



ALCOHOL AND MARIJUANA CONTROL OFFICE

550 West 7th Ave, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

TO:		Klein, Chair, and Members of the bholic Beverage Control Board	DATE:	August 14, 2018
FROM:	Erik	xa McConnell, Director	RE:	5652 Zip Kombucha
Requested Action:	đ	Approve new license		
Statutory Authority:		AS 04.06.090(b): "The board shall review this title and may order the director to issu- licenses and permits authorized under this AS 04.11.480(a): "A local governing body relocation, or transfer to another person o applicant a protest and the reasons for the board of notice of filing of the application operation is protested, the board shall dem unless the board finds that the protest is an AS 04.11.480(a): "The board shall consider hearing conducted under AS 04.11.510(b)(application" AS 04.11.510(b)(2): "the board may, on its objection or protest, hold a hearing to asce governing body to an application if a hearing the board shall send notice of a hearing co	e, renew, r title." may protect f a license l protest wit If an ap y the applic cbitrary, cap er a protest 2) or (4) w s own initia ertain the re-	evoke, transfer, or suspend st the issuance, renewal, by sending the board and the thin 60 days of receipt from the oplication or continued cation or continued operation pricious, and unreasonable." and testimony received at a hen it considers the tive or in response to an eaction of the public or a local equired under this subsection;
		advance of the hearing to each community municipality and to each nonprofit commu under AS 04.11.310(b);"		
Staff Rec.:	:	Rescind approval with delegation; uphold	the protest	with a 90-day abeyance
Backgrou	nd:	The board approved this new restaurant or	eating plac	ce license with delegation at

Background: The board approved this new restaurant or eating place license with delegation a the June 2018 board meeting. Subsequently, the Municipality of Anchorage submitted a timely protest pending issuance of a special land use permit and certification from the Anchorage Fire Department.

5652 Zip Kombucha ABC Board August 14, 2018 Page 2

The board is required by AS 04.11.510(b)(2) to hold a hearing to consider the protest. Notification of the hearing was provided to the Spenard Community Council on July 24, 2018, as required by statute.

The Municipality of Anchorage provided the licensee with an opportunity to be heard before the local governing body in accordance with 3 AAC 304.145(d), which states, "A local governing body that protests an application shall allow the applicant a reasonable opportunity to defend the application before a meeting of the local governing body."

Attachment: Municipality of Anchorage protest Application **Municipality of Anchorage**



PO. Box 196650 • Anchorage, Alaska 99519-6650 • Telephone: (907) 343-4316 • Fax: (907) 249-7533 http://www.numi.org/assembly/license

Office of the Municipal Clerk Licensing

June 27, 2018

Ms. Sarah Oates Alaska Alcohol and Marijuana Control Office 550 W 7th Ave. Ste. 1600 Anchorage, Alaska 99501

RE: Anchorage Assembly Action on Liquor Licenses

Dear Ms. Oates:

The Anchorage Municipal Assembly at its regular meeting on June 26, 2018 took the following final actions:

WAIVE OF PROTEST

Transfer Liquor License

Restaurant/Eating Place • Naruto Japanese Restaurant LL#5218 - AM 409-2018

PROTEST

New Liquor License

Restaurant/Eating Place •

Zip Kombucha LL#5652 – AR 2018-172 Pending a special land use permit approved by the Director of the Planning Department and certification from the Fire Department. -Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the June 26, 2018 Assembly Meeting.

Any prior conditions placed on any license are to continue until specifically removed or amended. If you require additional information or if I can be of any assistance please call me.

