



## MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: November 8, 2022

FROM: Kristina Serezhenkov, OLE

RE: #4696 Ms. Gene's Place

**Requested Action:** Transfer license application for Beverage Dispensary-Tourism 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(d)(2): "The board may approve  
(2) the renewal or transfer of ownership of a beverage dispensary or restaurant or eating place license issued under (1) of this subsection if the  
(A) holder of the license operates a hotel, motel, resort, or similar business relating to the tourist trade that  
(i) has a dining facility on the licensed premises or kitchen facilities in a majority of its rental rooms; and  
(ii) maintains at least the minimum number of rental rooms that the hotel, motel, resort, or similar business had at the time of initial licensure or that were required at the time of initial licensure; or

**Staff Rec.:** Approve with delegation

**Background:** This is an application to transfer a Beverage Dispensary – Tourism license to JL Hotel Seward LLC in the City of Seward.

AS 04.11.400(d)(2)(A)(ii) requires that the facility must maintain at least the minimum number of rental rooms required at original licensure. Staff has determined that the license is compliant with the room number requirements.

Attachment: Tourism Statement  
AB-00  
AB-02  
AB-03

**Tourism Statement**  
**JL Hotel Seward, LLC**  
**Ms. Gene's Place BD Tourism #4696**

***1. Explain how the issuance of a liquor license at your establishment has/will encourage tourism.***

The Hotel Seward is a 63 room, full-service hotel. The hotel is located in downtown Seward, within steps of the Alaska Sealife Centre, the Harbor, and the Museum. Many visitors to Alaska, and certainly Seward, require both appropriate and desired hotel accommodations and amenities as part of their itineraries, to include food and beverage services, including the opportunity to purchase adult style beverages. The Hotel Seward provides such services to approximately 12,000 guests per season.

***2. Explain how the facility was/will be constructed or improved in accordance with this application.***

Ms. Gene's Place, at the Hotel Seward, is a 25-seat dining restaurant facility that includes a full-service bar. As a very large percentage of our patrons at the Hotel are adults, on vacation, their ability to order adult style beverages to accompany their dining choices ensures a high level of service and satisfaction for their stay at the hotel.

***3. Who operates the facility for which a liquor license is being applied?***

Jonathan Rubini, Leonard Hyde are members of JL Hotel Seward, LLC JL Hospitality Management, LLC operates the tourism facility in which the license is located.

Leonard and Jonathan own other liquor licenses and businesses within Anchorage and other areas of Alaska including Fairbanks, and Denali without any incidents. Leonard, Jonathan, and staff are dedicated to serving alcohol in a responsible manner, while providing a fun and friendly environment to our out of state guests.

***4. Do you offer room rentals to the traveling public? Yes.***

***5. If so, how many of these rooms are available? Do any of the rental rooms have kitchen facilities (defined as: a separate***

***sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)? If yes, how many of the rental rooms have kitchen facilities that meet this definition? Do you stock alcoholic beverages in guest rooms?***

The Hotel Seward includes 63 overnight guest accommodations, two of which have kitchen facilities. The hotel does not stock alcoholic beverages in guest rooms. The hotel is not located within an airport terminal.

**6. Does your establishment include a dining facility?**

Yes, Ms. Gene's Place offers a full-service food menu in a comfortable setting.

**7. Are additional amenities available to your guests through your establishment (e.g.: guided tours or trips, rental equipment for guests, other activities that attract tourists)?**

Yes, The Hotel Seward offers assistance to guests who are interested in participating in local tours, trips and activities that attract tourists. Such help extends to providing information, promotional materials, and booking options and other assistance, through our agreements with a large number of attraction/activity vendors in the Seward area to include fishing.

In short, all of those things, which are routinely done by businesses in Alaska to encourage tourism, will continue to be done by the operators of the facility.



Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

### What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing 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, AS 04.11.280, AS 04.11.290, 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 – Transferor Information

Enter information for the *current* licensee and licensed establishment.

|                       |                                |                      |               |
|-----------------------|--------------------------------|----------------------|---------------|
| Licensee:             | Northern Lights Espresso, Inc. | License #:           | 4696          |
| License Type:         | Beverage Dispensary Tourism    | Statutory Reference: | 04.11.400 (d) |
| Doing Business As:    | Gene's Place                   |                      |               |
| Premises Address:     | 217 5th Ave.                   |                      |               |
| City:                 | Seward                         | State:               | AK            |
|                       |                                | ZIP:                 | 99664         |
| Local Governing Body: | Kenai Peninsula Borough        |                      |               |

### Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY

|                     |            |                |           |
|---------------------|------------|----------------|-----------|
| Complete Date:      | 11-8-22    | Transaction #: | 160471342 |
| Board Meeting Date: | 12-12-2022 | License Years: |           |
| Issue Date:         |            | BRE:           | KKS       |



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 2 – Transferee Information**

Enter information for the *new* applicant and/or location seeking to be licensed.

|                    |                      |        |    |      |       |
|--------------------|----------------------|--------|----|------|-------|
| Licensee:          | JL Hotel Seward, LLC |        |    |      |       |
| Doing Business As: | Ms. Gene's Place     |        |    |      |       |
| Premises Address:  | 217 5th Ave.         |        |    |      |       |
| City:              | Seward               | State: | AK | ZIP: | 99664 |
| Community Council: |                      |        |    |      |       |

|                  |                 |        |    |      |            |
|------------------|-----------------|--------|----|------|------------|
| Mailing Address: | P.O. Box 202845 |        |    |      |            |
| City:            | Anchorage       | State: | AK | ZIP: | 99520-2845 |

|                      |                        |                 |          |  |  |
|----------------------|------------------------|-----------------|----------|--|--|
| Designated Licensee: | Leonard Hyde           |                 |          |  |  |
| Contact Phone:       | 279-8068               | Business Phone: | 279-8068 |  |  |
| Contact Email:       | lhyde@jlproperties.com |                 |          |  |  |

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

**Section 3 – 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.

2.5 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.

