



Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

What is this form?

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

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

Section 1 - Establishment and Contact Information

Enter information for the business seeking to be licensed.

| | | | | | |
|-----------------------|------------------------------------------------------|----------------------|-------------|------|-------|
| Licensee: | Liquor License Michael and Maria Waring | | | | |
| License Type: | Restaurant / Eating Place ^{public consumed} | Statutory Reference: | 04.11.900cc | | |
| Doing Business As: | Moose-Aka's | | | | |
| Premises Address: | 238-9 Parks Hwy | | | | |
| City: | Denali | State: | AK | ZIP: | 99755 |
| Local Governing Body: | Denali Borough ASSEMBLY | | | | |
| Community Council: | Same | | | | |

| | | | | | |
|------------------|--------------|--------|----|------|-------|
| Mailing Address: | P.O. Box 627 | | | | |
| City: | Healy | State: | AK | ZIP: | 99743 |

| | | | | | |
|----------------------|--------------------------|-----------------|--------------|--|--|
| Designated Licensee: | Michael and Maria Waring | | | | |
| Contact Phone: | 808-937-1601 | Business Phone: | 907-750-4961 | | |
| Contact Email: | Mooseakas@gmail.com | | | | |

Seasonal License? Yes No
 If "Yes", write your six-month operating period: 4-15 until 10-15

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





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

Section 2 – Premises Information

Premises to be licensed is:

- an existing facility a new building a proposed building

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

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

10.2 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.

7.9 Miles

Section 3 – Sole Proprietor Ownership Information

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

This individual is an: applicant affiliate

| | | | | |
|----------|----------------|--------|----|------------|
| Name: | Michael Waring | | | |
| Address: | P.O. Box 627 | | | |
| City: | Healy | State: | AK | ZIP: 99743 |

This individual is an: applicant affiliate

| | | | | |
|----------|--------------|--------|----|------------|
| Name: | Maja Waring | | | |
| Address: | P.O. Box 627 | | | |
| City: | Healy | State: | AK | ZIP: 99743 |





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: | Michael Waring | | | | |
| Title(s): | Owner | Phone: | 408 937 1601 | % Owned: | 50 |
| Address: | P.O. Box 627 | | | | |
| City: | Healy | State: | AK | ZIP: | 99743 |

| | | | | | |
|------------------|-------------|--------|--------------|----------|-------|
| Entity Official: | Maja Waring | | | | |
| Title(s): | owner | Phone: | 808 973 1511 | % Owned: | 50 |
| Address: | Po Box 627 | | | | |
| City: | Healy | State: | AK | ZIP: | 99743 |

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

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





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 #: | | AK Formed Date: | | Home State: | |
| Registered Agent: | N/A | | Agent's Phone: | | |
| Agent's Mailing Address: | N/A | | | | |
| City: | | State: | | ZIP: | |

Residency of Agent: Yes No

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

Section 5 – Other Licenses

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

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

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

Section 6 – Authorization

Communication with AMCO staff: Yes No

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

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





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

Section 7 – Certifications

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

Initials

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



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



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



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



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



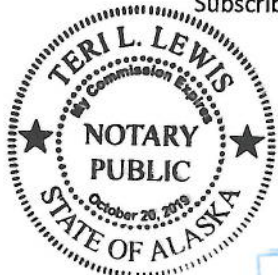
As an applicant for a liquor license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 04 and 3 AAC 304, and that I have examined this application, including all accompanying schedules and statements, and to the best of my knowledge and belief find them to be true, correct, and complete.

Signature of licensee

Michael S Uaring

Printed name

Subscribed and sworn to before me this 14th day of September, 2016.



Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 10-20-2019





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 **detailed floor plan** of the proposed designated and undesignated areas of the licensed business and a **menu** or expected menu listing the meals to be offered to patrons must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

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

Section 1 – Establishment Information

Enter information for licensed establishment.

| | | | |
|--------------------|----------------------------------|-----------------|---------|
| Licensee: | Michael and Majia Waring | | |
| License Type: | Accommodations and Food Services | License Number: | 1014258 |
| Doing Business As: | Moose-Aka's | | |
| Premises Address: | 238.9 Parks Hwy | | |
| City: | Denali | State: | AK |
| | | ZIP: | 99755 |

Section 2 – Type of Designation Requested

This application is for the request of the following designation(s) (check all that apply):

- Bona fide hotel, restaurant, or eating place: AS 04.11.100, 3 AAC 304.715 – 3 AAC 304.745
- Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- Employment for persons 16 or 17 years of age: AS 04.16.049(c)
- Dining after standard closing hours: AS 04.16.010(c) ?



