



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: January 21, 2020

FROM: Glen Klinkhart, Interim Director

RE: 5857 Anchorage Senior
Center

Requested Action: New license application

Statutory Authority: AS 04.06.090(b): “The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title.”

AS 04.11.480(a): “A local governing body may protest the issuance, renewal, relocation, or transfer to another person of a license by sending the board and the applicant a protest and the reasons for the protest within 60 days of receipt from the board of notice of filing of the application... The board shall consider a protest and testimony received at a hearing conducted under AS 04.11.510(b)(2) or (4) when it considers the application... If an application or continued operation is protested, the board shall deny the application or continued operation unless the board finds that the protest is arbitrary, capricious, and unreasonable.”

AS 04.11.510(b)(2): “The board may review an application for the issuance, renewal, transfer of location, or transfer to another person of a license without affording the applicant notice or hearing, except... (2) the board may, on its own initiative or in response to an objection or protest, hold a hearing to ascertain the reaction of the public or a local governing body to an application if a hearing is not required under this subsection;”

Staff Rec.: Hold a public hearing; deny the application with a 180 day abeyance.

Background: The Municipality of Anchorage protests pending the approval of a special land use permit and certification from the Anchorage Health Department.

The licensee should be notified that under 3 AAC 304.145(h), this abeyance period may not be extended or renewed.

Attachment: Municipality of Anchorage protest
New license application



Municipality of Anchorage

P.O. Box 196650 • Anchorage, Alaska 99519-6650 • Telephone: (907) 343-4316 • Fax: (907) 249-7533 <http://www.muni.org/assembly/license>

December 18, 2019

Office of the Municipal Clerk

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

Licensing

RE: Anchorage Assembly Action on Liquor Licenses

Dear Ms. Martin:

The Anchorage Municipal Assembly at its regular meeting on **December 17, 2019** took the following final actions:

WAIVE OF PROTEST

Renewal Liquor License

- **Beverage Dispensary**
Fu Do Restaurant LL#4109 – AM 804-2019
Gaslight Lounge LL#437 – AM 813-2019
Ralf's Sport's Bar LL#1811 – AM 812-2019
Texas Roadhouse LL#2496 – AM 812-2019
Applebee's Grill & Bar LL#4746 – AM 812-2019
Benihana LL#4161 – AM 812-2019
- **Restaurant/Eating Place**
Tozai Ramen LL#5572 – AM 812-2019

Transfer Liquor License

- **Beverage Dispensary**
Fu Do Restaurant LL#4109 – AM 803-2019
Serrano's Mexican Grill LL#635 – AM 814-2019

PROTEST

New Liquor License

- **Brewery**
Magnetic North Brewing Co. LL#5860 – AR 2019-451
Pending a special land use permit approved by the Assembly.
-Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the December 17, 2019 Assembly Meeting.
- **Restaurant/Eating Place**
Lime Leaf LL#5858 – AR 2019-452
Pending certifications from the Anchorage Health Department and from the State Fire Marshal and a special land use permit approved by the Planning Department Director.
-Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the December 17, 2019 Assembly Meeting.
Anchorage Senior Center LL#5857 – AR 2019-453
Pending certification from the Anchorage Health Department and a special land use permit approved by the Planning Department Director.
-Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the December 17, 2019 Assembly Meeting.

Renewal Liquor License

- **Restaurant/Eating Place**
 - Sushi & Sushi Restaurant LL#1866 – AR 2019-445
 - Pending certification from the Anchorage Health Department.
 - Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the December 17, 2019 Assembly Meeting.
 - Denny's LL#5450 – AR 2019-446
 - Pending certification from the Anchorage Health Department.
 - Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the December 17, 2019 Assembly Meeting.
 - Jens' Restaurant LL#2783 – AR 2019-447
 - Pending certification from the Anchorage Health Department.
 - Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the December 17, 2019 Assembly Meeting.
 - Girdwood Picnic Club LL#5498 – AR 2019-449
 - Pending certification from the State Fire Marshal.
 - Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the December 17, 2019 Assembly Meeting.
- **Beverage Dispensary-Tourism**
 - Anchorage Marriott Hotel LL#3945 – AR 2019-448
 - Pending certification from the Anchorage Fire Department.
 - Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the December 17, 2019 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,



Mandy Honest
Business License Official

CC: Magnetic North Brewing Co., LLC – Via Email
Lime Leaf, LLC
Anchor-Age Center
Chun, LLC
D. of Alaska, Inc.
Jens' Restaurant, LLC
Girdwood Picnic Club, LLC
Columbia Properties Anchorage Limited Partnership



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 7 - Certifications and Approvals

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

Initials

There are tables or counters at my establishment for consuming food in a dining area on the premises.