387 Feet



Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

## Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.  
 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: |  |

## Section 5 – 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 6.  
 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: | Leonard Hyde                |        |          |          |       |
| Title(s):        | Member                      | Phone: | 279-8068 | % Owned: | 50    |
| Address:         | 10102 Pointe Resolution Dr. |        |          |          |       |
| City:            | Anchorage                   | State: | AK       | ZIP:     | 99515 |



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

|                         |                  |               |          |                 |       |
|-------------------------|------------------|---------------|----------|-----------------|-------|
| <b>Entity Official:</b> | Jonathan Rubini  |               |          |                 |       |
| <b>Title(s):</b>        | Member           | <b>Phone:</b> | 279-8068 | <b>% Owned:</b> | 50    |
| <b>Address:</b>         | 2655 Marston Dr. |               |          |                 |       |
| <b>City:</b>            | Anchorage        | <b>State:</b> | AK       | <b>ZIP:</b>     | 99517 |

|                         |  |               |  |                 |  |
|-------------------------|--|---------------|--|-----------------|--|
| <b>Entity Official:</b> |  |               |  |                 |  |
| <b>Title(s):</b>        |  | <b>Phone:</b> |  | <b>% Owned:</b> |  |
| <b>Address:</b>         |  |               |  |                 |  |
| <b>City:</b>            |  | <b>State:</b> |  | <b>ZIP:</b>     |  |

|                         |  |               |  |                 |  |
|-------------------------|--|---------------|--|-----------------|--|
| <b>Entity Official:</b> |  |               |  |                 |  |
| <b>Title(s):</b>        |  | <b>Phone:</b> |  | <b>% Owned:</b> |  |
| <b>Address:</b>         |  |               |  |                 |  |
| <b>City:</b>            |  | <b>State:</b> |  | <b>ZIP:</b>     |  |

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.

|                                 |                 |                        |           |                    |            |
|---------------------------------|-----------------|------------------------|-----------|--------------------|------------|
| <b>DOC Entity #:</b>            | 10193916        | <b>AK Formed Date:</b> | 4/22/2022 | <b>Home State:</b> | AK         |
| <b>Registered Agent:</b>        | Leonard Hyde    | <b>Agent's Phone:</b>  | 279-8068  |                    |            |
| <b>Agent's Mailing Address:</b> | P.O. BOX 202845 |                        |           |                    |            |
| <b>City:</b>                    | Anchorage       | <b>State:</b>          | AK        | <b>ZIP:</b>        | 99520-2845 |

Residency of Agent: Yes No

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



Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

## Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee 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):

Leonard and Jonathan both have interest in these licenses: BD Tourism #3849, River's Edge Hotels, LLC Fairbanks, AK. BD Tourism #3694 JL Airport Hotel, LLC, Anchorage AK. BD Tourism #5917 JL 35th Avenue Hotel, LLC, Anchorage AK. BD Tourism #6015 Aloft Hotel in Anchorage, AK, BD Tourism #4099 in Denali, AK, BD Tourism #4280 in Denali, AK, and BD Tourism #6044 in Denali, AK

## Section 7 – 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:

The Law Offices of Ernouf & Coffey, P.C. is assisting with the application process.



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 8 – Transferor Certifications**

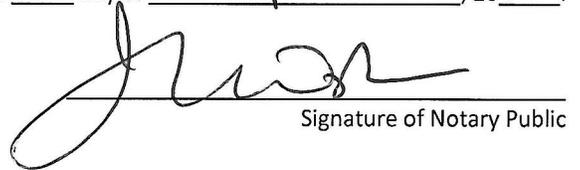
Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

  
\_\_\_\_\_  
Signature of transferor

Mark Kulstad  
\_\_\_\_\_  
Printed name of transferor

Subscribed and sworn to before me this 14 day of Sept, 2022.

  
\_\_\_\_\_  
Signature of Notary Public

Jennifer L. Ostle  
Notary Public  
PO Box 1059, 101 - #11 Buller St.  
Ladysmith, BC V9G 1A7

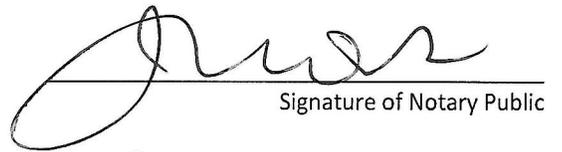
Notary Public in and for the <sup>Prov</sup>State of British Columbia.

My commission expires: N/A.

  
\_\_\_\_\_  
Signature of transferor

Mary Kulstad  
\_\_\_\_\_  
Printed name of transferor

Subscribed and sworn to before me this 14 day of Sept, 2022.

  
\_\_\_\_\_  
Signature of Notary Public

Jennifer L. Ostle  
Notary Public  
PO Box 1059, 101 - #11 Buller St.  
Ladysmith, BC V9G 1A7

Notary Public in and for the <sup>Prov</sup>State of British Columbia.

My commission expires: N/A.

notary verified K.S.



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 – Transferee Certifications

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

Initials

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



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



I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.