Cordially,

tonest ndy

Mandy Honest \ **Business License Official**

CC: Zip Kombucha, LLC – Via Email



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

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:	Zip Kombucha LLC				
License Type:	Restaurant/Eating Place		Statutory Reference:		AS 04.11.100
Doing Business As:	Zip Kombucha				
Premises Address:	3404 Arctic Blvd				
City:	Anchorage	State:	AK	ZIP:	99503
Local Governing Body:	Municipality of Anchorage				
Community Council:	Spenard Community	Council			

Mailing Address:	PO Box 111504							
City:	Anchorage	State:	AK	ZIP:	99511			

Designated Licensee:	Jessie Janes		
Contact Phone:	907-227-7166	Business Phone:	907-227-7166
Contact Email:	Jessie@ZipKombucha.com		
Yes Seasonal License?	n leanna	your six-month operating pe	eriod:

	OF	FICE USE ONLY		
Complete Date:	4/30/2018 License Ye	ars:	License #:	5652
Board Meeting Date:	6/12/2018	Transaction #:	69157	
Issue Date:		BRE:	TJ2	
[Form AB-00] (rev 10/10/2016)	RECI	eived	周国	CEIVPage 1 of 5
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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

	Section 2	- Premises Information	n
Premises to be licensed is	:		
an existing facilit	y a new building	g a proposed building	
What is the distance of	of the shortest pedestrian rou		uilding of your proposed premises to
the outer boundaries	of the nearest school grounds	s? Include the unit of measurement i	n your answer.
	Section 2 Solo P		
If more space is needed, The following information	pleted by any <u>sole proprietor</u> olease attach a separate shee	roprietor Ownership Int who is applying for a license. Entitient with the required information. licensee and each affiliate (spouse).	
If more space is needed, The following information	pleted by any <u>sole proprietor</u> please attach a separate shee must be completed for each	who is applying for a license. Entitie t with the required information. licensee and each affiliate (spouse).	
If more space is needed, The following informatior This individual is an:	pleted by any <u>sole proprietor</u> please attach a separate shee must be completed for each	who is applying for a license. Entitie t with the required information. licensee and each affiliate (spouse).	
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If more space is needed, The following information This individual is an: Name: Address: City:	pleted by any <u>sole proprietor</u> please attach a separate shee must be completed for each	who is applying for a license. Entitient with the required information. licensee and each affiliate (spouse). ate	s should skip to Section 4.
If more space is needed, The following information This individual is an: Name: Address: City:	pleted by any <u>sole proprietor</u> please attach a separate shee must be completed for each applicant affilia	who is applying for a license. Entitient with the required information. licensee and each affiliate (spouse). ate	s should skip to Section 4.
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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

Section 4 – Entity Ownership Information

This section must be completed by any <u>entity</u>, 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 <u>corporation</u>, 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 <u>limited liability organization</u>, 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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each partner with an interest of 10% or more, and for each general partner.

Entity Official:	Jessie L. Janes				
Title(s):	Member	Phone:	907-227-7166	% Owr	ned: 100
Address:	12231 Johns Road Ap	ot 2			
City:	Anchorage	State:	AK	ZIP:	99515

Entity Official:		
Title(s):	Phone:	% Owned:
Address:	· · ·	
City:	State:	ZIP:

Entity Official:		
Title(s):	Phone:	% Owned:
Address:		
City:	State:	ZIP:

Entity Official:		
Title(s):	Phone:	% Owned:
Address:		
City:	State:	ZIP:

[Form AB-00] (rev 10/10/2016)





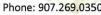
Form AB-00: New License Application

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 #:	10071812	AK Formed Date:	11/15/17	Home State:	Alask	ka
Registered Agent:	Andrew Mitto	on	Agent's Phone:	907-602-83	360	
Agent's Mailing Address:	405 W 36TH	AVE STE 200)	(811)		
City:	Anchorage	State:	AK	ZIP:	995	
esidency of Agent:					Yes	No
ls your corporation or LL	.C's registered agent a	n individual resident of	the state of Alaska?		\checkmark	
	Sect	tion 5 – Other L	icenses			
wnership and financial intere	est in other alcoholic b	beverage businesses:			Yes	No
Does any representative any other alcoholic beve		1.5.10		ncial interest in		\checkmark
	Sec	tion 6 – Author	ization			
ommunication with AMCO sta	aff:				Yes	No
Does any person other the AMCO staff?	nan a licensee named	in this application have	authority to discuss t	his license with		\checkmark
If "Yes", disclose the name	of the individual and	the reason for this auth	orization:			
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ALCOHOL MARUUANA CONTROL OFFICE STATE OF ALASKA

