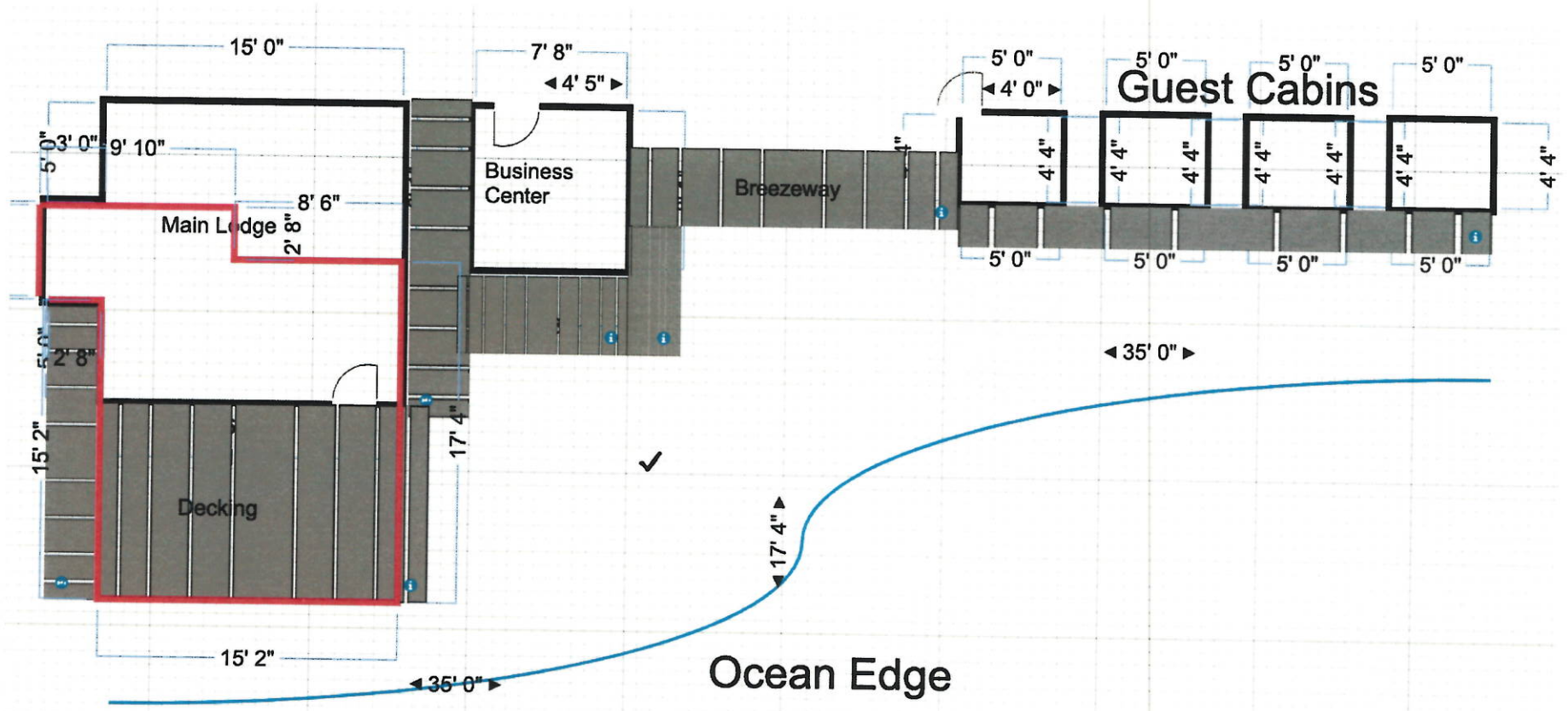
See Attached Layouts —\*\*Measurement Not Actual\*\*

- 1) Property / Building Layout
- 2) Lodge Main Bldg Floor Plan
- 3) Lodge Second Floor Plan

\*\*\* There are three openings in the decking area - each will have a hook with a sign attaching informing guests that alcohol may not be served or carried outside of the designated area. An additional sign will be placed on the stair case from the first to second floor of the lodge. Employees will monitor the deck area