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons. This menu includes entrees that are regularly sold and prepared by the licensee at the licensed premises.

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.

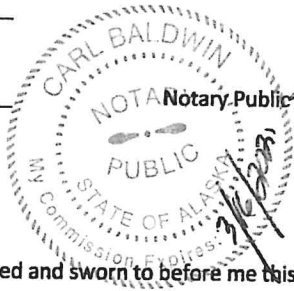
I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted. (AB-03 applications that accompany a new or transfer license application will not be required to submit an additional copy of their premises diagram.)

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

Josue Picasso

Printed name of licensee



Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 3/16/2021

Subscribed and sworn to before me this 15th day of October, 2019.

Local Government Review (to be completed by an appropriate local government official):

Approved Denied

Mandy Honest
Signature of local government official

12/18/19
Date

Mandy Honest
Printed name of local government official

Business License Official
Title

AMCC
OCT 25 2019



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:	Anchor-Age Center		
License Type:	Restaurant/Eating Place	Statutory Reference:	AS 04.11.100
Doing Business As:	Anchorage Senior Center		
Premises Address:	1300 East 19th Ave		
City:	Anchorage	State:	Alaska
		ZIP:	99501
Local Governing Body:	Municipality of Anchorage		
Community Council:	Fairview Community Council		

Mailing Address:	1300 East 19th Ave		
City:	Anchorage	State:	Alaska
		ZIP:	99501

Designated Licensee:	J. Kris Warren, Treasurer		
Contact Phone:	907-317-7335	Business Phone:	907-770-2005
Contact Email:	srose@anchorageSeniorcenter.org		

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

OFFICE USE ONLY			
Complete Date:		License Years:	License #: 5857
Board Meeting Date:		Transaction #:	1147293 & 1147298 & 1147299
Issue Date:		BRE:	AMCO



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.

1.6 Miles

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.

0.4 Miles

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:	Gordon Glaser			
Title(s):	President	Phone:	907-240-0177	% Owned:
Address:	1029 Potlatch Circle			
City:	Anchorage	State:	Alaska	ZIP: 99503

Entity Official:	Mary Shields			
Title(s):	Vice President	Phone:	907-333-9336	% Owned:
Address:	3941 E 7th Ave			
City:	Anchorage	State:	Alaska	ZIP: 99508

Entity Official:	James Kris Warren			
Title(s):	Treasurer	Phone:	907-317-7335	% Owned:
Address:	900 W 86th Ave			
City:	Anchorage	State:	Alaska	ZIP: 99515

Entity Official:	Paula Pawlowski			
Title(s):	Secretary	Phone:	907-223-0628	% Owned:
Address:	3300 Balchen Drive			
City:	Anchorage	State:	Alaska	ZIP: 99517





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 #:	24902D	AK Formed Date:	August 31, 1981	Home State:	Alaska
Registered Agent:	Rebecca Parker		Agent's Phone:	907-240-6000	
Agent's Mailing Address:	1530 W 11sth Condo 3				
City:	Anchorage	State:	Alaska	ZIP:	99501

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:

Rebecca Parker- Anchor-Age Center (DBA Anchorage Senior Center) Executive Director
 Stephanie Rose - Anchor-Age Center (DBA Anchorage Senior Center) Finance/Administrative Director



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.

[Handwritten initials]

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

[Handwritten initials]

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.

[Handwritten initials]

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.

[Handwritten initials]

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

[Handwritten initials]

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.

[Handwritten signature: J. Kris Warren]

Signature of licensee

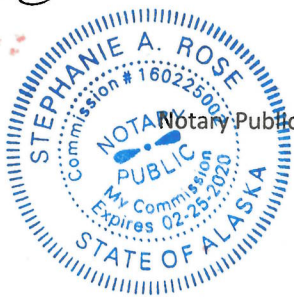
J. Kris Warren

Printed name of licensee

[Handwritten signature: Stephanie A. Rose]

Signature of Notary Public

Notary Public in and for the State of Alaska



My commission expires: 2-25-2020

Subscribed and sworn to before me this 30 day of August, 2019.