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



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



I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

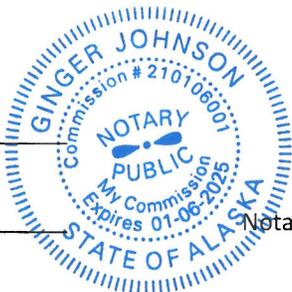


*Jonathan Rubini*

Signature of transferee

Jonathan Rubini

Printed name



*Ginger Johnson*

Signature of Notary Public

Notary Public in and for the State of

*Alaska*

My commission expires:

*01-06-2025*

Subscribed and sworn to before me this

*29th* day of *August*

, 20

*22*



## 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.

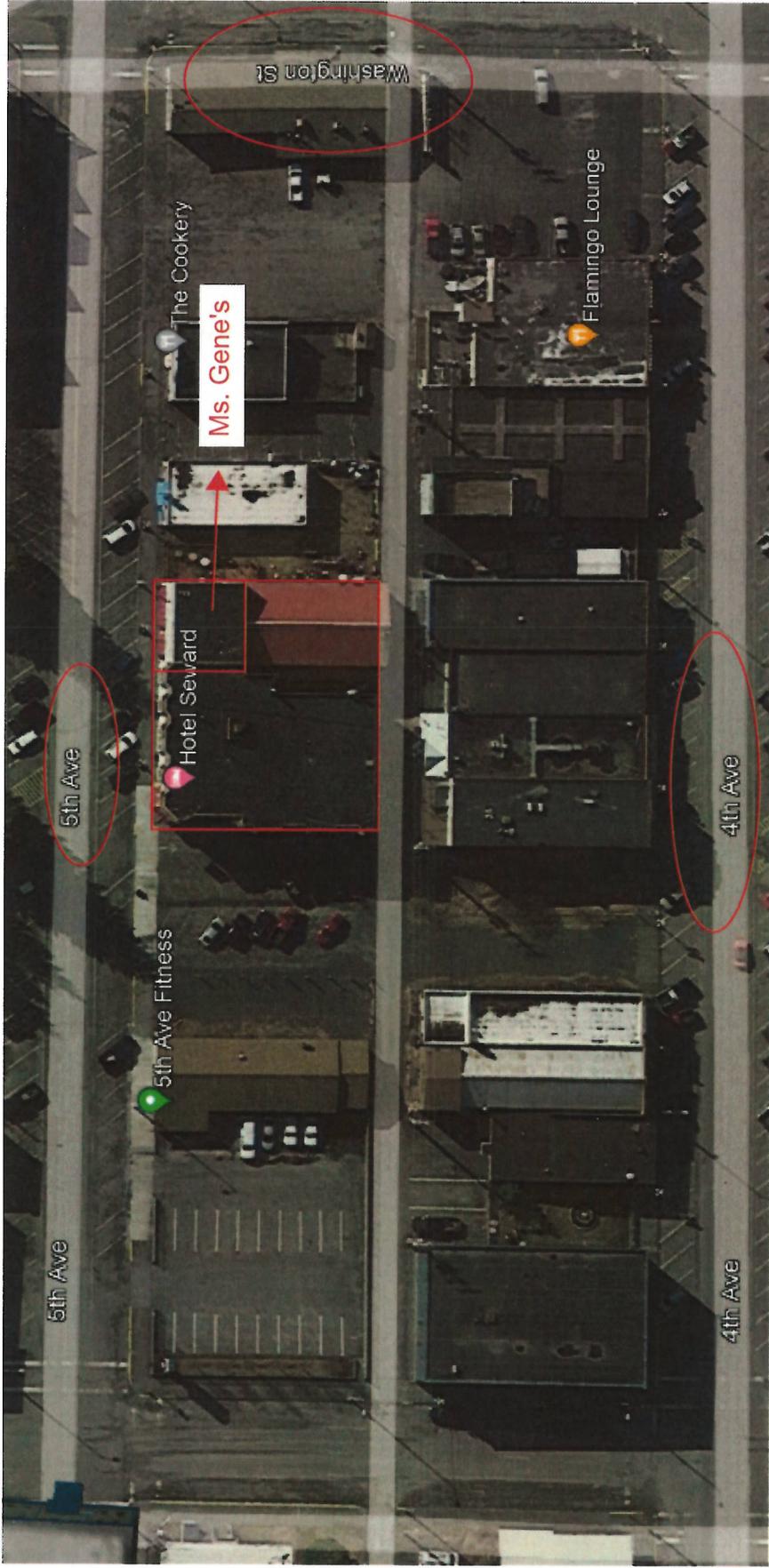
Yes No

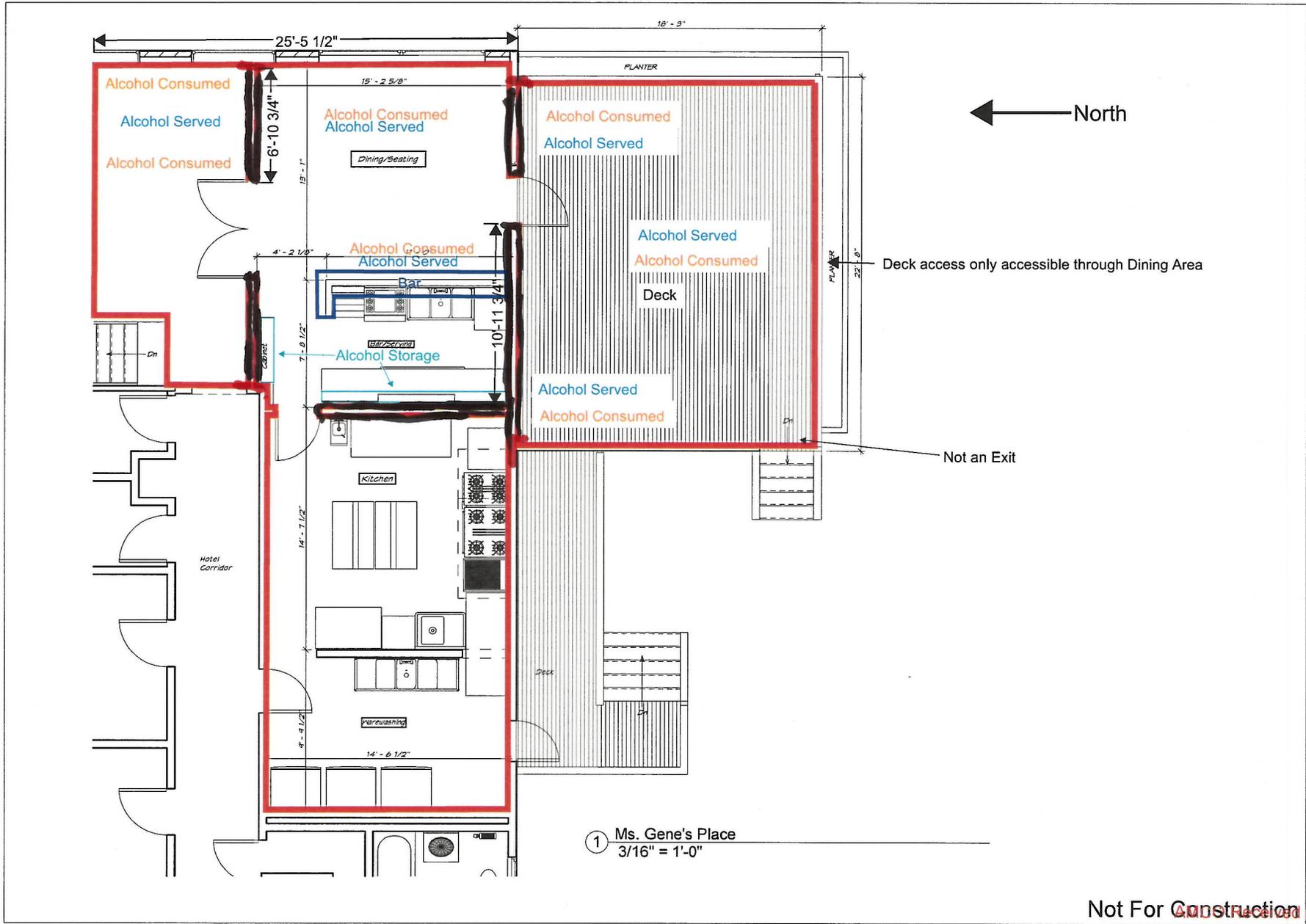
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

## Section 1 - Establishment Information

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

|                    |                             |                 |      |      |       |
|--------------------|-----------------------------|-----------------|------|------|-------|
| Licensee:          | JL Hotel Seward, LLC        | License Number: | 4696 |      |       |
| License Type:      | Beverage Dispensary Tourism |                 |      |      |       |
| Doing Business As: | Ms. Gene's Place            |                 |      |      |       |
| Premises Address:  | 217 5th Ave.                |                 |      |      |       |
| City:              | Seward                      | State:          | AK   | ZIP: | 99664 |





← North

|            |
|------------|
| REVISIONS: |
|            |
|            |
|            |
|            |

Seward Hotel

STATUS  
Existing Conditions

DRAWN BY: NMG  
CHECKED BY: NMG  
DATE: 10.13.22  
PROJECT #: Project Number

**R&M**  
R&M ENGINEERING, METCHIKAN, INC.  
7140 REVILLA ROAD, SUITE 300  
METCHIKAN, ALASKA 99801  
PH: 507.225.7917  
www.randmengineer.com

