

Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE 550 West 7th Ave, Suite 1600 Anchorage, AK 99501

Main: 907.269.0350

MEMORANDUM

TO: Alcoholic Beverage Control Board DATE: October 14, 2021

FROM: Kristina Serezhenkov, OLE RE: #6003 Meta & Rose

Requested Action:

New Restaurant or Eating Place – Public Convenience license

Statutory and Regulatory 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 04.11.400(g): "The board may approve the issuance or transfer of ownership of a restaurant or eating place license in a municipality without regard to

- (a) [population limits] of this section if the board finds that issuance or transfer of the license is necessary for the public convenience."
- 3 AAC 304.335: "(a) The board may issue a restaurant or eating place license under AS 04.11.400(g) upon a showing that
 - (1) repealed 8/24/2001;
 - (2) there is community support, which must be shown by a petition signed by a majority of the residents 21 years of age or over who reside within one mile of the proposed premises; and
 - (3) the governing body of the municipality in which the licensed premises are to be located approves the application."

3 AAC 304.115(a): "...Petition signatures must be obtained within the 90-day period immediately preceding the submission of the application. After an application has been filed, no additional signatures may be added to the petition, and no signatures may be withdrawn."

Staff Rec.: Approve with delegation

Background: This application is for a new restaurant or eating place – public convenience license in the City of Wasilla. 3 AAC 304.335 requires approval of the local governing body and community support as expressed by a petition signed by a majority of the residents 21 years of age or older who live within one mile of the proposed licensed premises.

The applicant determined the number of signatures required by identifying the number of residences within a mile of the proposed licensed premises by using the U.S. Census website and the population figures posted on the AMCO website which was 528.

Using these methods, it was determined that the minimum number of required, valid signatures is 269. By examining all dates, addresses and searching for any disqualifying elements, staff verified that the applicant has provided at least the minimum signatures.

Attachment: AB-12

AB-00

AB-02 AB-03



Alaska Alcoholic Beverage Control Board

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

Form AB-12: Petition

What is this form?

Any application for a restaurant / eating place – public convenience (REPC) license or any liquor license application for a premises located in an area with no local governing body must file a petition in accordance with AS 04.11.400(g), AS 04.11.460, 3 AAC 304.115, and/or 3 AAC 304.335. Instructions vary with the type of area in which your proposed premises are located.

Please read the instructions in Section 2 of this form carefully.

A liquor license application for a premises that is within 50 miles of the boundary of a local governing body must submit a petition signed by the majority of the permanent residents residing within one mile of the proposed premises per AS 04.11.460(a).

A liquor license application for a premises that is **50 miles or more** from the boundary of a local governing body must submit a petition signed by **two-thirds** of the **permanent residents** residing within a **five mile radius** of the United States post office nearest to the proposed licensed premises per **AS 04.11.460(b)**

This form must be submitted to AMCO's main office before any REPC license application or before any liquor license application in an area with no local government will be considered complete. You may include as many pages of signatures as necessary.

	Yes	No
I am applying for a restaurant / eating place — public convenience license, under AS 04.11.400(g).	Х	
My proposed premises is outisde, but within 50 miles of the boundary of a local government.		Х
My proposed premises is 50 miles or more from the boundary of a local government.		X

Section 1 - Establishment Information

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

Licensee:	Meta & Rose, Co.						
License Type:	Restaurant Eating Place - Public Convenience						
Doing Business As:	Meta & Rose	Meta & Rose					
Premises Address:	290 North Yenlo Street, Suite 37	290 North Yenlo Street, Suite 37					
City:	Wasilla State:		State:	Alaska	ZIP:	99654	
Latitude:	61.582170	1.582170 Longitude:			-149.437910		



550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 marijuana.licensing@alaska.gov

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Alaska Alcoholic Beverage Control Board

Form AB-12: Petition

Section 2 - Petition Instructions

Please read these instructions carefully.

The following information must accompany all liquor license applications requiring petitions:

- 1. A map showing the population within:
 - a. the one mile radius with the proposed premises as center (required for REPC applications and for premises within 50 miles of the boundary of a local government)

OR

- b. the five mile radius with the United States post office as center (required for premises 50 miles or more from the boundary of a local government)*
- 2. Graphic designation on a map showing the general area where petition signatures were obtained
- 3. A narrative and mathematical calculation of how population totals were determined
- 4. A narrative of how signatures were obtained (door to door solicitation; premises solicitation; etc.)

Signatures must be obtained within the 90-day period immediately before submitting the petition to the board.

*If there is no United States post office within a radius of five miles of the proposed licensed premises, the applicant must obtain the signatures of two-thirds of the permanent residents residing within a five mile radius of the proposed licensed premises. The map should show the applicable area.

[&]quot;Permanent resident" means a person 21 years of age or older who has established a permanent place of abode. A person may be a permanent resident of only one place, per 3 AAC 304.115(b).

STATE OF ALASKA

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>marijuana.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-12: Petition

Section 3 – Petition	
*Have a completed copy of this page available for those considering this peti	ition.
This is a petition in support of a	
Restaurant Eating Place - Public Convenience (type of license applied for)	license application.
By signing this petition, you are stating that you are is alcohol establishment in your community.	in favor of having a licensed
Each person who has signed this petition states that he resident in the area indicated below; that he or she is agrees to the issuance of a	
Restaurant Eating Place - Public Convenience	to Sell
(type of license applied for)	(manufacture, sell)
alcohol at 290 North Yenlo Street, Suite 37, Wasilla, Alaska 99654 (location of proposed prem	nises)
in the State of Alaska, and that the physical address of	his/her residence is:
within one (1) mile of proposed premises.	
☐ within five (5) miles of the nearest post office to	the proposed premises.

marijuana.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350



Alaska Alcoholic Beverage Control Board

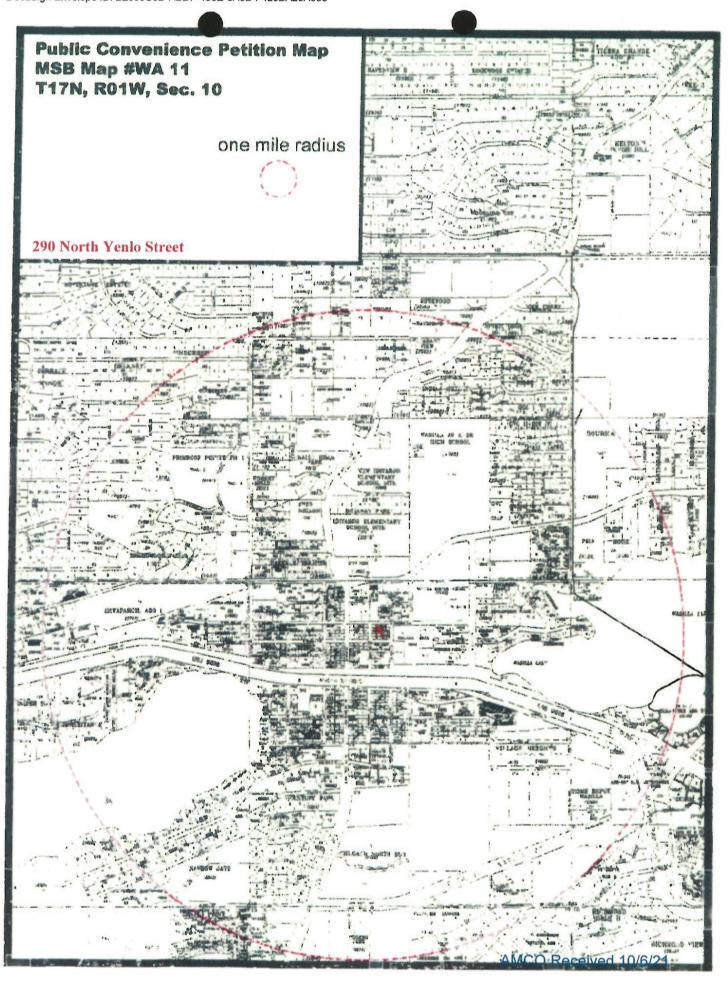
Form AB-12: Petition

S	ection 4 – Ce	rtification	ıs	
This petition is not valid if this page is not o	complete, signed, a	nd notarized.		
ı, Meta & Rose, Co.			10 Sept. 11 Co.	, the applicant for a
(pr	oposed licensee)			
Restaurant Eating Place - Public Conver	nience A			, hereby certify that the
(type of license applied for)		(statutory re	ference)	
number of permanent residents 21 years of age	or older who live wit	hin <u>One</u> (one/five		
290 North Yenlo Street, Suite 37, Wasilla	a, Alaska 99654	totals	528	, and this petition
(proposed premises or nearest US Post Office a			(total population	n) .
totals 302 signatures, which is (pumber) (p	Management — — — — — — — — — — — — — — — — — — —			
Signati 1F4BDD780C8F4B7			Signature of Notary	
Mae Hayes	Nota	ry Public in and	for the State of	
Printed name of licensee	NOTARY PU HeatherAn Herr STATE OF AL My Commission Expires	BLIC nenway ASKA		res: October 6, 2003
Subscribe	d and sworn to befor	e me this <u>5th</u>	day of Octobe	er, 20 <u>21</u> .