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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.	A
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

Jessie Janes

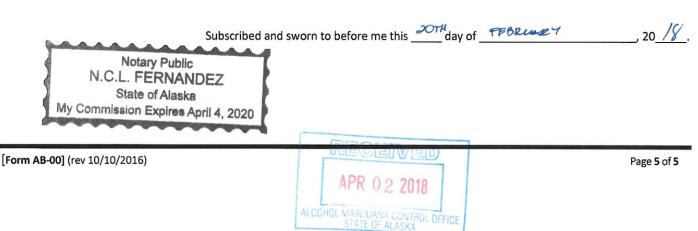
Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of ALASKK

My commission expires: 04/04/2020







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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 <u>second page</u> 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 se	cond
page of this form.	

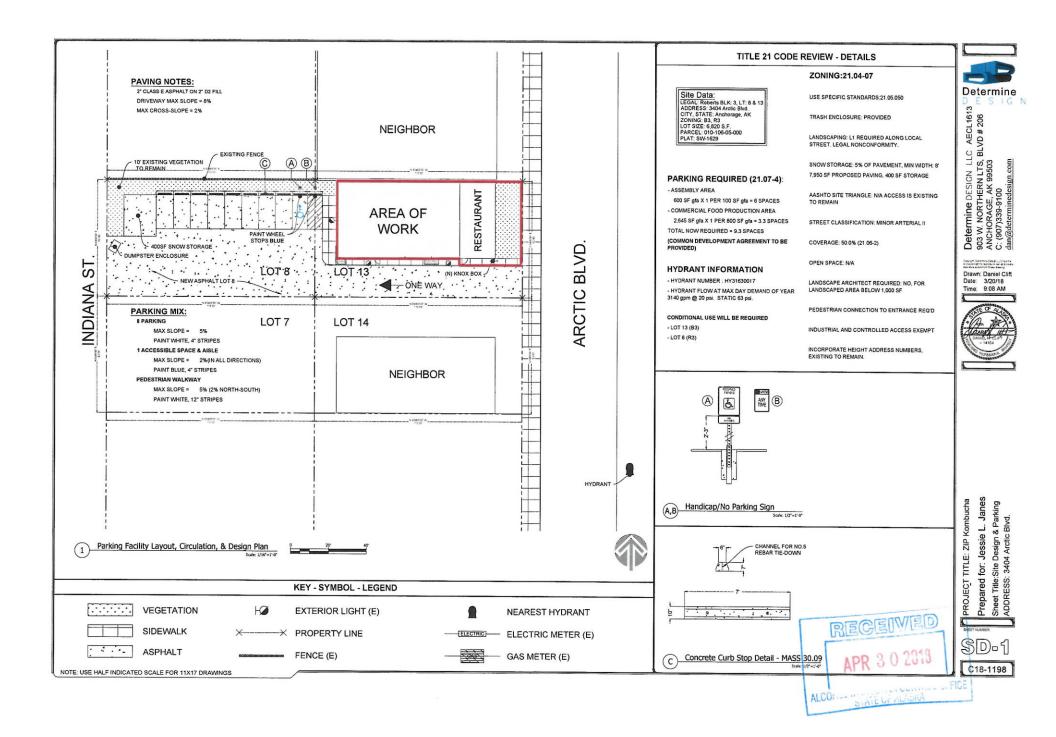
Section 1 – Establishment Information

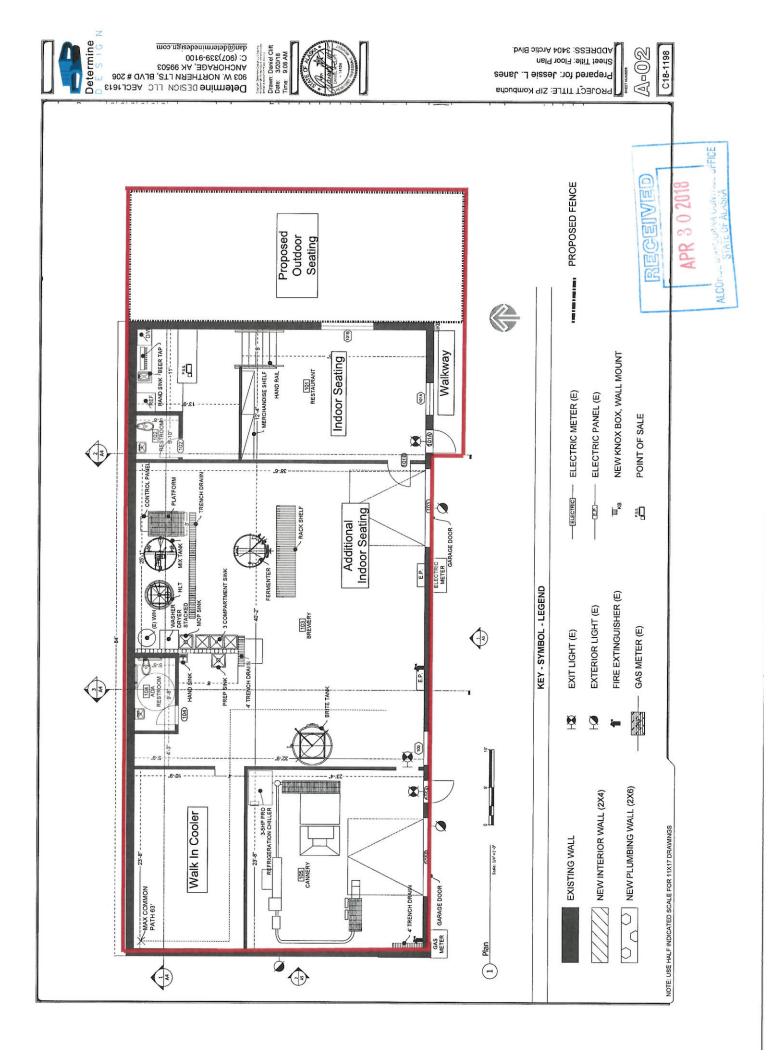
Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Zip Kombucha LLC	License	Number		
License Type:	Restaurant/ Eating Place				
Doing Business As:	Zip Kombucha				
Premises Address:	3404 Arctic Blvd				
City:	Anchorage	State:	AK	ZIP:	99503

[Form AB-02] (rev 06/24/	2016)
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Form AB-03: Restaurant Designation Permit Application

What is this form?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A **detailed floor plan** of the proposed designated and undesignated areas of the licensed business and a **menu** or expected menu listing the meals to be offered to patrons must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

Section 1 – Establishment Information

Enter information for licensed establishment.

Licensee:	Zip Kombucha LLC				
License Type:	Restaurant/ Eating Place	License	Number:		
Doing Business As:	Zip Kombucha				
Premises Address:	3404 Arctic Blvd				
City:	Anchorage	State:	AK	ZIP:	99503
Contact Name:	Jessie Janes	Contact	Phone:	907-2	27-7166

Section 2 – Type of Designation Requested

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

l Dini
 1

Dining after standard closing hours: AS 04.16.010(c)

Dining by persons 16 – 20 years of age: AS 04.16.049
--

Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)

Employment for persons 16 or 17 years of age: AS 04.16.049(c) NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

	OFFIC	CE USE ONLY		
Issue Date:	Transaction #:	78490	BRE:	TJ2

[Form AB-03] (rev 10/10/2016)



Page 1 of 5



Form AB-03: Restaurant Designation Permit Application

Section 3 – Additional Information

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:	
M-F 4 p.m. to 11 p.m.	Ī
Sat-Sun 11 a.m. to 11 p.m.	