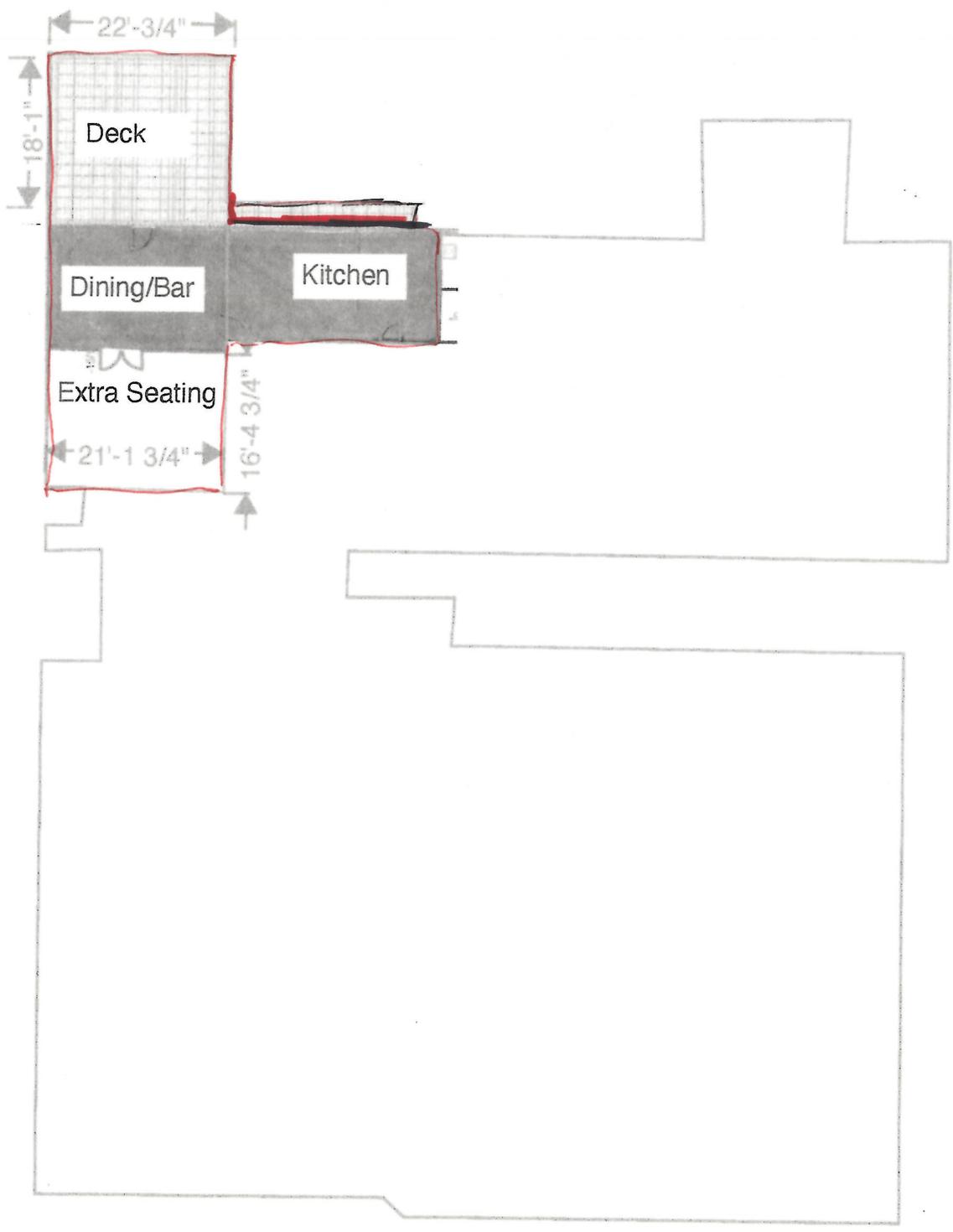
SHEET DESCRIPTION:  
Ms. Gene's Place

**A200**

SHEET  
26 of xx

Not For Construction 10/18/22

5th Ave



North

AMCO  
SEP 8 0 2022

5th Ave



|           |
|-----------|
| REVISIONS |
|           |
|           |
|           |
|           |

Seward Hotel

STATUS: Existing Conditions

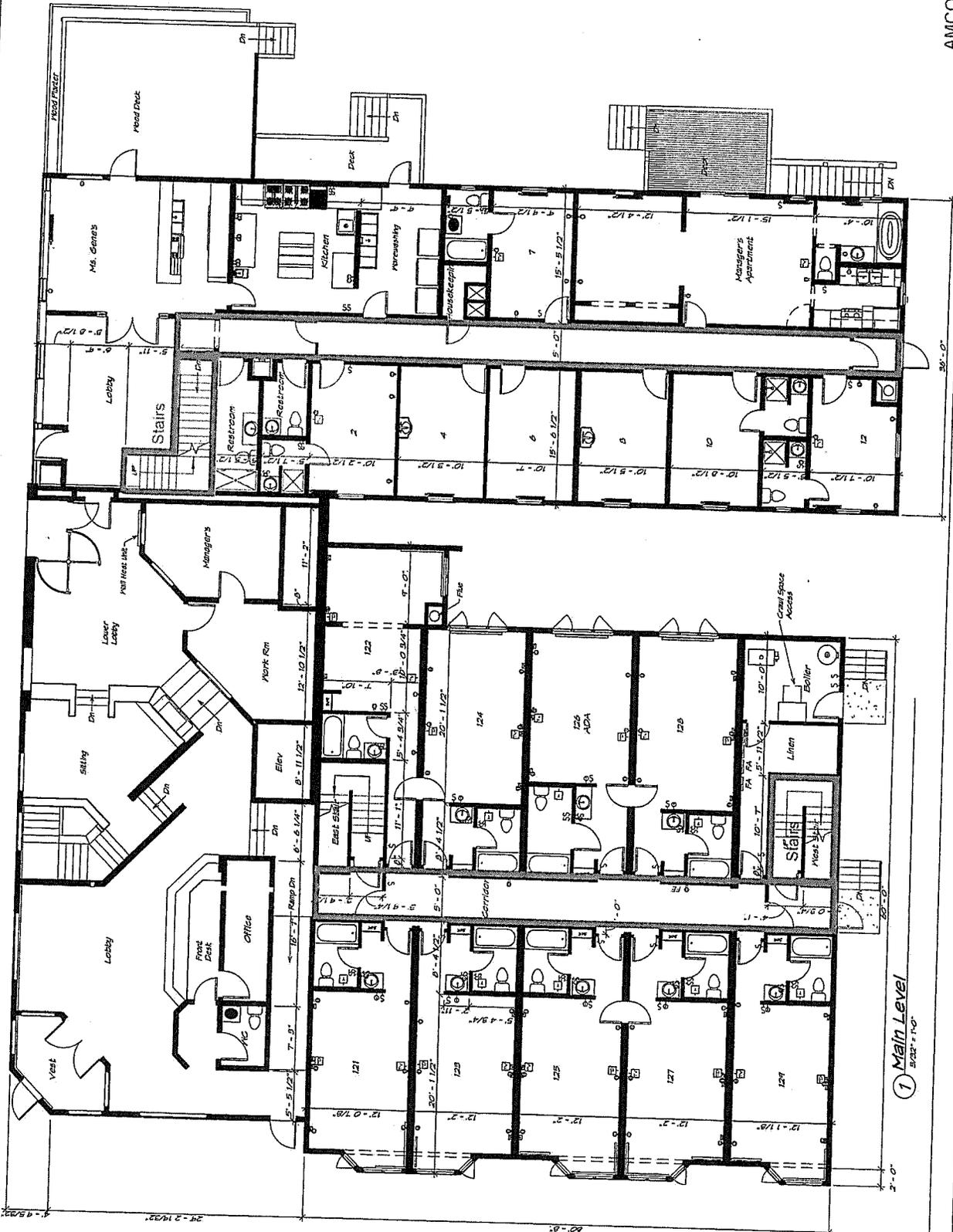
DESIGNED BY: M.S.  
 CHECKED BY: J.S.  
 DATE: 10/18/22  
 PROJECT # 2022-001

RAM ENGINEERING-KETCHIKAN, INC.  
 7190 REBILLA ROAD, SUITE 300  
 KETCHIKAN, ALASKA 99901  
 PH: 907.225.7917  
 WWW.KETCHIKANENGINEERING.COM