Narrative Attachment to AB 12

PETITION PROCESS FOR META & ROSE REPL APPLICATION

- We accessed the April 2021 Population Estimates for the City of Wasilla on the AMCO website. The chart lists the population of Wasilla as 8963.
- We accessed the US Census Under 18 population estimate number for Wasilla, Alaska at https://www.census.gov/quickfacts/fact/table/US/PST045219 and determined that the percentage of persons under 18 listed there is 27.1%
- 3. We subtracted 27.1% (persons under 18) of 8963 (AMCO Wasilla population estimate), which was 8963-2429 = 6534.
- 4. We accessed US Census data to determine the total square miles of Wasilla Alaska. We went to https://www.census.gov/quickfacts/fact/table/US/PST045219 which stated that Wasilla is 12.38 square miles.
- We divided the square miles of Wasilla (12.38) into the estimated number of adults (6534) to determine the estimated number of adults within a square mile of our proposed premises. The estimated number of adults within a square mile of 290 N. Yenlo St., Suite 37, Wasilla, Alaska, is 528.
- 6. 51% of 528 adults per square mile is 269 valid signatures.
- 7. We sent representative on foot to canvas the area within a radial mile of the proposed premises and speak with persons identified as 21 years or older about the petition for the REPL-PC license.
- We presented each adult we contacted with our petition requesting a valid signature if they supported our REPL/PC application. We collected the following information from each adult:
 - Legal Name (first, last and middle name)
 - Complete Date of Birth
 - Physical Address, including city name (no PO Boxes) and zip code within the city
 - Question: "Do you understand that your signature on this petition indicates your support of a Restaurant/Eating Place – Public Convenience (Beer & Wine) license for this business?" Yes or No
 - Actual Signature
 - Date Signed
- We collected 302 signatures. Each signature was cross-referenced on a google map and checked from the list above in number 8 for all requirements.



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Please provide your pr By signing this pe	inted name, signature, birthda tition, you are stating that you	ite, the physic are in favor o	al location of your residence, of having a licensed alcohol es	date, and check t tablishment in yo	Page he appropriate our community	of <u>()</u>
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Cally Coxson			350 Palmer/whilla	Wasila	9-8-21	Yes No 🗆
They the and you	The state of the s		350 Philager Massin	And the second s	9 (18/2)	¥es ∭ No □
Chang & Com	Michael 3. Cobrian	-	350 Epalmer	wasilla	09.18.21	Yes No No Yes No
Cheyenne Cerroll	Cherenne Corroll		350 E Palmer	Wasira	9/18/21	Yes 🔽 No 🗆
Allen Drumbarger	1		350 E Palmer-Wash	Wasilla	9/10/21	Yes No 🗆 🖁
CAROLYA GRAVOOWSI	C. Trabouski		0 1/47	()	9/18/25	Yes No 🗆
Terrin Mayby	J- Pars		448	<i>Y</i>	9/18/21	Yes 🔼 No 🗆
John Mcbray	John Mill		350 E Palmer - Wasilla &	Wesilla	9/18/21	Yes 🔀 No 🗆
ANTHONY ROCKS FRANK	Carlon		350 PALMER-WASILY	WASILLA	9/19/21	Yes ⊠ No □
510 GRAHAM	SIL		893 E. SUSTIVA PUE	WASILI	9/8/21	Yes Mo □
Denise cole	Denise Cole		401 S. WasillasT	wasilla	9/18/21	Yes ⊠ No □
Stave Cole	Steve can		401 5 Masilla ST	ubsilla	9/18/21	Yes,☑ No □
EWilla Polk	whatek		401 s wasilla ST	wasilla	9/18/21	Yes ☑ No □
Jash Vallace	gh all		401 S Uwilla St	Wasilla	9/14/21	Yes No 🗆
& Keisha lofagest	Runse		401 5 Wasselv &	hasele	9/18/21	Yes ☑ No □
anyatt Payne	Trypotofopu		4015 Wasilla st	Wasilla ,	9/18/21	Yes ☑ No □
of ze Verenal	The At		4015 Wastla St	1	G/18/21	Yes⊈ No □
Doshua Jones	Ishia / Del		4015 was. last	11	9/18/21	Yes ⊠ No □
Stephanie Jones	Stephan Con		401 S Wosilla St		9/18/21	Yes Ø No □
Randy Wu	ari		to s Wasila St		1.6	Yes No 🗆

Please provide your pri By signing this pet	inted name, signature, birthda iition, you are stating that you	nte, the physic are in favor o	al location of your residence, of having a licensed alcohol es	date, and check t	Page <u>2</u> the appropriat our community	e box.
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Rose Lan	Von Jan		4015 wasine 5T HU	Wasilia	9/18/21	Yes No 🗆
Mogen Bok	y R		401 s would al wait #19	Wasilla	SP/21	Yes ☑ No □
Benny Boggs	BAR		40/5 war: 1/2 54. #13	Wasilla	9/18/21	Yes ☑ No □
MATHAS WEIUBONG	160		401 SWASILLAST#12	WASIUA	9/18/21	Yes ☑ No □
Walliam machonist	willow workers		457 NYENDO ANTB	Lusilla	9-18-4	Yes □ No □
Cha Bras	Shop have		447-8 Paul	Mesile.	9/18/21	Yes No. 🗆
Denis Belyagev	Desell,		445 N Vento ST	Wasilla	9/18/21	Yes 🖊 No 🗆
HECTOR BONIKAZ	Herto 15		701 WNELSON	WASILLIA	9/18/01	Yes No 🗆
Van House	Mil flow		604 w Neson Au	nasilla	9/18/21	Yes X No □
Ken basson	thont		Gol W. Nalson Ave.	Wasilla	9/18/21	Yes No 🗆
Casel young	248		2964 PALLICIT	Marella	9/18/21	Yes No 🗆
Serel Kidgley	9		177 EUX (185.49	Wasilla	7/18/21	Yest No □
David Law 9			197 EKalli (+#7	Wasilla	9/18/21	Yes 🗹 No 🗆
a oura Evan	Surte Suar		197e Kallicr #7	wasilla	9/18/21	Yes No 🗆
HAON ANDUS	Dry CV		109 5 KM 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(2) 42 11/14	8-8-U	Yes No 🗆
Sayd	# O +		198EFallicist	wasilla	9/18/21	Yes No 🗆
Amerilles	Tomple Stute		199 E Lacli Cie *1	Wasila	9/19/21	Yes No 🗆
Anne Miller	MANUE		199 E. Kalli Cir # Le	hasila	9-18-21	Yes.≅ No □
Davaman Favors	Sarammah Taros		199 E Kalli cir #5		9.B.21	Yes No 🗆
Usa Ybarra	In y		251 Ekalli Gi#2	Wasila	2.18.51	Yes ☑ No □

Please provide your pri By signing this pet	nted name, signature, birthda ition, you are stating that you	ite, the physical are in favor o	al location of your residence, f having a licensed alcohol est	date, and check t tablishment in yo	Page <u>3</u> he appropriat our community	e box.
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Andrew Thompson	Andrew Thompson		199 E Kalli Cir Apt8	wasilla	9/19/2021	Yes No D
Cody Yager	lynn		198 E. Kallicir # 4	Wasilla	9-18-21	Yes. № No 🗆 👢
Autumn Kelly	G		199 E ballicic#4	wasilla	9-18-2	Yes No D
Daniel Postet	done		198 E KAIII GITHA	Wasilla	9/18/21	Yes 🔼 No 🗆 🕹
NATASHA BINA	Mark		198 EKd/1 CIT APR	Was 114	9/18/21	Yes No D
Mary Roberts	Mark		198 E Kall: GTAP+ 1	cursilly	9-18-21	Yes No D
Eugrae Black	7 mobbed		196E KallicrAnto	Misson ,	9-18-01	Yes No 🗆
Genya Hase	The wo		196EKelüGY#1	wasila	9/1821	Yes No 🗆
Terry AAsh	Jeny a ash		247 E Kall: C'r. Aut 1	Wasilla	09/18/2021	Yes No 🗆
Ochry anderson	Dehra andays		249 E Kulli (irt)	Wasilla	9/8/2	Yes ☑ No □
TAM FALTIN	profes		ZSIE KALI CINCE	WASILA	9-18-21	Yes No 🗆
Teny Goh	Toullock		Kall: W15-1/a	wosil'a	9-18-97	Yes ₹ No □
3Bernalotto Mist	Beingletona		0/5 2/2 43 Kallie CA	1 I	9-1821	Yes No 🗆
awol Tipner	Carofa Typner		243 E Kalli Civile#1	Wasilla	9-18-21	Yes ☑ No □
ELouis Bruin	/har		241 E Kalli CL4HU	W141111	Ge18.2'	Yes 🖄 No 🗆
There my	/ XX		241 Etall Coach	lenh	9-11-2	Yes No 🗆
Theresa Niezaida	There is Succession		249 4 E. Kallici	r Wasilla	9-18-21	Yes 🗵 No 🗆
25 - psica Lectines			239 É. Walli Cort	Jasilla,	9/18/21	Yes ☑ No □
Sande Miller	18 testor			#3 Wasella	9/18/21	Yes 🖺 No 🗆
Olive Parad, &	0		19 Y	Wasilla	9/18/21	Yes No 🗆