Are any forms of entertainment offered or available within the licensed business or on the proposed designation	ed
portions of the premises?	

/es	No
X	

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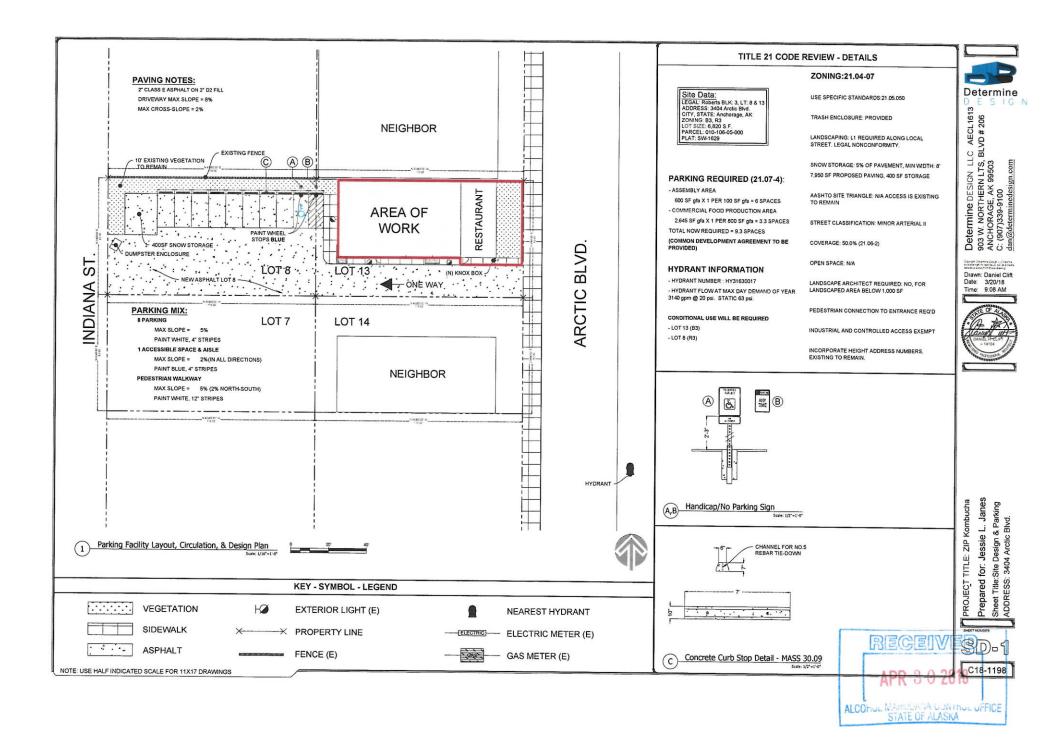
If "Yes", describe the entertainment offered or available:

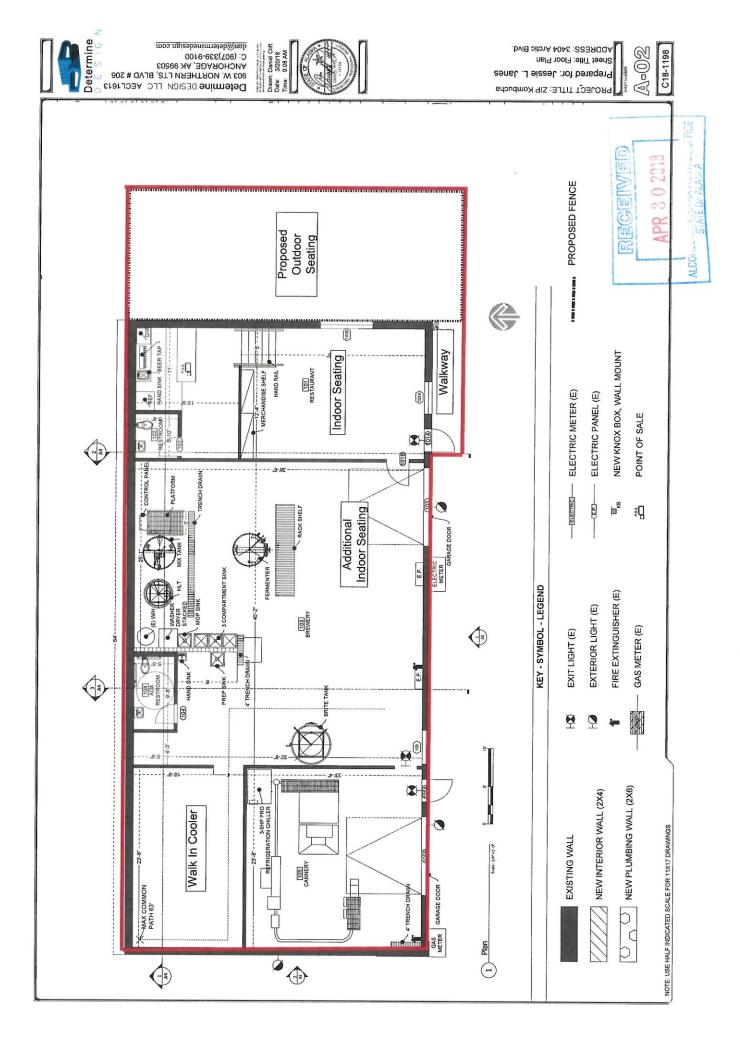
Music, Dancing, Limited live music (1-2 people)						
Food and beverage service offered or anticipated is:						
table service buffet service X counter service other						
If "other", describe the manner of food and beverage service offered or anticipated:						
	Yes	No				
Is an owner, manager, or assistant manager 21 years of age or older always present on the premises during business hours?	X					
Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the third page of this form.						
	Yes	No				
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the third page of this form that meet the requirements of this form.	Х					

[Form AB-03] (rev 10/10/2016)



Page 2 of 5







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-03: Restaurant Designation Permit Application

Section 5 – Certifications and Approvals

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

Initials

I have included with this form a detailed floor plan of the proposed designated and undesignated areas of the licensed business for purposes of this application. I understand that this diagram is different than my licensed premises diagram.

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

nature o Notary Public

Jessie Janes Printed name of licensee

Notary Public in and for the State of <u>A</u>ASKA

My commission expires: FCO18, 2020

Subscribed and sworn to before me this \mathcal{J} day of ____ 20 18

> **Notary Public** ASHLEY PERRIER State of Alaska My Commission Expires Feb. 18, 2020

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

Local Government Review (to be completed by an appropriate local government official):			Approved	Disapproved
с				
Signature of local government official	Date			
Printed name of local government official	Title		-	
[Form AB-03] (rev 10/10/2016)		RECEIVE	D	Page 4 of 5
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Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:			
Signature of AMCO Enforcement Supervisor	Printed name of AMCO Enforcement Supervisor		
Enforcement Recommendations:			
AMCO Director Review:		Approved	Disapprove
Signature of AMCO Director	Printed name of AMCO Director		
Date			
Limitations:			
-			
[Form AB-03] (rev 10/10/2016)	RECEIVE	۳ ۲	Page 5 of 5
	APR 27 2018		

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA





Meat and Cheese Plates

Local Sausage and English Cheddar German Sausage and Gouda Smokes Salmon and

Small Plates

Mediterranean Plate Hummus, taPenade, Pita chiPs and Dolmas Mexican Plate

Chips, Salsa, Guacamole

Alaska Plate

Smoked salmon dip and baguette

popcorn

Just Butta

Cinnamon and honey

Spicy lime

Just Dessert

Wild Scoops Ice Cream

Fire Island Cupcakes