Xerox Color C60

Job History Report

Date & Time : 10/15/2019 3:35 PM

Page : 1(Last Page)

Date	Time	Input Source	Output Destination	Job Information	Page Information	Pages	Sheets	Job Status
10/15/2019	3:34:19 PM	Scanner	Send Fax	File 5713				Completed
10/15/2019	3:34:17 PM	Folder	G3 (Without ECM):19074652974**: <u>4652974</u>	File 5713				Completed



Fax Confirmation

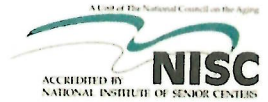


Anchorage Senior Activity Center

www.anchorageseniorcenter.org

1300 East 19th Avenue, Anchorage, Alaska 99501

Phone 907-770-2000 Fax 907-278-2454



FAX TRANSMITTAL SHEET

To: _____ State of Alaska – Corp Section _____ FAX #: _____

Company: _____

From: _____ Anchor-Age Center _____

Date: _____ 10/15/19 _____

Subject: _____ Change of Officers _____

No. of Pages: _____ 7 _____ (Including Cover Page)

Following you will find (describe or list what you are sending)

Updating of officers – Treasure name was not legal name – this document changes his name to his legal name

Stephanie Rose - 907-770-2005





THE STATE
of **ALASKA**

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

COR

FOR DIVISION USE ONLY

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

Notice of Change of Officials

Domestic Non-Profit Corporation (AS 10.20)

- This Notice of Change of Officials form is only for Domestic Non-Profit Corporations and is used to report changes in officers and directors information between biennial reporting periods.
- 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 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.

1. Important:

AS 10.20.631

Each Domestic Non-Profit Corporation is required to notify this office when there is a change of officials.
— AS 10.20.631

Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.
— AS 10.20.325(7)

The Domestic Non-Profit Corporation is to keep and make available the records of the official(s) changes.
— AS 10.20.131

2. Fee:

\$25 Nonrefundable Filing Fee (CORF)

3 AAC 16.050(c)

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.

3. Entity Information:

AS 10.20.631

Entity Name: Anchor-Age Center

Alaska Entity Number: 24902D



4. REMOVE from Record:

AS 10.20.631(b)

The following officials (officers and directors) will be completely removed from the record as a result of this filing:

Name: _____ Name: _____
 Name: _____ Name: _____

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 10.20.631(b) and
AS 10.20.705

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing.

Non-Profit Corporations must have a President, Vice-President, Secretary, Treasurer, and at least three (3) Directors. Two or more offices may be held by the same person, except the offices of President and Secretary which cannot be the same person. — AS 10.20.086 and AS 10.20.121

List **ALL** officials and their current information to be on record.
BOLD fields are required.

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	PRESIDENT	VICE-PRESIDENT	SECRETARY	TREASURER	DIRECTOR (3)	Assistant Secretary	Assistant Treasurer
James Kris Warren	900 W 86th, Anchorage, Alaska 99515				x			
Nancy Groszek	2512 St Elias Dr. Anchorage, AK 99517					x		
Mary Shields	3941 E 7th Avenue, Anchorage, AK 99508		x					
Tom Brennan	100 E Cook Ave, Anchorage, AK 99501					x		
Lynn Paterna	8260 Resurrection Drive, Anchorage, AK 99504					x		

→ If necessary, use the following supplement page and include all information required above in Item #5.

6. Required Signature:

AS 10.20.631(b) and
AS 10.20.650

The Notice of Change of Officials must be signed by an officer of the non-profit corporation. A Director is not an authorized signer. 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.

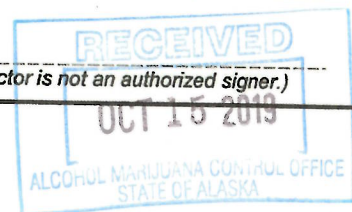
Signature: *Gordon Glaser*

Date: 10-8-2019

Printed Name: Gordon Glaser

Title of Authorized Signer: President

(Must be signed by an officer of the non-profit. A director is not an authorized signer.)