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Page 4	of /	10

Please provide your pri By signing this pet	nted name, signature, birthda ition, you are stating that you	ite, the physical are in favor o	al location of your residence, f having a licensed alcohol es	date, and check t tablishment in yo	Page <u>4</u> the appropriate our community	of 10
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
SUE WASANKAG	Du Orasankan		290 E. Kalli=3	Dosella	9/18	Yes No 🗆 👌
Son Worshicker	1000		14	WASILLA	9/18/21	Yes No 🗆
TEFFWILKIN	Seff Welson		3307E/1014	Wascha	9-18-21	Yes No
Tepesa Wilkin	Gerose & Weither		511 11 4	wasilla	9/18/21	Yes No 🗆
LAVIS De Brock	- Mus Dekroeik		3071 1 4/	Wasila	7-18-21	Yes D No 🗆
140 60000	Jo (Eng		1815 F Knizi	"	11	Yes No 🗆
JOHN NEW YOU	9/2 144		3 OSE KAN.	WASTILA	9-18-21	Yes ☑ No □
MARY NEWLON	W. Jad Marko		305EKA111	WASILA	9-18-21	Yes ☑ No □
Kathleen Caurder	Ratheren Courne		301 EXALLICIT	(007/19	9/18/21	Yes No 🗆
Milysha Houston	milestaltestor		1063 N. lucille#3	wasilla	9-17-21	Yes ♥ No □
flore He Hayson	Cliff		1009 M. Lucillo# 3	Wasilla	9-18-21	Yes Ø No □
(neryj Dyer	Charley		10K W. Lucilletts	Wasilla	9-18-21	Yes.⊠ No □
E wonie Summer Sill	tim & Demile		1015 a Lucille St #2	10051119	9-182	Yes ☑ No □
Organia Shtotspaya	Heren		1017 N. Lucillest#3	Wasilla	9-18-21	Yes 🖾 No 🗆
Karen Miller	ta m		1013 NZIXILE#	LASILA	9-18-21	Yes 🔼 No 🗆
(ently)	Jul .		IDIL N LUCILLE,3	Co 6. 51 /10	9-18-11	Yes,☑ No □
Debra Moberts	1 3		1007 N. Luc Cleft	Willa	9 1821	Yes 🔲 No 🗆
Elaire Walker	Clasicali		1007 N Cycile #2	Wasilki	9-12-21	Yeş⊠_No □
for Am	Cognington Licros		1001 Nicilletta	Was 119	9/18/21	Yes 🖟 No 🗆
KRIST, Snotife	5 Dinotichi		351 F Aspen 1	Wasilla	9/18/21	Yes No 🗆

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Page	2	_ of _	10

Please provide your pri By signing this pet	nted name, signature, birthda ition, you are stating that you	ite, the physic are in favor o	al location of your residence, of having a licensed alcohol es	date, and check tablishment in y	Page 5 the appropriatour communit	e box.
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Lynne Watson	Lynn Vator		1025 E Dellwood #z	WASIUM	9/19/21	Yes∕© No □
Gay Berger	Day Beyon		1400 N was the Fishhooks	Wasella	9/1/21	Yes 🛭 No 🗆
Jannifer Robbins	Jemidr Robbins		247 Bride SteneD	Wasilla	9/19/21	Yes 🗵 No 🗆
Dyan Gogver	KL		196 F. Bridged and	· Wasilla	9/19/21	Yes ⊠ No □
Taray was	11111		DUZ E Bridgewells	Wasilla	9/19/21	Yes ☑ No □
Trapped Grindor	A THE		190 F danha	wasilla	9/19/21	Yes ☑ No □
Laney McBride	Genery Miride		190 E Danna Apt 4	Wasilla	9/19/21	Yes No 🗆
Daniel Helly+1	Many they		210 E- Danny	Was1119	9-19-21	Yes 🗖 No 🗆
Kachuel Johnson	survige var		210 F Daine Ave	Wasella	9-19-21	Yes 🖾 No 🗆
Jeff Nenin			650 N ShaDows D 118	W-5,119	9-19-21	Yes ☑ No □
Jans Childe	4		721 A SHADOWOOD CIR	Was1/1A	9187	Yes ☑ No □
David Cline	Down		276 wy Mark	Was, 1/4	9-19-21	Yes No 🗆
JANES BRASS	Trais		150 GRAYBARK	WHIKUH	9/19/21	Yes 🖫 No 🗆
Austin Neine	W. A. E.		901 N Brayback	WASILA	1/19/21	Yes ☑ No □
HAWK LET	& Kentel		208 F. Sufma Ale	2651/5	9/19/2	Yes No 🗆
Moun Dan!	Mun Dul		240 E. Sushna Ave	Masilla	9/19/21	Yes ☑ No □
David Dahl	Done		240 E. Sustina Are	Magilla	9/19/21	Yes 🖾 No 🗆
Dandh Sin	Monde		SII Swiller	Magilla	9 19/21	Yes 🖸 No 🗆
Nate Bibbo	Wat Della		421 3 Lake 57	Wasilla	04/19/61	Yes 🖳 No 🗆
CRESCO GIOTOLI	ue O		4130 E. 66 M POK	Frichmoal	18/11/20	Yes No 🗆

Page 6 10

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.

By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Kimberly Lamb	Kimbalya Harul		183 N. Yakıma st	Wasila	9/19/21	Yes No 🗆
Brian Stanley	1356		743 N Yakima St	Wasille	9/19/21	Yes ☐ No ☐
& link Selby	6/4m		735 N 196 1019 St	Lugsixa	9/19/21	Yes No 🗆
Kachelle Win	6		LS9N Ya Kima	wasilla	9/19/21	Yes □ No □
Kachail Stewart	V Z		633N). Yakina	Was.lla	9/19/21	Yes 🗹 No 🗆
1 April Jucks	120		629 N. Yaking	wasilla	glalzi	Yes 🗆 No 🗆
Bill Childress	Bill Clan		1150 E Sertocit	Wasilla	9-19-21	Yes No 🗆
She Grant	Southerd		1130 E. Sereca	(1)	i)	Yes ☑ No □
Wise, Nicholas	1		1160 E Sorca	Wasilla	9-19-25	Yes □ No □
Strate Larry	(,		bls 4 P. K	\ t	×,	Yes □ No □
Debbie Remercy	Deboce Janey		TOON PECK	wastin	9-19-21	Yes 🗓 No 🗆
Tiffay Curle -	- Frenchist		764 NRCh	ceasillal	9-19-01	Yes ☑ No □
Edoyce A Milas	Jones amiles		770 Peck	WASI/LA	9-19-21	Yes \ No □
Olm Il Klu	Mull In		1180 mules	WASIIn	9-14-71	Yes ℤ No 🗆
ec ~ ~	Deinna Valiginens		1 Ste By Mike	alles	71931	Yes 🗀 No 🗆
Bran Legrand	The show		960 n wesglenn c.r	luasilla	9.19.21	Yes ⊠ No □
& Robin Redd	Gon Redd		980 Wesgienn	Wasila	9 19-21	Yes 🗗 No 🗆
E Halay mati	has -		1040 NWESGIENN	Wasila	9-19-21	Yes No 🗆
HARRY BANKS	AV auchs		1052-2 Dellwood	busile	9-19-21	Yes ☑ No □
Dbby Kanadard	LYDby Ymmod		100VE Pollund	wes.11a	9-119-1	Yes No 🗆

DocuSign Envelope ID: 2E559C5D-ABDF-488E-8A8B-F425BA25A053

Please provide your pri By signing this pet	nted name, signature, birthda ition, you are stating that you	ate, the physic	al location of your residence, of having a licensed alcohol es	date, and check t tablishment in yo	Page the appropriate our community	of 10 te box.
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Wenoy Alley	WED		718 N YAKIMA	WASILLA	9/19	Yes No 🗆
Kninda Eval	Klight	-	182N Yakma	Wasella	9/17	Yes ☑ No □
Jan Jan	A		668 N Carm	was, a	9/9	Yes 🗆 No 🗆
on Mistansol	SIPUB varon		656 944AST	Wasilla	9/19/21	Yes⊠ No□
Nancy Hansen -	I montfamson		UZG YAKIKA ST	WASilla	9/15/21	Yes ⊅ No □
makayh T	Mpkayh Ramissen		1035 Serora Ave.	Washa	4/19/21	Yes 🖫 No 🗆
Tracylone	maengov		1050E Senca	wasell	9/19/21	Yes 🖸 No 🗆
<u> COUPNEU Mann</u>	graz 1911		1974 E Preca Pre	unsilla	111/21	Yes □ No □
Ke becca Bouting	A DONE !!	-	620 N Peck	Wasila	9-19-2	Yes █ No □
Harnah Stines	Hy Pay		674 N Deck St	Wasila	9/19/21	Yes No 🗆
Ketrica (boot	The	-	710 NPackst	Marilla	9-19-21	Yes 🔲 No 🗆
Monimager	NA C		718 NPCK	Wosela	9 19.21	Yes ☑ No □
Jordan Apperan	Mallin S	!	756 N Peck	Wasilly	9-19-21	Yes ☑ No □
shoura Johnson			780 N Veck	wasilla.	9/9/21	Yes ☑ No □
litterry Borges	400	-	1179 E MªKer Ln.	NK18110	9/15/21	Yes ☑ No □
MARY SEUTTE	1500	<u>/</u>	900 Wesglenn cr	Wasilla	9-19-21	Yes ☑ No □
MARY SEUTTE	of consuger		2981 WESCERNLA		9-19-01	Yes ☑ No □
he He May	no year		116/2WildwoodA	bureally	9-19-21	Yes∕Ѿ No 🗆
aleb Caratousta	Ch you		1141 E Dellwood Dr	Wasilla	9-19-21	Yes∕∰ No 🏻
Hulm Vist	Alexandra	,		Wasilla	9-19-21	Yes⊈ No □