SHEET DESCRIPTION:  
 N/A Level Plan

A201  
 SHEET 10/18/22 of xx

AMCO Received 10/18/22



1 Main Level  
 3/23" = 1"=0"

|            |
|------------|
| REVISIONS: |
|            |
|            |
|            |
|            |

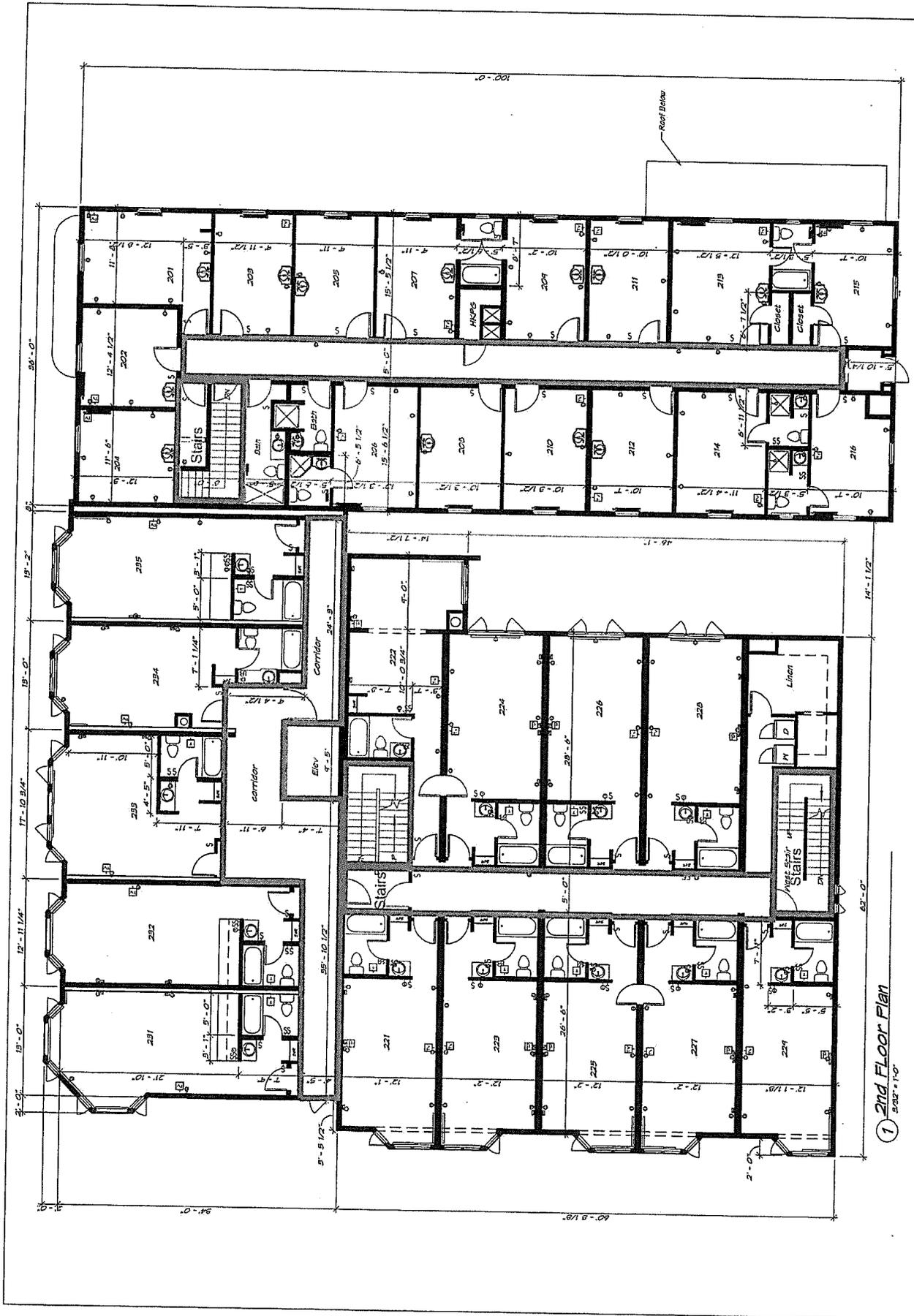
Seward Hotel

STATUS:  
Existing  
Conditions

DRAWN BY: AMCO  
CHECKED BY: CHRYL  
DATE: JUL 27  
PROJECT: RESTORATION  
R&M ENGINEERING-KETCHIKAL, INC.  
7180 REVILLA ROAD, SUITE 300  
KETCHIKAL, ALASKA 99901  
PH: 507.225.7917  
WWW.RESTORATIONR&M.COM

SHEET DESCRIPTION:  
2nd Floor Plan  
A202  
SHEET:  
18/22 of xx

AMCO Received 10/18/22



1 2nd Floor Plan  
1/8" = 1'-0"