OFFICE USE ONLY

| | | | | | |
|-------------|--|----------------|--|------|--|
| Issue Date: | | Transaction #: | | BRE: | |
|-------------|--|----------------|--|------|--|



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 – Additional Information

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

| Monday | Tuesday | wednesday | Thursday | Friday | Saturday | Sunday |
|----------|----------|-----------|----------|----------|----------|----------|
| 7AM-10PM | 7AM-10PM | 7AM-10PM | 7AM-10PM | 7AM-10PM | 7AM-10PM | 7AM-10PM |

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

Yes No

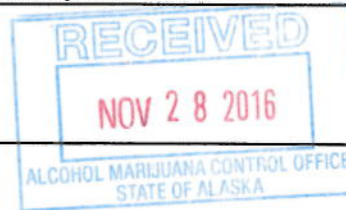
If "Yes", describe the entertainment offered or available:

Live Music - Solo Artists

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:



Is an owner, manager, or assistant manager 21 years of age or older always present on the premises during business hours?

Yes No

Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the third page of this form.

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

Yes No



Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600

Anchorage, AK 99501

alcohol.licensing@alaska.gov

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

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 4 – Detailed Floor Plan

Provide a detailed floor plan that clearly indicates the proposed designated and undesignated areas of the licensed business.





Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 5 – Certifications and Approvals

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

Initials

I have included with this form a detailed floor plan of the proposed designated and undesignated areas of the licensed business.

De

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

De

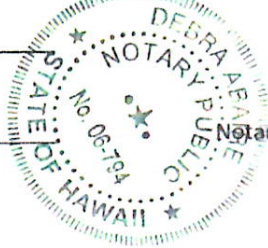
I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

De

I declare under penalty of perjury that I have examined this form, including all attachments and accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

Michael Swearing
 Signature of licensee

Michael Swearing
 Printed name of licensee



Debra Abair
 Signature of Notary Public DEBRA AB AIR

Notary Public in and for the State of Hawaii

My commission expires: 12-31-2018

Subscribed and sworn to before me this 21st day of NOVEMBER, 20 16.

NOTARY PUBLIC CERTIFICATION
 Debra Abair
 11th Judicial Circuit
 Doc. Description: RESTAURANT DESIGNATION

No. of Pages: 9 Date of Doc: 11-21-16

Debra Abair
 Notary Public 11-21-16



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

Approved Disapproved

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:

Signature of AMCO Enforcement Supervisor

Printed name of AMCO Enforcement Supervisor

Enforcement Recommendations:

AMCO Director Review:

Approved Disapproved

Signature of AMCO Director

Printed name of AMCO Director

Date

Limitations:



Moose-Aka's Proposed Menu:

Fried Crepes-

- Meat (Seasoned ground beef sautéed with carrots onions and bacon)
- Serbian Calzone (Marinara, pepperoni, mozzarella)
- Apple (granny smith apples sautéed with cinnamon and sugar)
- Strawberry cheesecake
- Nutella Banana
- Chicken (chicken breast shredded and sautéed with carrots and onions)
- Veggie (Carrots, garlic, squash, broccoli, cauliflower, onion, and asparagus sautéed in butter)

Crepes-

- Breakfast (Bacon Ham, or sausage, scrambled egg, and 3 cheese blend)
- Cheesecake with strawberry and blueberry
- Nutella Banana
- Captain Cook (Ham, Gouda, Pesto, red onion, and avocado)
- Mediterranean (chicken, pesto, Kalamata olives, red onion, roasted red pepper, and feta cheese)

Soup and Salad-

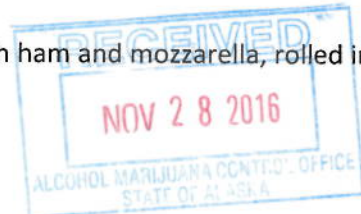
- Beef Corba (Serbian style of soup with potatoes, beef, bacon, carrots, onions, and chicken broth)
- Creamy Bacon Potato soup
- Vegan Soup (Seasonal veggies with a vegetable broth)
- Sopska salad (tomatoes, bell peppers, onions, cucumber, and feta cheese)