Please provide your pri By signing this pet	inted name, signature, birthda lition, you are stating that you	ite, the physic are in favor o	al location of your residence, of having a licensed alcohol es	date, and check t tablishment in yo	Page <u>{</u> he appropriat our community	e box.
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
ernando OnFran	Fuly. Oup		1141 E Dellinor St April	wazilla	9/19/21	Yes ☑ No □
1 al Color	Dale Astron		1075 "	١,,	15/19/21	Yes ☑ No □
licitella Linah	MA		2649 BROUFSTONE	WELLT	9/18/21	Yes □ No □
An Linal	1		264 E Bily ESTO-F	Was. Na	1/19/21	Yes ⊠ No 🗆
CHAD KINDON	Phyl		525 POWITHERS LP	HEUNA	9/19/21	Yes ∰ No □
you weging	me		218 E Broke Sha Or	Wagilla	9/14/21	Yes △ No □
Haymy Duero	Jayme Guero		138 E. Bridgester	· Wasilla	9/19/21	Yes No 🗆
March CK CK	· Maz		1760 Demake	Wasilla	9/19/21	Yes ☑ No □
A. Knap	D. LAR		1346 N Toy	Wasilla	9-14-21	Yes ☑ No □
WRanco	Jn.		601 Shakmad office	Wastla	9-19-21	Yes □1 No □
Jal Bailler	102980021		you we Foodbyll or	W)jepis	d 6 31	Yes 🖸 No 🗆
Michael Peck			6286 SSettlessay	(Jasilla	9/9/21	Yes ☑ No □
MM Earnet	Manganat		427 Wbredowl Dr N	Jasilla	9/9/21	Yes 🗀 No 🗆
oregon Place	DolPedel		427 W Graybarle Dr	Wasilla	9.19.21	Yes No 🗆
yene GoerdT	Essa		477 W GrayBork dr.	Was.110	9.19.21	Yes ⊠ No □
April Walters .	ac		181 E GLER CIRCLE	MASING	7/19/21	Yes No □
Nina Jue	Mude		207 mildion Kol Witch	Knihoma	9/19/21	Yes P No 🗆
Nina Jue	Dlande Light		815 Willso think	Wasilla	9/19/21	Yes 💆 No 🗆
Vicha Jackson	Vicla & Viden		5) 15 late Street	wailla	9-18-21	Yes No 🗆
Michael Hunter	mile Thite		500 3, Lake St	Wasilla	9-19-21	Yes 🔼 No 🗆
Frahi Cock	PM A		124 ESUSTAN AV	Way, May	9-19-1	Yes IN NO LI

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Please provide your pr By signing this pe	inted name, signature, birthda tition, you are stating that you	ate, the physic I are in favor o	al location of your residence, of having a licensed alcohol es	date, and check t	Page <u> </u>	of e box.
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Rosen Hernen	M		175 E. Pock Aye	WASILA	9/19/21	Yes 🗀 No 🗆
Kush Crutique			SOI MIChatuatiz	Wasilt	9/19/21	Yes 🔲 No 🗆
Kayla Hall	Kayla Hall		501 EMulchatra #2	Wasilla	9/14/21	Yes 🗆 No 🖸
thmelle Maynard	Sphale Murray		1110E Snowhill Are #2	Ugalla	9/19/21	Yes ₩ No □
James Hommel	Muses Acres		160 E Snowbill Avet 2	Wasilla	9/12/202	Yes ☑ No □
Kottle Anderson	atil		1120 E SnowHill #1	Wasilla	9/19/21	Yes 🗷 No 🗆
Leslie Serve	Leslight		1024 Esnow Hill HA	wasilla	9/19/21	Yes. ☑ No □
Orry Wars	Opf has		1100 E Snowhin	Wasina	9/19/21	Yes ⊠ No □
Curtis DeFrency	lill.		1050 Esmachill#1	Wash	9/19/8	Yes No D
Kayligh Detrench	Le		SAMC	Was //A	9/19/21	Yes No 🗆
JUNO ODNAU	Ja 20-		1050 E SNOWHALL	WASILLA	9/19/21	Yes ♥ No □
Victoria Jene	Doge		1024 F Snow Hill	Washla	9/19/21	Yes □ No □
Nathar Festor	79 M		1000 & South 1/ace	Vasilla	9/19/21	Yes 🖾 No 🗆
HARKIN DONO!	da,		980 & Snomillau	1 Macila	91,19/21	Yes No 🗆
Varossati Zpatri	VIX TO		960 Snowhill \$2	Vasella	9/19/21	Yes ☐ No □
Heather Miller (Ihr		920ESnowhill Are	Wasila	9/19/21	Yes No 🗆
•	The state of the s		900 E Snow hill Are	wasilla	9/19/21	Yes No 🗆
Justin Marsing			mit was sil at	-11	9/14/21	Yes 🗹 No 🗆
Sue Owens	Sue Gutw		1181 E Dellwood #2	Wasille	9/19/21	Yes 🖾 No 🗆
Mat Rester	The part of the same of the sa		118) E Pell roght # 12	W151 8	5/19/21	Yes → No □

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Cornel Bartyis	1111		174 6 Sustan Acc	www.silin	alialei	Yes ⊠ No □
Ivenda Gilman	Orelet		10/ esushia ave	wasila	9-19-21	Yes. ☑ No ☐
Bus	Bin Sul		176 E Park	wwssike	9-19.21	Yes 🗗 No 🗆
landy Lacher E	Machen		1175 E. Snowhill	Wasilla	9-19-21	Yes ☑ No □
h.P. Culbertson	They Culputan		21	1.	, (Yes ☑ No □
Mid By Wech .	Num A Bulant		1125 E . SAOuta /	٠.	13	Yes □ No □
helsea Chang			MOLF SnowhillA	o uhesilla	11	Yes ☑ No □
Knela Cress	Palaka Carl		1101 E Snowhill AVETA	Wasilla	9-19-21	Yes ☑ No □
Immie Laird	(229		1101 E Snowhill The	Wasilla	9-19-21	Yes/ No 🗆
Capiel William	Steenk William		1058, Snowhill	Wasilla	9/19/21	Yes ✓ No ☐
Aday Willians	Topland little		105/5,54 ar 61/1	4/9/1/16	9/19/5	Yes ☑ No □
Dept Trubb)	In		1825 Showbin	4/9549	9/142	Yes. ☑ No □
summer Keelan	Skalan		281 ESKONHUU	wasilla	9/19/21	Yes ⊠ No □
SAMUEL A DEWY	Soul All		1180 E SNOW HELAN	WASILLA	4/19/201	Yes ⊠ No □
Lynds Denny	Typica D		1180E. Showthill Ave	WBS,112	4/19/201	Yes ☑ No □
ean Cloupherty	the 1		1160 E SNOWN ave	Wasilla	9/14/4	Yes ♥ No □
AMOUN GRIENLYER	- Janes		Good Benerly Lake Rd.	Wasilla	9/19/21	Yes ■ No □
AMOUN GRIKNINGER	100		NYON. PECK		8/9/21	Yes ☐ No □
An SAHLUIS	OPHA.		GAR FICK ST	MASILA	9/19/21	Yes ☑ No □
ich (jeuro	ALL		,	LIPSILLA	9/19/21	Yes No 🗆

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	unde	you erstand etition?
Scerles	126981		401 Swasilla St#33	Wasilla	9-23-21	Yes 🗖	No 🗆
PAUL Hockema	Hal Stelens)	1901 SWASILLASTA	WASINA	9-23-21	Yes 🔀	No 🗆
Diane Carlow	Dene Carlow		4013 Wasella 3 #17	Wasilla	9-23-21	Yes 🛭	No 🗆
Tabitha Juell	The Charles		\$00 E Dellwood St #A	Wasilla	9-23-21	Yes'☑	No 🗆
Elizabeth Jush	749PX_		820E Dellwad St42	upsilla	9/23/21	Yes 🗹	No 🗆
Kelli Kay	Kell Pay		840 E Dellacoodst	Wasilla	9/23/21	1	No 🗆
Broky Anderson	Kelso e a led you		400 5 Dollarod	w Asella	9/23/01	(1	No □
Alan Cook	As Cook		Escal & Dellward	wasila	9/13/21	Yes 🗀	No 🗆
Johnny MAXIMUS «	JUANMUS 6		921 E DECL WEST 57#1	WASILLA	9/23/21	Yes,	
Ashley MAXIMUS	achy Mann		921E DELLWOOD STHA	WASICLA	9/23/21	Yes 🔼	
Traves Kell,	Sian NO		921 e Nethrood STB	wasilla	9-23-21	Yes 📮	
Ruil Bornhardt	1-2-2		941 Delwoodt2	Wasilla	9.23 (1		No 🗆
stranum behav	Shriale	4	Pyr. E. Dellwood #1	Whilly	92371		No 🗆
Braly & Bales	Bray h Bokes		941E Dellwood #1	Wasila	923.21	Yes 🗀 💢	
Tim Itall	Colo		GUS E Tollward 45	Waslla	9/23/21	Yes 🖾	
JUSTIN FIN	mi		445 Epellwood Dr	Wastla	9/23/21	. /	No 🗆
Jams Scrugs	man		(())	Wasilla	9/23/21	Yes 💆	
Tulie Gardner	6/200x 9/cm		980 F Daloxxx #2	WisiNa	9-23-21	1	
Paula Fler	shile Eller		. 2		9-23-21		No 🗆
Mich ael Chennington	Michael Pennington		983 EGoldendale De	Wasila	9-23-21	Yes	No 🗆