Notice of Change of Officials SUPPLEMENT

If used, this supplement must be returned with Form 08-446

Entity Name: Anchor-Age Center

Alaska Entity Number: 24902D

4. REMOVE from Record (continued from Page 2): AS 10.20.631(b)

The following officials (officers and directors) will be completely removed from the record as a result of this filing:

Name: _____ Name: _____

Name: _____ Name: _____

If an official is not being removed from record, then list them in Item #5 below (with their current information).

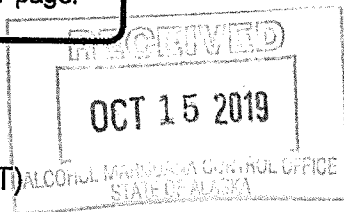
5. ALL Current Officials (continued from Page 2): AS 10.20.631(b) and AS 10.20.705

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing. Non-Profit Corporations must have a President, Vice-President, Secretary, Treasurer, and at least three (3) Directors. Two or more offices may be held by the same person, except the offices of President and Secretary which cannot be the same person. — AS 10.20.086 and AS 10.20.121

List **ALL** officials and their current information to be on record.
BOLD fields are required.

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	PRESIDENT	VICE-PRESIDENT	SECRETARY	TREASURER	DIRECTOR (3)	Assistant Secretary	Assistant Treasurer
Calvin Williams	3316 E 16th Ave, Anchorage, AK 99508					*		
James Bailey	4921 Sportsman Dr. Anchorage, AK 99502					*		
Adelheid Becker	2621 Kelsan Cir, Anchorage, AK 99508					*		
Paula Pawlowski	3300 Balchen Drive, Anchorage, AK 99517			*				
Gordon Glaser	1029 Potlatch Circle, Anchorage, AK 99503	*						

If necessary to complete Items #4 and #5, make copies of this SUPPLEMENT page.



Notice of Change of Officials SUPPLEMENT

If used, this supplement must be returned with Form 08-446

Entity Name: Anchor-Age Center

Alaska Entity Number: 24902D

4. REMOVE from Record (continued from Page 2): AS 10.20.631(b)

The following officials (officers and directors) will be completely removed from the record as a result of this filing:

Name: _____ Name: _____

Name: _____ Name: _____

If an official is not being removed from record, then list them in Item #5 below (with their current information).

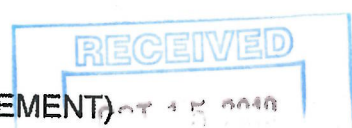
5. ALL Current Officials (continued from Page 2): AS 10.20.631(b) and AS 10.20.705

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing. Non-Profit Corporations must have a President, Vice-President, Secretary, Treasurer, and at least three (3) Directors. Two or more offices may be held by the same person, except the offices of President and Secretary which cannot be the same person. — AS 10.20.086 and AS 10.20.121

List ALL officials and their current information to be on record.
BOLD fields are required.

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	PRESIDENT	VICE-PRESIDENT	SECRETARY	TREASURER	DIRECTOR (3)	Assistant Secretary	Assistant Treasurer
Judy Brady	6546 Lakeway Drive, Anchorage, AK 99501					x		

If necessary to complete Items #4 and #5, make copies of this SUPPLEMENT page.





THE STATE
of **ALASKA**

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

COR

FOR DIVISION USE ONLY

Corporations Section

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

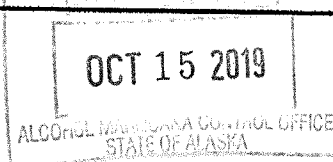
Contact Information

- 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

Entity Information		Enter your entity information as it appears on this filing.	
Entity Name:	Anchor-Age Center		
AK Entity #:	24902D		

Contact Person		Whom may we contact with any questions or problems with this filing?	
Company:	Anchor-Age Center		
Contact:	Stephanie Rose		
Mailing Address:	Address: 1300 East 19th Ave		
	City: Anchorage	State: AK	ZIP: 99501
Phone:	907-770-2005		
Email:	srose@anchoragecenter.org		

Document Return Address		Provide an address for the return of your filed documents.	
<input checked="" type="checkbox"/> Return my filings to the address provided ABOVE <input type="checkbox"/> Return my filings to this address provided BELOW			
Company:			
Contact:			
Mailing Address:	Address: 1300 East 19th Ave		
	City: Anchorage	State: AK	ZIP: 99501





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.