# #1 - Property and Building Layout

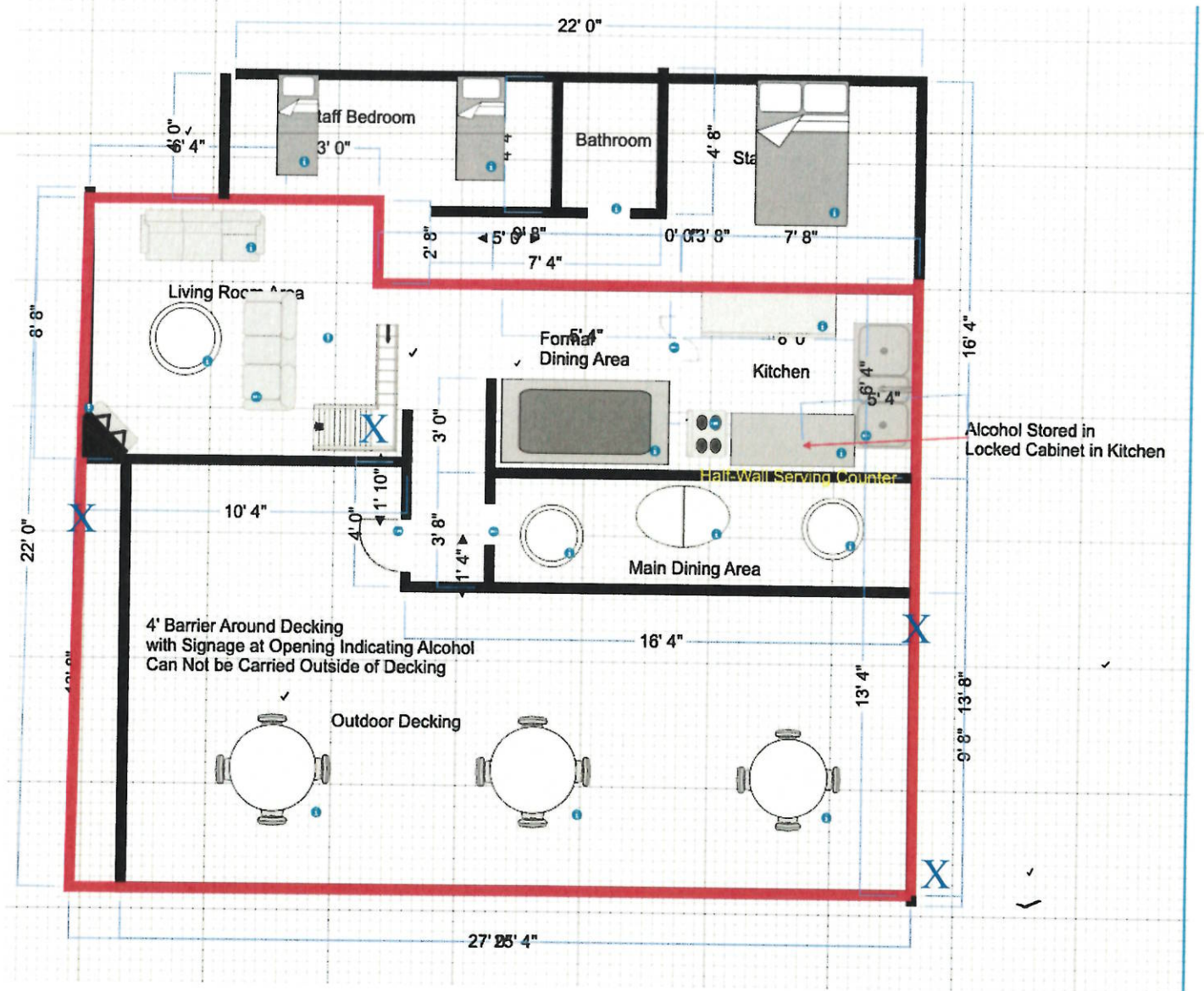


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STATE OF ALASKA



# #2 - Main Lodge First Level Floor Plan

Location of Perimeter signs are shown by Blue 'X'



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ALCOHOL CONTROL DIVISION  
STATE OF ALASKA -- OFFICE

# #3 - Lodge Second Floor Plan