Please provide your pr By signing this pet	inted name, signature, birthda tition, you are stating that you	ate, the physic are in favor o	cal location of your residence, of having a licensed alcohol es	date, and check t	Page 12 the appropriate our community	te box.
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Edeen	Folgen & Jefon		501 Susitua	Waz1/19	7/23/21	Yes ⊠ No □
JOSEPH NEWSON			461 S. TALKEETHA ST	WASILIA	9/23/21	Yes⊠ No □
Roxann wegn	The		o SSUE DECLUVIL	LYSUR	9/3/21	Yes 🗭 No 🗆
Randall Kline	Relea		880 E Doll went	Was'l	97371	Yes 🕨 No 🗆
less forther	JEGG HARKER		966 Frellwast	worelli,	9/23/21	Yes 🗖 No 🗆
ISA Richie	isa linke		920 Dellagged	hasella	9/23/27	Yes 🗖 No □
myen Fugur.			940 E Decroodet 2	Wisiller	9/23/21	Yes ☑ No 🗆
alherne Elliot	Coes		NO EDenvoid \$2	while	7/23/21	Yes,□ No □
Jarnyn Buchenen	An		940 & Dellwood #1	Wasilla	9/23/21	Yes ☑ No □
oxas Churchill	190		940 E DellwoodHI	wasilla	9/23/21	Yes ☑ No □
H Sthins	Tima Kaplacus		960 E Dellawad Rd	wasilla	9-23-21	Yes No 🗆
Na HENZIBELM	- Welling Boto		980 6 De 1160005	11/05/10	9-23/21	Yes ☑ No □
ayor Moss	Level Moss		980 F Dellwood	(mosille	9/23/21	Yes No 🗆
Ton Beal	127		965 F Pelland	Mus 11 g	9/23/21	Yes □ No □
Allas Littleta	Lallo Killeto		961 E Dellacer#	hasilla	9/23/01	Yes ☑ No □
EXIP Charles	Julia		957E Pellwood's7	(120EN)	9123/21	Yes No 🗆
Monjegner Briskels	TAC		9K3 EDellium #	wisiVa	01/23/21	Yes □ No □
Withou Hait	guttom v, Lot		HCl Dellwood #2		9/23/21	Yes ☑ No □
ran Rine	From Ru		1120 Etoldendale	Was. 119	9/23/21	Yes√ ⊟ No □
led Derner	wh			Wasila	9/23/4	Yes ☑ No □
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Please provide your pri By signing this per	inted name, signature, birthda tition, you are stating that you	te, the physic are in favor o	al location of your residence, of having a licensed alcohol es	date, and check t tablishment in yo	he appropriat	of <u>U</u> e box.
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Danielle S. Gdihuq	Damble & Hollitrage		800EBlindWicleDe#3	Wasilla	9/24/2021	Yes ☑ No □
) whe chiver	Thelia		1265HUKA HOLKIN	wasilia	9/24/21	Yes No 🗆
ZACHAN/TALBERT	Mult		1265 HOKA HAY CIR	WASILLA	9/24/21	Yes ☑ No □
Matthew foter	Alexander of the second		1246 N H-Ka Hay cir	W.5	9/24/21	Yes ☑ No □
Elizaboth Brack	Efether 1		1246 N Hoka Huy Gr	Wasi Ila	9/24/21	Yes ☑ No □
hen I vuell	Ker / will		1380 India Hills A	1 Was, 1/A	9.24.4	Yes ☑ No □
Amberly Boswell	Amberla Borvell		1380 N India Hills C	libesilla	9/24/21	Yes 🗹 No 🗆
TAMA VEE	Marca 1		1365 Madianth 1/52	Ulfs, Ut	9/24/21	Yes ☑ No □
Josh Vielleux	And y tal		801 FBland Dick	Wasilla	9/24/21	Yes ⊠ No □
John laster -	year		1300 4/injuncto	WA5114	9/24/2021	Yes DANO [
KARYWISSER	Larywill		1300 TUJUN SEK	WASILL	9/25/21	Yes No 🗆
Anne EDEnnis	Allemis?		1290InJun Joe#2	Wasilla	9/24/21	Yes No 🗆
Tylie Saddo, is Hinkler	Lithe Sedden John		1290 Ing Toc #1	Wasillet	9/24/21	Yes⊠ No □
Stephanic Suddons-Hind	in She fall- file		1290 Injun Joe #1	Ubs, 1/4	9/24/21	Yes No 🗆
Deborah June Ann Brussell	DADOL		1270 N injun Joe Circle # B	Westla	9/24/21	Yes ☒ No □
John Kerns	ALL.		1201A Injustacly	W/05/12	9/24/21	Yes □ No □
Marvaun Ferris -			11 1.	11	11	Yes No 🗆
Patricia Ulrich	なん		1201 NWampam Cir	wasilla	9/24/21	Yes ☑ No □
Euch an Ulneh	mai		1/	//	9/24/21	Yes ☑ No □
Justin Phillips	SUSTIN		1245 Nucmpamen	Wasilla	9/24/21	Yes ☑ No □

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Page _	14	_ of _	10

Please provide your pri By signing this pet	nted name, signature, birthda Ition, you are stating that you	te, the physica are in favor o	al location of your residence, If having a licensed alcohol es	date, and check t tablishment in yo	Page 14 the appropriation community	of e box.
Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Jeff Smith	Mas		10 45 8. Pell non	wesilla	9.24.21	Yes ☑ No □
Know Smile			ι ((vasila	9-24-21	Yes No 🗆
MARIAH MAHA	maken		1345 NINDIAN HUS	WASCLA	Heykel	Yes No 🗅
hn Shrabaltwal	Chalaugg		11 11 \$2	W //	9/24/21	Yes 🖾 No 🗆
Holly Ames	Alsome.		11 11 43	11	9/24/21	Yes 🖾 No 🗆
Janed School	mm		11 11 44		19/24/21	Yes 🗆 No 🗆
GaraGibbs	Cincia		-850 € Blind nd	2 wasilla	9/24/2	Yes 🗹 No 🗆
Vasiliy	13		1290 N HOKAHAY	wailla	9/24/21	Yes ⊠ No □
Ben Kullberg	Kernett Kuller		1355 N INDIAN HITTER	WASIllia	9/24/21	Yes ☑ No □
Juliya Saray	Saron		1355 N Indian Kills	wasilla	9/24/21	Yes ☑ No □
Korshunoka Olgo	They		1355 a Indiana Hills	wasilla	3/24/21	Yes 🖾 No 🗆
James (55w4/1	Carl U		gole blindnick	casille	9/24/21	Yes 💆 No 🗆
Alex Vesenbery	Chyl		1291 W Injuntoe Cir	wasilla	9/24/21	Yes 🗷 No 🗆
Matt Okelley	Mattella		1275 Jajun DeCor	Wasilla	9/24/21	Yes ☑ No □
Kyera OKelley	Their Welley		11	wasilla,	9/24/71	Yes No 🗆
Murkenge	"Ynclurs"		1201 A.I Warje		15451	Yes 🗆 No 🗆
MICAL Frânce	Mich Mixe		1	Wasilla	9-24-21	Yes ☑ No □
PALEY LISENBURY	2		1346 IN JUNJOE	WASTLL	9-24-21	Yes 🗹 No 🗆
- amdell Route	Cecenta		1200 Novanton	W06:19	9-24-21	Yes 🔽 No 🗆
Barry Barnet	Bay Barens 1		1275 wanpall	Wasiltz "	9-1421	Yes 🔽 No 🗆

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Page]	5	_of_	11	0

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
David Pepper	De no		1100 E Goldenelale	Wosilla	9/23/21	Yes No □
Jili repper	a yeur		1000 & Goldendale	wasitla	9/23/21	Yes No 🗆
Deblay Flood	Daltod		1060 E Goldenda	d n	17	Yes 🗖 No 🗆
buves Flood	Janesthan		11	/	1.	Yes ☑ No □
Menny Beauliny	Shewy Beaulier		1000 E. Goldendole	W951/19	9/33/71	Yes 🗹 No 🗆
ROWDAL DREAM of	rand Stall		970E Goldendale	WAS, ILA	350PT2021	Yes ☑ No □
Jim Lylay	m. T		940 E Grobalia Gol	4051/4	1/23/2	Yes ऒ No □
(1.000 Dtvs			SOZ CODANIA DO.	VA.580 CA	alasal	Yes 🗀 No 🗆
UKAHA BUSELL	M		SHOT ADJUANABLE	Masilla	9123121	Yes No 🗆
Gene Durfit	Yene Bull		115 E. Pallman	Wasilla	9/24/21	Yes No 🗆
Marion Burke	Mariane Bule		1115 E. Pullman	Mosella	9/24/21	Yes 🔼 No 🗆
SUSAN JONES	5 Lusan fin		1070 E. Pallmo	ubi. "	11	Yes ⊠ No □
Been/ Boker	Bul Gid		1275 Xlvanying 12	Wistle-	3/3/21	Yes 🖸 No 🗆
						Yes 🗆 No 🗆
						Yes □ No □
						Yes □ No □
						Yes □ No □
						Yes □ No □
						Yes □ No □
						Yes □ No □