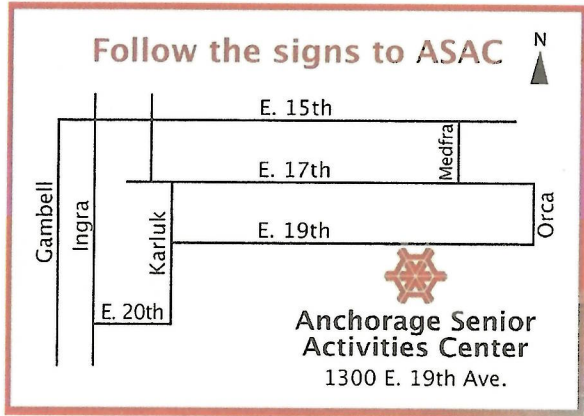
Yes No

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:	Anchor-Age Center	License Number:			
License Type:	Restaurant/Eating Place AS 04.11.100				
Doing Business As:	Anchorage Senior Center				
Premises Address:	1300 East 19th Ave				
City:	Anchorage	State:	Alaska	ZIP:	99501



AMCO
SEP 25 2019

AMCO
MAR 22 2019

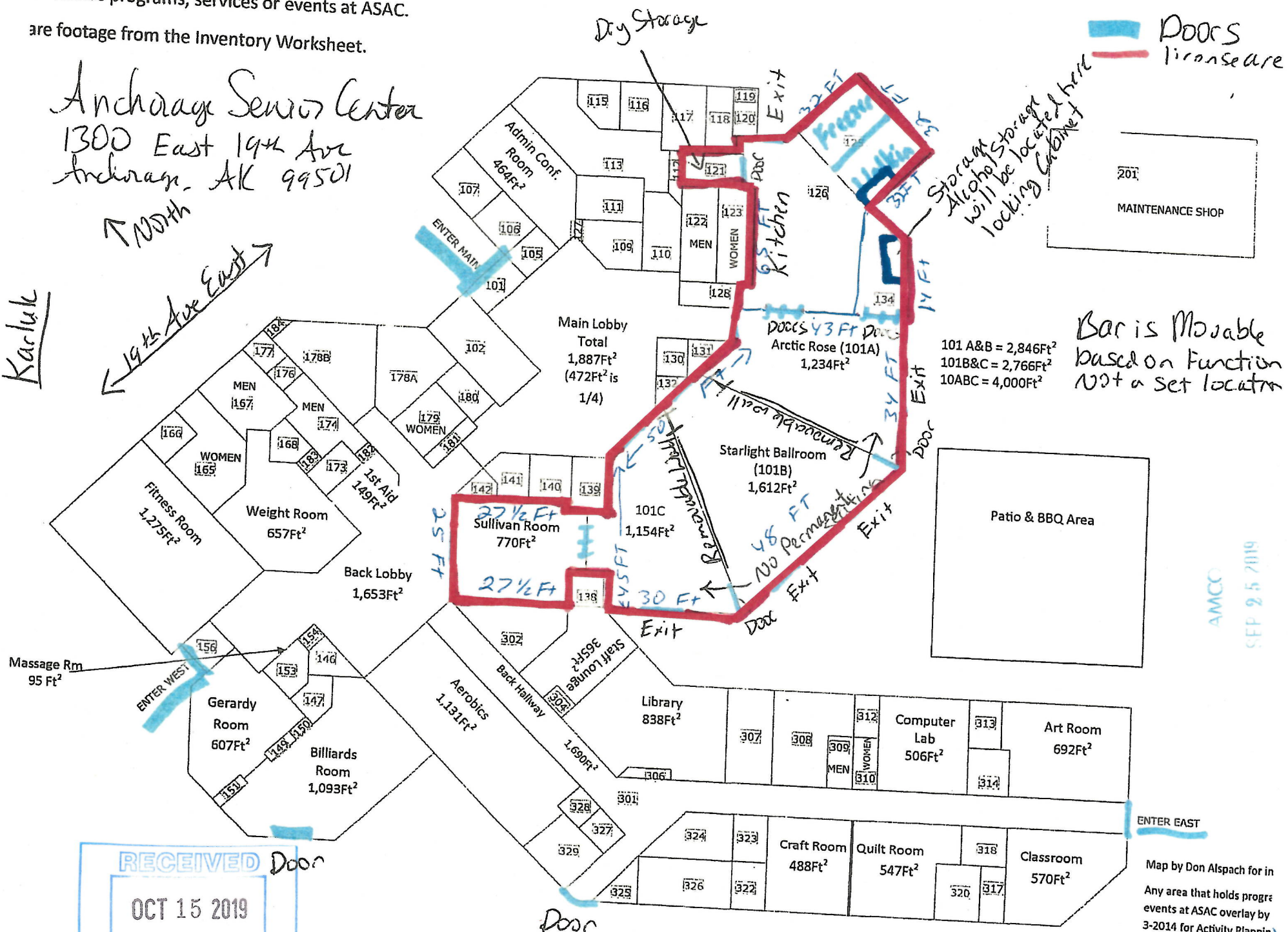
AMCO
MAY - 7 2019

nat holds programs, services or events at ASAC.
 are footage from the Inventory Worksheet.