Appetizers-

- Schnitzel fingers (pork loin cut into strips, battered, breaded, and deep fried)
- Mekica (fried bread served with ajvar(roasted red pepper spread))
- Serbian Fried potatoes

Specialty Dishes-

- Moussaka (layered dish of potatoes, seasoned ground beef, potatoes, egg milk and sour cream crust)
- Chicken Pilaf (chicken, rice, carrots, onions, and celery baked with Italian parsley on top)
- Stuffed Pepper (bell pepper stuffed with beef, bacon, carrots, onions, and rice and cooked in a crock pot)
- Stuffed Schnitzel (Pork loin pounded thin and filled with ham and mozzarella, rolled in seasoned bread crumbs, and deep fried)



- Sarma (pickled cabbage leaf stuffed with seasoned ground beef and rice)
- Przenica (sliced bread, coated in egg batter, pan fried, served with ajvar, ham, and cream cheese)

Desserts-

- Princess Donut (baked sweet bread filled with cheesecake filling, or homemade custard)
- Baklava (phyllo dough stacked with honey and nuts)

Sides-

- Serbian fried potatoes
- Mashed potatoes
- Sautéed veggies



DENALI BOROUGH

P.O. Box 480 • Healy, Alaska 99743
Phone: (907) 683-1330 • Fax: (907) 683-1340
Email: dbgovt@mtaonline.net
Website: www.denaliborough.govoffice.com



Clay Walker, Mayor

September 13, 2016

To: State of Alaska Alcohol and Marijuana Control Office

Michael Waring is an applicant for a new liquor license on the premises of the Alaska Fish and Chips Company restaurant which is located in the Denali Borough. He understands that the Control Office needs a statement from the borough regarding the number and names of permanent residents within one mile of the establishment.

While the Denali Borough does not maintain a private property database, it is our clear opinion that no one person maintains a year-round residence within one mile of the establishment. We base this opinion on local knowledge. We also have a signed statement from the owner of the subject property stating that to the best of his knowledge, "there is no one person who lives within 3 plus miles of this restaurant".

This may be surprising given the level of summer activity within the one-mile radius, but as one who drives past there twice a day, all winter long, and who lives near the area, I can tell you that this area is not being used for permanent domiciles.

Should you have further questions don't hesitate to contact the Denali Borough office at (907) 683-1330.

Sincerely,

Clay Walker, Mayor





Alaska Alcoholic Beverage Control Board
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). | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| My proposed premises is outside, but within 50 miles of the boundary of a local government. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| My proposed premises is 50 miles or more from the boundary of a local government. | <input type="checkbox"/> | <input type="checkbox"/> |

Section 1 – Establishment Information

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

| | | | |
|--------------------|------------------------------------------------------------------|------------|------------|
| Licensee: | Maja and Michael Waring | | |
| License Type: | Restaurant/Eating Place Public Convenience Seasonal 04.11.400(g) | | |
| Doing Business As: | Moose-AKA's | | |
| Premises Address: | 238.9 Parks Hwy | | |
| City: | Denali | State: | AK |
| Latitude: | 63.749000 | Longitude: | 148.899000 |
| | | ZIP: | 99755 |



Alaska Alcoholic Beverage Control Board
Form AB-12: Petition

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

Section 4 - Certifications

This petition is not valid if this page is not complete, signed, and notarized.

Michael and Maja Waring, the applicant for a
(proposee licensee)

Restaurant/Leating Place Public Convenience 09.11.40065, hereby certify that the
(type of license applied for) (statutory reference)

number of permanent residents 21 years of age or older who live within 5 mile(s) of
(one/five)

238-9 Parks Hwy Denali, AK 99755 totals 0, and this petition
(proposed premises or nearest US Post Office address) (total population)

totals 0 signatures, which is 100 % of the permanent residents in the area as required by statute.
(number) (percentage)

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

[Signature]
Signature of licensee
Michael Waring
Printed name of licensee
[Signature]
Maja Waring

Melissa Takaki
Signature of Notary Public
Melissa Takaki
Notary Public in and for the State of Hawaii, County of Hawaii

My commission expires: April 13, 2020

Subscribed and sworn to before me this 9th day of December, 2016.

NOTARY PUBLIC CERTIFICATION
Melissa Takaki Third Judicial Circuit
Doc. Description: Form AB-12: Petition

No. of Pages: 4 Date of Doc: No date

Melissa Takaki 12/9/16
Notary Signature Date