Page	O of	16
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Scott Walker	Scotts. b		1025 E. Goldendale dr	Wasilla	9/23	Yes ☑ No □
China Walker	Chine Walks		11	wasilla	9/23	Yes Q No □
Soft Partle	total		925 Eichendele Da	wasille	2/23	Yes,⊠ No □
Theresa North			881E Goldendale A	Wasilla	23 Sept 2021	Yes □ No □
Warren Brothers	100		881 E. Goldendale Pr	Wasilla	235eptZ1	Yes☑ No □
- Wypaus	(Hey Nows		1370 NUVILLACIT	WASILLA	160E-16-6	Yes ⊠ No □
Dylan Edney	244		1009 E PULLMAN DK	Wasilla	9-24-2021	Yes ☒ No □
Heidi Edney	Therego		1000 & PULLMAN DR	Vasilla	9-24-2021	Yes ⊠ No □
Joshua Loverev	1/8		1249 Wanfan Lir	Wasila	9-24-2021	Yes 🗷 No 🗆
						Yes 🗆 No 🗆
						Yes 🗆 No 🗆
						Yes 🗆 No 🗆
						Yes 🗆 No 🗆
						Yes 🗆 No 🗆
Addison Anna Anna Anna Anna Anna Anna Anna An						Yes 🗆 No 🗆
) 				Yes 🗆 No 🗆
						Yes 🗆 No 🗆
						Yes No No
- Andrews						Yes No No
						Yes □ No □



alcohol.licensing@alaska.gov 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.

S	ection 1 – Establishmen	t and Co	ntact Info	rmatio	n	
Enter information for the bu	usiness seeking to be licensed.					
Licensee:	Meta & Rose, Co.		,			
License Type:	REPL Public Convenien	ce	Statutory R	Reference:		AS 04.11.400(g)
Doing Business As:	Meta & Rose					
Premises Address:	290 North Yenlo Street,	Suite 37			U.S.	X4
City:	Wasilla	State:	Alaska		ZIP:	99654
Local Governing Body:	City of Wasilla				V 1000 L	
Community Council:		****				
Mailing Address:	189 Nelson Ave. #205					
City:	Wasilla	State:	AK		ZIP:	99654
Designated Licensee:	Mae Hayes					
Contact Phone:	907-982-1449	Business F	Phone:	907-20	3-24	17
Contact Email:	metaandrose@gmail.cor	n				
Yes Seasonal License?	No If "Yes", write your si	x-month op	erating period	d:		
	OFFICE U	SE ONLY				
Complete Date:	10/14/21 License Years:			License	#:	6003
Board Meeting Date:	11/2/2021	Transa	ction #:			
Issue Date:	' /	BRE:)	LRS	3



alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

	Section 2 – I	Premises Informat	ion
Premises to be licensed is:			
an existing facility	a new building	a proposed building	g
The next two questions mu	st he completed by hoverage di	moncom (including to)	and <u>package store</u> applicants only:
What is the distance of t the outer boundaries of	the shortest pedestrian route fro the nearest school grounds? Inc	om the public entrance of the lude the unit of measuremer	building of your proposed premises to
			an your unovers
What is the distance of t the public entrance of th	he shortest pedestrian route fro ne nearest church building? Inclu	om the public entrance of the ide the unit of measurement	building of your proposed premises to
			you disticit
S	ection 3 – Sole Prop	rietor Ownershin I	nformation
	oction o cole i top	rictor Ownership i	mormation
This section must be comple	eted by any <u>sole proprietor</u> who ase attach a separate sheet with	is applying for a license. Enti	ties should skip to Section 4.
The following information m	ust be completed for each licens	ee and each affiliate (spouse)	
This individual is an:	applicant affiliate		
Name:			
Address:			
City:		State:	ZIP:
	•		
his individual is an:	pplicant affiliate		
Name:			
Address:			
City:		State:	ZIP:
177			



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Phone: 907.269.0350

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:	Garic Hayes					
Title(s):	Director, President	Phone:	907-354-5838	% Ow	ned:	100
Address:	189 E NELSON AVENU	E #205		-		
City:	Wasilla	State:	AK	ZIP:	996	54
Entity Official:	Mae Hayes				10.486	
Title(s):	Secretary	Phone:	907-982-1449	% Owi	ned:	
Address:	189 E. Nelson Ave #20	5				
City:	Wasilla	State:	AK	ZIP:	99	654
Entity Official:						
Title(s):		Phone:		% Owr	ned:	
Address:						
City:		State:		ZIP:		
Entity Official:						
Title(s):		Phone:		% Owr	ned:	
Address:						
City:		State:		ZIP:		



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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 #:	10148336	AK Formed Date:	11/23/2020	Home State:	AK	
Registered Agent:	Mae Hayes		Agent's Phone:	907-982-14	49	
Agent's Mailing Address:	189 E NELSC	ON AVENUE #2	205			
City:	Wasilla	State:	AK	ZIP:	99654	1
Residency of Agent:	2				Yes	No
Is your corporation or LL					√	
	Sect	ion 5 – Other L	icenses.			
Ownership and financial intere	st in other alcoholic l	beverage businesses:			Yes	No
Does any representative any other alcoholic beve If "Yes", disclose which indi license number(s) and licen	rage business that do	es business in or is licen	sed in Alaska?		laska, whi	ch
	Sec	tion 6 – Author	rization			
Communication 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	1	
If "Yes", disclose the name	of the individual and	the reason for this auth	norization:			
Cynthia A. Franklin,	Carlson Law Gro	oup, LLC, attorney	for licensee.			

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



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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

Section	on 7 – Certifications	
Read each line below, and then sign your initials in the b	box to the right of each statement:	Initials
I certify that all proposed licensees (as defined in AS 04.1	11.260) and affiliates have been listed on this application.	MH
I certify that all proposed licensees have been listed with	n the Division of Corporations.	MH
I certify that I understand that providing a false statement for rejection or denial of this application or revocation of	at on this form or any other form provided by AMCO is grounds any license issued.	MH
I certify that all licensees, agents, and employees who sell patron will complete an approved alcohol server educatio serving alcoholic beverages, will carry or have available to certifying completion of approved alcohol server educatio	I or serve alcoholic beverages or check the identification of a course, if required by AS 04.21.025, and, while selling or show a current course card or a photocopy of the card on course, if required by 3 AAC 304.465.	MH.
agree to provide all information required by the Alcoholi	ic Beverage Control Board in support of this application.	MH
As an applicant for a liquor license, I declare under penalty that this application, including all accompanying schedules that this application including all accompanying schedules that this application, including all accompanying schedules that this application is a schedule to the schedules that	ey of perjury that I have read and am familiar with AS 04 and 3 A as and statements, is true, correct, and complete. The complete of Notary Public Signature of Notary Public	AAC 304, and
Mae Hayes Printed name of licensee	Notary Public in and for the State of <u>Alaska</u>	
	My commission expires:	U 6, 2023
Subscribed and sw	vorn to before me this <u>5th</u> day of <u>October</u> NOTARY PUBLIC HeatherAn Hemenway STATE OF ALASKA My Commission Expires Octobe	



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Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

What is this form?