Anchorage Senior Center
 1300 East 19th Ave
 Anchorage, AK 99501

Karluk
 ↑ 19th Ave East
 ↑ 100th

Doors
 in red are

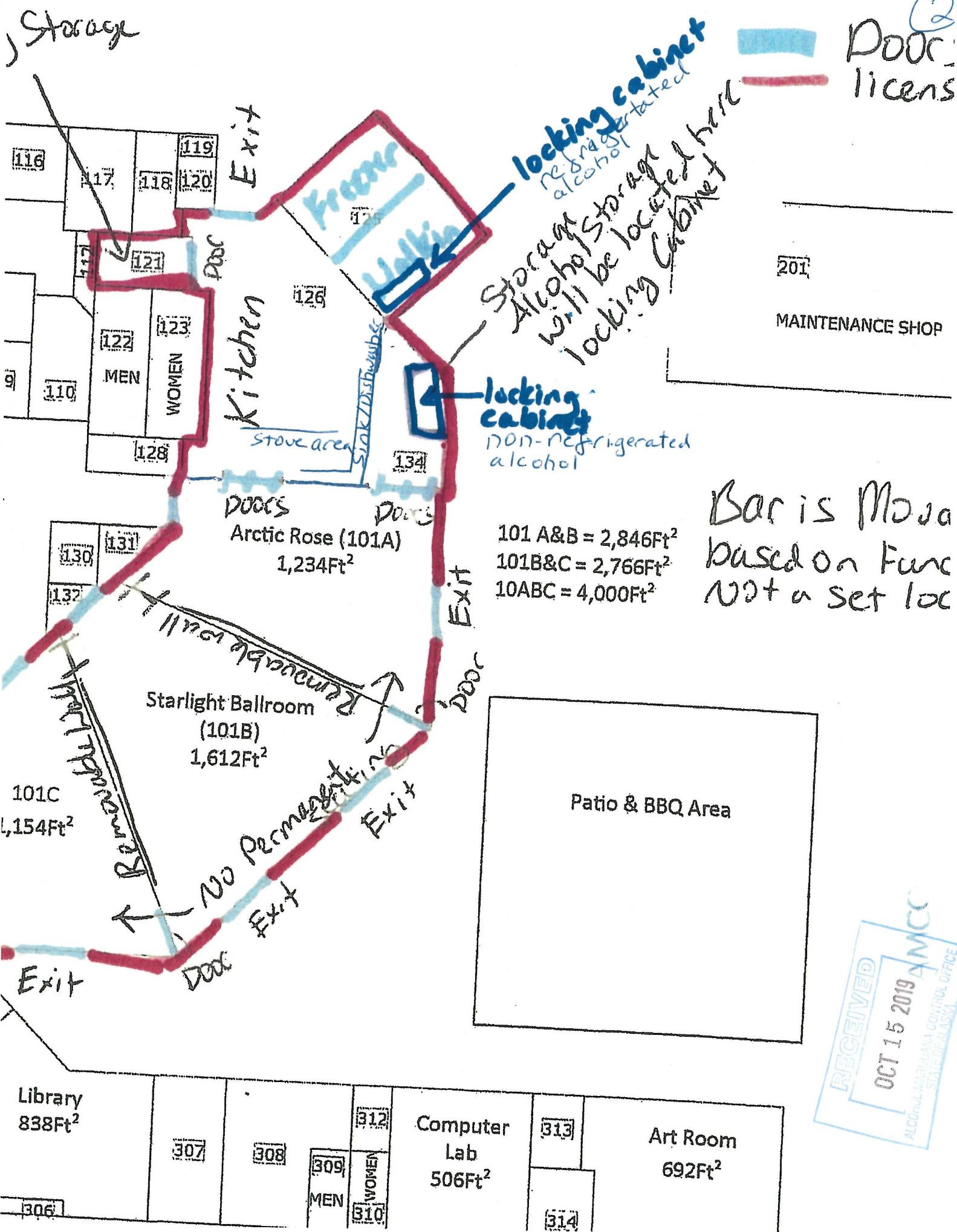


RECEIVED Door
 OCT 15 2019
 ALCOHOL MAINTENANCE CONTROL OFFICE
 STATE OF ALASKA

Map by Don Alspach for in
 Any area that holds progr
 events at ASAC overlay by
 3-2014 for Activity Plannin

AMCC
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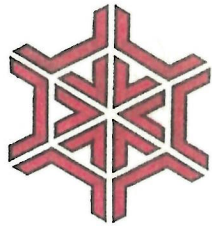
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Bar is Moja based on Func Not a set loc

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ALCOHOL REGULATORY CONTROL OFFICE
STATE OF ALASKA



A Unit of the National Council on Aging
NISC
ACCREDITED BY
NATIONAL INSTITUTE OF
SENIOR CENTERS

ANCHORAGE SENIOR CENTER
www.anchorageseniorcenter.org
1300 East 19th Avenue, Anchorage, Alaska 99501
T 907.258.7823 F 907.278.2454

October 8, 2019

The Arctic Rose Restaurant, located in section 101A of the map for Anchor-Age Center (Anchorage Senior Center) is a restaurant that is open from 9-2 Monday through Friday. This restaurant is open to the public.

Every week (consistently during the day and sometimes in the evening), the center prepares food for the other rooms – Starlight Ballroom, 101C and the Sullivan Room.

The walls between the restaurant, the ballroom and 101C are collapsible walls – they fold into a wall opening to allow opening up of the area(s) when the center requires a larger restaurant service area.

The Sullivan Room has two doors leading from 101C – many times staging for dinners is in the Sullivan Room and the area in front of the room is a perfect location for a movable bar.