|            |
|------------|
| REVISIONS: |
|            |
|            |
|            |
|            |
|            |

Seward Hotel

STATUS  
Existing  
Conditions

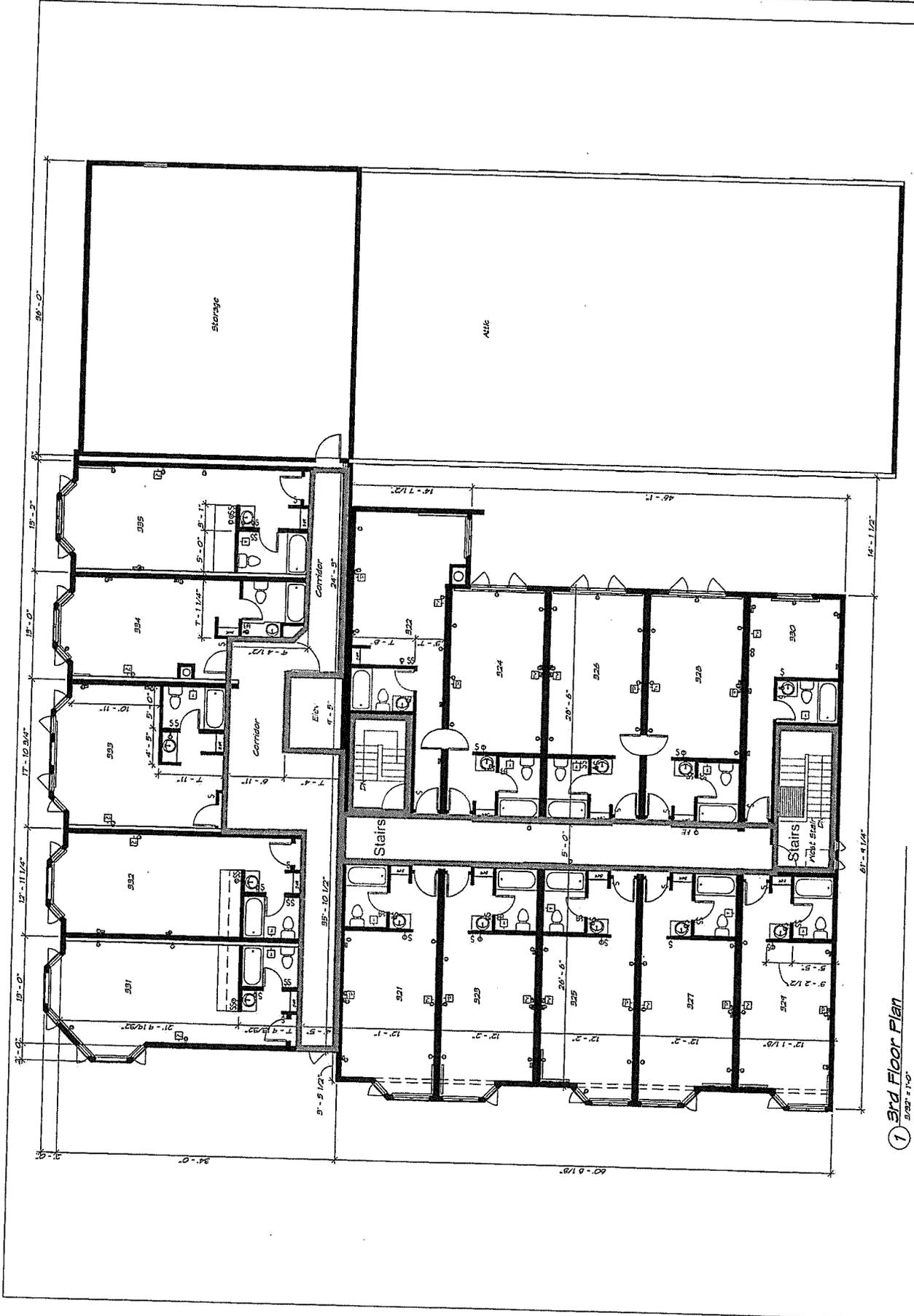
DESIGNED BY: NUS  
CHECKED BY: NUS  
DATE: 10.17.22  
PROJECT # P-2022-001

RAM ENGINEERING-KETCHIKAM, INC.  
7180 REVILLA ROAD, SUITE 300  
KETCHIKAM, ALASKA 99901  
PH: 907.225.1917  
WWW.RAMENGINEERING.COM

SHEET DESCRIPTION:  
3rd Floor Plan

A203

AMCO Received 10/18/22 of xx



1 3rd Floor Plan  
3/23" = 1'-0"



Dining/Bar



Extra Seating



Deck

**JL Hotel Seward, LLC**  
**Outside Security Plan**

JL Hotel Seward, LLC d.b.a. Ms. Gene's Place is located at 217 5<sup>th</sup> Ave., Seward, Alaska 99664. The outside area will be used during the summer months and for special social events for example weddings and area company receptions, etc.

There will be a manager on site at all times, and when the outdoor serving area is open (weather and staffing dependent), there will be hotel event staff walking between the indoor area, and outdoor area to monitor alcohol consumption. The outdoor area has an enclosure that is made of wood and is 6 foot fencing all the way around the deck so no one can take alcohol outside the area. We will have the appropriate legal signage posted stating no alcohol beyond this point. When the indoor seating area is open and the outdoor seating area is closed, doors to the outdoor seating area will be closed and used only for emergency egress. Hotel event staff in the indoor seating area will monitor, to ensure patrons do not attempt to use the outside area when it is closed.

AMCO  
SEP 30 2022



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Why is this form needed?

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 entrées prepared on-site 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.

Table with 6 rows and 6 columns containing establishment information: Licensee (JL Hotel Seward, LLC), License Type (Beverage Dispensary Tourism), License Number (4696), Doing Business As (Ms. Gene's Place), Premises Address (217 5th Ave.), City (Seward), State (AK), ZIP (99664), Contact Name (Jonathan Rubini), Contact Phone (279-8060).

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):

- 1. Dining after standard closing hours: AS 04.16.010(c)
2. Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
3. Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
4. Employment for persons 16 or 17 years of age: AS 04.16.049(c)
NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

OFFICE USE ONLY

Table with 2 columns: Transaction # (100471342) and Initials.



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 – Minor 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 course of either dining or employment as designated in Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minor patrons are allowed in the restaurant area, deck area, hotel rooms, and bathrooms. They are not permitted behind the bar, counter areas or in the kitchen areas. We do not employ minor employees.