[Form AB-02] (rev 06/24/2016)

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 mast be completed and submitted to Milito 2 main office before any license application will be considered comple	This form must be completed and submitted to AMCO's main office before any licen	se application will be considered complet
--	--	---

	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.	V	

Section 1 - Establishment Information

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

Licensee:	Meta & Rose Co.	License M	lumber:	6003	
License Type:	REPL (Public Convenience)				
Doing Business As:	Meta & Rose				
Premises Address:	290 North Yenlo Street, Suite 37				
City:	Wasilla	State:	Alaska	ZIP:	99654

-WCC

Page 1 of 2



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https://www.commerce.alaska.gov/web/amco

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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 Layout

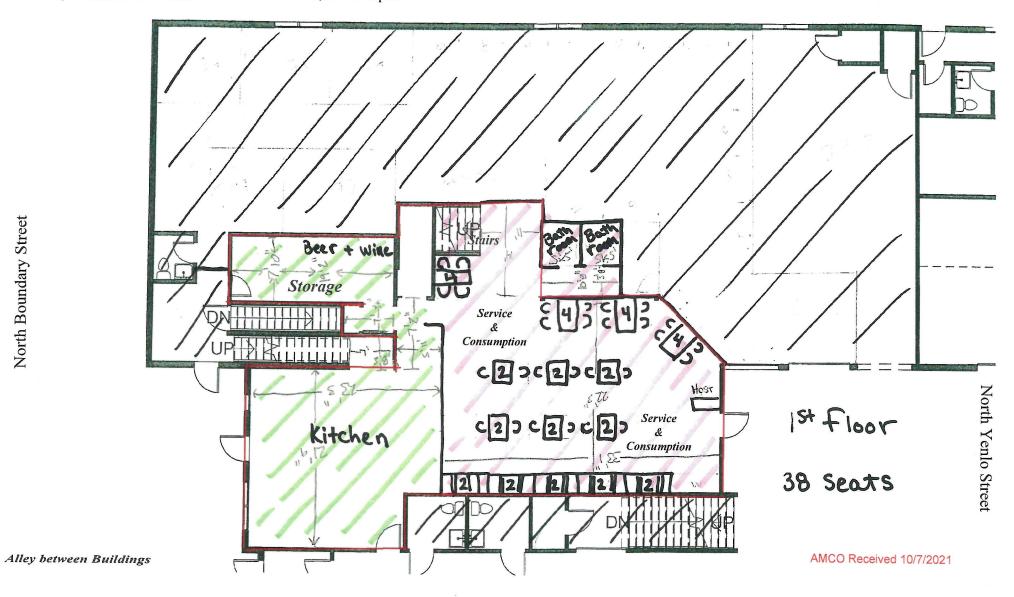
[Form AB-02] (rev 06/24/2016)

AMC

Page 2 of 2

True North

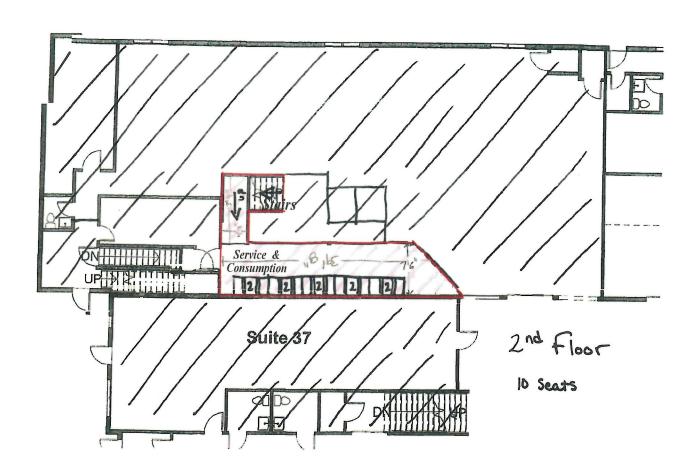
Estimated 1,929.79 sq ft.



East Herning Ave.

Meta & Rose Co. Clock Tower Restaurant 290 North . Yenlo Street, Suite 37 Wasilla, Alaska 99654-7133

True North



Alley between Buildings

First Floor

(Ragioi)

AMCO Received 10/11/2021

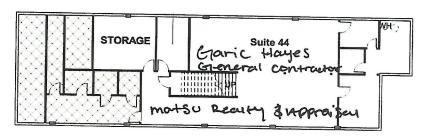
AMCO Received 10/11/2021 42 Bomson
43 Cest la vie 1/16" = 1'-0" Suite 43 38 Office ACG-35 Mezzanine Suite 42 CeSt 1a une 38 Mezzanine 34 Mezzanine 33 Mezzanine 40 Mezzanine SUITE 38
MEZZANINE
SUITE 40
MEZZANINE SUITE 33
MEZZANINE
SUITE 34
MEZZANINE SUITE 42 SUITE 43 SUITE 35 MEZZANINE Name 1346 SF 546 SF 405 SF 433 SF 745 SF 173 SF 384 SF Area SECOND FLOOR The Clock Tower GARIC HAYES Legacy Ventures A1.03 Data

Second Floor

Basement

44- Garic Hayes General contractor Matsu Realty & Approvisal



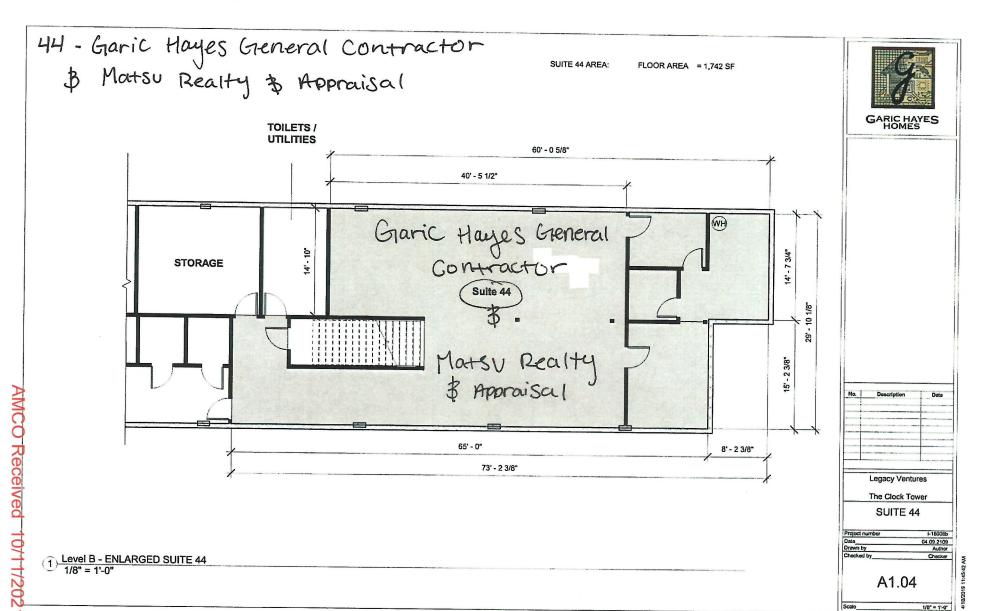


Name	Area
SUITE 44	1742 SF
TOILETS / UTILITIES	137 SF
STORAGE	259 SF

No.	Description	Deta
	Legacy Ventur The Clock Tow	
	BASEMEN	
roject i ala_ rawn b hecked	number Y I by	I-18008b 04,09,2109 Author Checker
	A1.01	
calo		1/16" = 1'-0"

1/16" = 1'-0"

) Received 10/11/202





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Alaska Alcoholic Beverage Control Board

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 **menu** or expected menu listing the meals, including entrees prepared onsite and offered to patrons, and copy of the DEC Food Service Permit (or corresponding DHHS documentation for licenses located in the Municipality of Anchorage) 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: Meta & Rose, Co. License Type: REPL (Pubic Convenience) License Number: **Doing Business As:** Meta & Rose **Premises Address:** 290 North Yenlo Street, Suite 37 City: Wasilla State: ZIP: Alaska 99562 **Contact Name:** Mae Hayes **Contact Phone:** 907-982-1449

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.
2.
3.
l.

OFFICE USE ONLY		
Transaction #:	Initials:	



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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 – Minor A	Access		
Review AS 04.16.049(a)(2); AS 04.16.049(a)(3); AS 04.16.049(c)			
List where within the premises minors are anticipated to have access in the Section 2. (Example: Minors will only be allowed in the dining area. OR Minors	ors will only be employed and present in the Kitchen.)		
Minors visiting the establishment will only be allowed in the establishments will only be employed and present in the ki	e dining area. Minors employed by the itchen.		
Describe the policies, practices and procedures that will be in place to ensu dining or employed at your premises.	re that minors do not gain access to alcohol while		
All persons ordering wine or beer will be asked to show va government entity stating that their age is 21 or older. Mind tables will be promptly bussed. Any minor attempting to pu	ors will not be served wine or beer. All		
Is an owner, manager, or assistant manager who is 21 years of age or older during business hours?	Yes No always present on the premises		
Section 4 – DEC Food Ser	vice Permit		
Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, the Municipality of Anchorage) corresponding Department of Health and Hun	sec 4 - have not yet applied		
Please follow this link to the DEC Food Safety Website: http://dec.alaska.gov Please follow this link to the Municipality Food Safety Website: http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/f	in complete		
IF you are unable to certify the below statement, please discuss the matter w	can be part of		
I have attached a copy of the current food service permit for this premises OR	delegation		
*Please note, if a plan review approval is submitted, a final permit will be requapplication.	A su letter after		

menu

[Form AB-03] (rev 4/16/2019



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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 5 – Hours of Operation				
Review AS 04.16.010(c).				
Enter all hours that your establishment intends to be ope	n. Include variances in weel	kend/weekday hours, and in	dicate am,	/pm:
Monday through Thursday 8:00 a.m. to 8:00 p.m. Friday 8:00 a.m. to 10:00 p.m. Saturday 10:00 a.m. to 10:00 p.m. Sunday 10:00 a.m. to 8:00 p.m.				
Section 6 –	Entertainment &	Service		
Review AS 04.11.100(g)(2)				
Are any forms of entertainment offered or available with within the proposed licensed premises?	nin the licensed business or		Yes	No ✓
ood and beverage service offered or anticipated is:				
table service buffet service	counter service	other		
"other", describe the manner of food and beverage servi	ice offered or anticipated:			