The additional areas without permanent seating (ballroom, 101C and the Sullivan room) are used for food service – the food is ordered from the restaurant and delivered to those areas

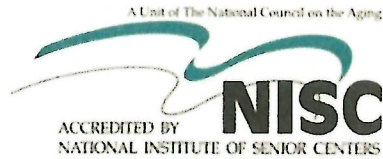
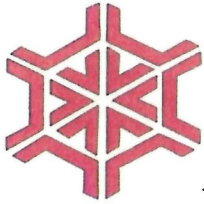
*For example, other non-profits and other organizations have lunch in the Sullivan room and 101B (or 101B and C when the groups are larger) weekly and order lunch from the restaurant and servers deliver it to them in those areas.

Rooms 101 B and C and the Sullivan Room do not have permanent seating because of set up changes based on requests and the number of guests (sometimes banquet style setting, sometimes classroom style setting) therefore the tables and chairs are changed based on the needs of the guests.

Yours Sincerely,

Gordon Glaser
President
Anchor-Age Center
Anchorage Senior Center





Anchorage Senior Activity Center

1300 East 19th Avenue, Anchorage, Alaska 99501

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October 15, 2019

Attachments for AB-02

Attached are maps/diagrams of the proposed license location within the Anchor-Age Center (Anchorage Senior Center)

Please discard diagrams that do not match the attached

Page #1 Map has the complete outline of the proposed area including the kitchen.

- The Dark Blue outline in the storage room off 101 A is where the non-refrigerated alcohol will be stored in a locked cabinet.
- The Dark Blue outline in the walk-in in the kitchen will have a locking cabinet for refrigerated alcohol.

Page #2 Map is an enlarged version to show the kitchen a little better

Please let me know if you need any additional supporting/information.

Stephanie Rose
Finance/Administration Director
Anchor-Age Center
Anchorage Senior Center
(907) 770-2005