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

Storage: All alcohol will be locked in secure storage. This will only be accessible by the restaurant owners, general manager and bar tender. Each of these individuals will be at least 21 years old and will hold on their persons a current TAP or eTIP card verifying that they have been trained to control the distribution and service of alcoholic beverages in Alaska.
Access/Service: There will be no alcohol sales or delivery outside the building walls except on the deck area which is a closed off area. Dining guests must walk in and out the same door, which controls the transfer of alcohol. An owner or manager is always on site and monitors the consumption of alcohol.

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours? Yes No [checked] [ ]

Section 4 – DEC Food Service Permit

Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Please follow this link to the DEC Food Safety Website: http://dec.alaska.gov/eh/fss/food/

Please follow this link to the Municipality Food Safety Website:

http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx

IF you are unable to certify the below statement, please discuss the matter with the AMCO office:

Initials

I have attached a copy of the current food service permit for this premises OR the plan review approval.

[Handwritten initials]

\*Please note, if a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.



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 open. Include variances in weekend/weekday hours, and indicate am/pm:

Restaurant is open 5pm to 10pm Monday through Sunday.

**Section 6 – Entertainment & Service**

Review AS 04.11.100(g)(2)

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?

Yes  No

If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur:

[Empty text box for describing entertainment]

Food and beverage service offered or anticipated is:

table service     buffet service     counter service     other

If "other", describe the manner of food and beverage service offered or anticipated:

[Empty text box for describing other food and beverage service]



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 entrées 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 hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Jonathan Rubini

Printed name of licensee

Signature of licensee

**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



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:

# Ms. Gene's Place



## Starters

### BLUE MUSSELS 17

green curry, coconut milk, lemon grass,  
Thai basil and blue moon ale

### COCONUT CRUSTED PRAWNS (5 pieces) 23

orange habanero dipping sauce

### SNOW CRAB CAKES (2 pieces) 18

baby kale and lemon tarragon aioli

### STEAMED CLAMS 17

white wine, butter, thyme and confit garlic

### PORK WINGS 18

house made BBQ sauce

## Soup and Salads

### CREAMY SEAFOOD CHOWDER

BOWL 15 CUP 8

local fresh fish, bay scallops  
with bacon and clams

### LOCAL GREENS 9

shaved fresh vegetables with  
lemon thyme vinaigrette

### CLASSIC CAESAR 12

creamy anchovy/lemon dressing, romaine hearts,  
Parma and bread crumb  
add chicken 16, shrimp 18,  
salmon 19, scallops 20

## Entrées

### CARIBOU SPAGHETTI BOLOGNESE 21

caribou, Duroc pork and ground chuck

### ROASTED CHICKEN 26

roasted Yukon gold potatoes, grilled asparagus  
and chicken jus

### PAN SEARED ALASKAN SOCKEYE SALMON 29

cauliflower puree, pickled fennel & red onion,  
baby kale and Kalamata olives

### PARMESAN CRUSTED HALIBUT CHEEKS 32

flash baked cheeks, toasted orzo, charred  
cauliflower and sun-dried tomato

### PLANCHA SEARED SCALLOPS 35

bacon, charred carrot risotto  
and porcini dust

### SEASONAL ALASKAN KING CRAB LEGS 11b

Market value

### PORK AND BEANS BELLY STYLE 26

Duroc pork belly braised in apple cider with  
cannellini, charred carrot  
and braised reduction sauce

### NEW ZEALAND LAMB CHOPS 32

salted roasted fingerling potatoes in a  
coriander crème fraiche, pea pesto and mint

### FILET MIGNON 39

8 oz prime filet, roasted Yukon gold  
potatoes, grilled asparagus  
and sauce bordelaise

### GRILLED RIB EYE 44

hand cut prime 14 oz rib eye, roasted Yukon  
gold potatoes, grilled asparagus  
and chimichurri sauce

Ask for Chef's Daily Specials

## Daily Special Desserts

### BAILEYS & CHOCOLATE BREAD PUDDING 12

chocolate custard, brioche, baileys Irish cream and salted caramel

### CHEESE CAKE 10

NY style cheesecake mixed berry coulis

### Lemon Tart Charlotte

Homemade Meyer Lemon short bread tart with a splatter of mix berry

AMCO

SEP 3 0 2022

20% Gratuity added to parties of 6 or more. Split Entrée plate fee \$15.

Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of food borne illness especially if you have certain medical conditions.



## Alaska Food Code 2022 Establishment Permit

Division of Environmental Health  
Food Safety & Sanitation Program

Permit Number: 13373  
Issued to: **JL SEWARD HOTEL, LLC**  
For: **Gene's Place Bar**  
For Operation of: **FN-4 Tavern/Bar**  
Located at: **217 5th ST Seward, AK 99664**

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:  
**December 31, 2022**

Program Manager:

A handwritten signature in black ink, appearing to read "Kimaly S. O'V", is written over the printed name of the Program Manager.

**If you have questions or concerns regarding  
safe food handling practices call toll free:**

# 1-87-SAFE-FOOD

**(in Anchorage call 334-2560)**



AMCO  
SEP 30 2022



## Alaska Food Code 2022 Establishment Permit

Division of Environmental Health  
Food Safety & Sanitation Program

Permit Number: 13372  
Issued to: **JL SEWARD HOTEL, LLC**  
For: **Gene's Place FS**  
For Operation of: **FF-1 Food Service**  
Located at: **217 5th ST Seward, AK 99664**

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:  
**December 31, 2022**

Program Manager:

A handwritten signature in blue ink, appearing to read "Kimberly S. ...", is written over the printed name of the Program Manager.

**If you have questions or concerns regarding  
safe food handling practices call toll free:**

# 1-87-SAFE-FOOD

**(in Anchorage call 334-2560)**



AMCO

SEP 3 0 2022