[Form AB-03] (rev 4/16/2019



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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Occion /	- Certifications an	a Approvais	
Read each line below, and then sign your initials in	n the box to the right of each	statement:	Initials
There are tables or counters at my establishment f	for consuming food in a dining	g area on the premises.	MH DS
I have included with this form a menu, or an expec This menu includes entrees that are regularly sold	cted menu, listing the meals to and prepared by the licensee	be offered to patrons. at the licensed premises.	MH
I certify that the license for which I am requesting golf course, or restaurant or eating place license.	designation is either a bevera	ge dispensary, club, recreational site,	Mf
I have included with this application a copy of the r (AB-03 applications that accompany a new of not be required to submit an additional copy	or transfer license application	or the premises to be permitted. will	MH
I declare under penalty of perjury that this form, inc CC Docusioned by: Signature of licensee Mae Hayes Printed name of licensee		Signature of Notary Public and for the State of Alaska	is true,
		My commission expires: October	<u>6, 2023</u>
	and sworn to before me this _	NOTARY PUBLIC HeatherAn Hemenway STATE OF ALASKA My Commission Expires October 6, 202	, 20 <u>21</u> .
Local Government Review (to be completed by an	appropriate local government	official): Approved	Denied
Signature of local government official	Date		
Printed name of local government official	Title		

[Form AB-03] (rev 4/16/2019



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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:	Enforcement Recommendation:	Approve	Deny
Signature of AMCO Enforcement Supervisor	Printed name of AMCO Enforcement Supervisor		
Date			
Enforcement Recommendations:			
AMCO Director Review:		Approved	Denied
Signature of AMCO Director	Printed name of AMCO Director		
Date			
Limitations:			

the clock tower restaurant

BREAKFAST

WAFFLES

CLASSIC WAFFLES

BUTTERED WAFFLES, FRESH STRAWBERRIES, HOUSEMADE WHIPPED CREAM, TOPPED WITH DARK CHOCOLATE SAUCE AND MAPLE SYRUP.

MONTE CRISTO WAFFLES HAM, GAVORDI CHEESE, TOP WITH A LIGHT RASPBERRY JAM AND POWEDERED SUGAR

FRENCH TOAST

STUFFED FRENCH TOAST CREAM CHEESE FILLING AND FRUIT TOPPED WITH EITHER A CINNAMON, CITRUS OR CHOCOLATE JAM

SAVORY FRENCH TOAST,
GARLIC, HERB, HOT SAUCE, AND SPICES REPLACE
TRADITIONAL BATTER INGREDEINETS, PAN FRIED,
TOPPED WITH A BACON JAM, CRISPY BACON AND
CHEESF.

GLOBALLY INSPIRED BREAKFAST

HEAVOUS RANCHEROS
POACHED EGGS COOKED TO YOUR PREFERENCE, REFIRED
BEANS, BLACK BEANS, TWO CORN TORTILLAS, TOPPED
WITH CHEESE AND SOUR CREAM.

INDIAN MASALA TOAST TUMERIC, CORRIANDER, CILANTRO AND OTHER SPICES DIPPED IN AN EGG BATTER AND PAN FRIED.

SOMETHING GREEK AND FETA LIKE THEIR FETA PIE OR SOMETHING. BETTER THAN QUICHE BUT MO BETTER.

IRISH BREAKFAST POTOTAES

BREAKFAST SALAD

BREAKFAST CROSTINIS

AVOCADO & POACHED EGG TOMATO, BASIL AND FRESH MOZZERELLA BRIE, JAM AND BERRIES RICOTTA, PEACHES AND HONEY SMOKED SALMON, CREAM CHEESE AND CHIVES

EGGS BENEDICT

CLASSIC POACHED EGG WITH HAM STEAK AVOCADO WITH BACON TOMATO WITH PROSCIOTTO SMOKED SALMON AND CHIVES

BREAKFAST BUFFET BOARDS

LITTLE WAFFLES AND MAPLE SYRUP DIP, CINNAMON PINWHEELS, BREAKFAST CHESESES, RASPBERRYS, ORANGE SLICES, PECANS, AVOCADO SLICES, SOFT BOILED EGGS, CRISPY BACON

LTTLE CROSSIANTS AND BACON JAM, BREAKFAST CHESESES, GRAPES, STRAWBERRY'S, SOFT BOILED EGGS, HAM STEAK BITES,

EGGS BENEDICT BOARD
POACHED EGGS, QUARTERED ENGLISH MUFFIN
TOAST, CRISPY BACON, HAM STEAK, SMOKED
SALMON, PROSCIOTTO, THIN SLICED TOMATO,
AVOCADO SLICES, CHIVES

SMALL BITES

GREEK YOGURT, FRUIT, TOPPED WITH NUTS AND HONEY

STEEL CUT OATS, FRUIT, SERVED WITH SIDE OF BROWN SUGAR,

AMACC

BEVERAGES

ENERGY DRINKS
ICED TEA
HOT TEA
HOT WATER LEMON HONEY
EPHORIC DRINKS
SODA PRODUCTS (COKEVSPEP?)
ITALIAN SODA
SAN PELLIGRENO
SPARKLING WATER SELECTIONS

ORANGE JUICE
APPLE JUICE
PINEAPPLE JUICE
CRANBERRY JUICE

COFFEE AND ESPRESSO

DRIP COFFEE
LATTE
MOCHA
AMERICANO
SYRUPS:
ALMOND
VANILLA
ETC

HOT CHOCOLATE
ENERGY DRINKS
ITALIAN SODA
CHAI TEA
ETC

AMCO JUN - 4 2021

the clock tower restaurant

LUNCH

SANDWICHES

SOUPS

SALADS

Bahn Mi

Mozzerella Pesto

Steak Sandwhich

Austrian Sandwhich

Country Ham

Cuban Sandwhich

Pulled BBQ Chicken

BLT

Tom Kha Gai

Tomato Soup

French Onion

Hungarian Mushroom

Clam Chowder

Black Bean Soup

Baked Potato Soup

Baked Potato

Elang Prabang

Ceasar Salad

Wedge Salad

Shopska Salad

Cobb Salad

Mixed Greens

Cobb Salad

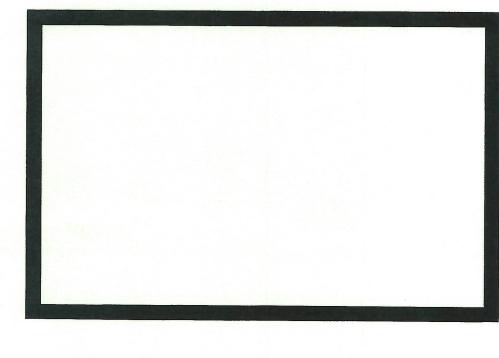
Avocado Salad

the clock tower restaurant

SMALL PLATES

CHICKEN AND WAFFLES

SEASONAL CHARTUTIRE BOARD HUMMUS BOARD



the clock tower restaurant

DINNER

R

APPETIZERS

SHRIMP TACOS

HUMMUS PLATTER

BACON WRAPPED APPRICOTS

CAJUN DRESSED SHRIMP

SEAONSAL CHARTUTARIE BOARD

BAKED CAPRESE WITH FRENCH BREAD

SOUPS & SALADS

ENTREES

BEEF TENDERLOIN WITH RED WINE GRAVY AND HORSERADDISH MASHED POTATOES

PORK CHOPS AND APPLES

LEMON CHICKEN

MEDITERIAN CHICKEN
WITH TATZIKI AND RICE

AME

JUN - 4 2021

the clock tower restaurant

WEEKEND BRUNCH

CHICKEN AND WAFFLES

STUFFED

BISQUITS AND

YOUR PARAGRAPH TEXT

SEASONAL CHARTUATIRE BOARD

EGGS BENEDICT BOARD

the clock tower restaurant

OUR HOUSE DRESSED BEER	BEER MENU



Department of Environmental Conservation

DIVISION OF ENVIRONMENTAL HEALTH FOOD SAFETY & SANITATION PROGRAM

1700 E Bogard Rd. Bldg. B. Suite 103 Wasilla, Alaska, 99654 Main: 907.376.1854 Fax: 907.376.2382 www.dec.alaska.gov/eh/fss

nathan.maxwell@alaska.gov

March 15, 2021

Meta & Rose Attn: Ms. Hayes 189 E Nelson Avenue #205 Wasilla, AK 99654

Re: Plan Review Approval for Meta & Rose

Facility: 23202 Permit ID: 11703

Dear Ms. Hayes:

Thank you for submitting your Food Establishment Application and Plan Review Application for Meta & Rose located at 189 Nelson Avenue #205 Wasilla, Alaska.

This letter serves as approval of your plan review application.

This approval is contingent on you doing the following:

Participating in a Virtual Food Safety Assessment scheduled with our program.

After completing the above items, you will receive a copy of your permit in the mail and may begin operating.

The following is a link to resources that address common food safety risk factors that may be helpful for you and your employees: https://dec.alska.gov/eh/fss/risk-factor-resources/. Please notify our office if there are any significant changes to your facility, or you have new activity, change in the style of service, new products, menu or process changes, or ownership.

If you have any questions, please do not hesitate to contact an EHO in our Wasilla office: Nathan Maxwell at (907) 376-1854 / nathan.maxwell@alaska.gov or Krista Weydahl at (907) 376-1857 / krista.weydahl@alaska.gov.

Sincerely,

Nathan Maxwell

Environmental Health Officer

har Maxwell

AMCO

JUN - 4 2021