

# 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 Fax: 907.272.9412

#### **MEMORANDUM**

TO: Board Chair and

Members of the ABC Board

DOMA: Frilia MacConnoll Discotor

FROM: Erika McConnell, Director

DATE: August 14, 2018

RE: #1443 Sheraton Anchorage Hotel

& Spa

This is an application to transfer the ownership of a Beverage Dispensary – Tourism license in the Municipality of Anchorage. This license was first issued on September 28, 1979.

AS 04.11.400(d)(1)(G) requires 50 rental rooms if the population is greater than 50,000. The Municipality of Anchorage has a certified population of 297,483.

The applicant offers 370 rental rooms, none of which include kitchenettes. Alcohol is not stocked in the rental rooms, and the establishment has a full-service restaurant.

### 2018 Alcohol License Renewal: Tourism Statement

Ashford TRS Anchorage LLC operates The Sheraton Anchorage Hotel & Spa and encourages tourism by providing lodging and dining services in an Authentic Alaskan setting. We are not located within an airport terminal, but we provide 370 well-appointed sleeping rooms with majestic Alaskan views, as well as several dining options for our guests. The sales team helps to sell Alaska as a destination through significant investment in marketing and by traveling to feeder cities with our convention bureau, spreading the good word about our state.

In addition to providing lodging and dining, we have 13 meeting rooms, totaling 24,000 sq. feet of flexible meeting space.

While our guest rooms do not have kitchen facilities or stocked alcoholic beverages, we offer catering services as well as breakfast, lunch and dinner in our restaurant and lounge. We also feature Starbucks coffee in our signature coffee bar as well.

The Sheraton Anchorage Hotel provides a warm, genuine, well-trained staff that is knowledgeable of local area attractions. In the peak summer season, we have an in-house concierge service that assists with trip planning, entertainment options and transportation. Year round, our Lobby Experience Manager is available to make each visit a memorable one.

There has been no significant construction or improvement in the last two years, as we completed over \$35M in renovation in 2009. Since 1979, The Sheraton Anchorage has firmly established itself as an Anchorage gem, providing employment to countless Alaskans and a home away from home for thousands of annual visitors to Alaska.





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### 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.

	Irrent licensee and licensed establishme	ent.			
Licensee:	Ashford TRS Nickel LLC		License #:		1443
License Type:	Beverage Dispensary-To	urism	Statutory Reference	:	AS 04.11.400 (d)
Doing Business As:	Sheraton Anchorage Hot	el & Spa	1		
Premises Address:	401 E. 6th Avenue			**	
City:	Anchorage	State:	AK	ZIP:	99501
Local Governing Body:	Municipality of Anchorage	9			
Transfer Type:					
✓ Regular transfer					
Transfer with securi	ity interest				
Involuntary retransf					

			OFF	ICE USE ONLY		
Complete Date:	7	210	118	Transaction #:	102470 108472	
Board Meeting Date:	8	114	118	License Years:	17/19	
Issue Date:		-		BRE:	CDC	

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## Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

	Section 2 - Trans	feree In	formation			
Enter information for the <i>ne</i>	<b>w</b> applicant and/or location seeking to	be licensed.				
Licensee:	Ashford TRS Anchorage	LLC		***************************************		
Doing Business As:	Sheraton Anchorage Hotel	el & Spa				
Premises Address:	401 E. 6th Avenue	y		-		
City:	Anchorage	State:	Alaska		ZIP:	99501
Community Council:	Downtown					
Mailing Address:	14185 Dallas Parkway, S	uite 1150	)			
City:	Dallas	State:	Texas		ZIP:	75254
Designated Licensee:	Deric Eubanks					
Contact Phone:	972-778-9316	Business I	Phone:	972-77	'8 <b>-</b> 945	51
Contact Email:	lisasalts@remingtonhotels	s.com	30 - 10			
Seasonal License?	No  If "Yes", write your si			d:		
	Section 3 – Premi	ises Info	rmation			
Premises to be licensed is:						
✓ an existing facility	a new building	a proposed	d building			
he next two questions must	be completed by beverage dispensary	ز (including t	ourism) and pag	ckage store	applica:	nts only:
What is the distance of the	e shortest pedestrian route from the p ne nearest school grounds? Include the	oublic entran	ce of the buildir	ng of your pur answer.	proposed	I premises to
To Avail HS: 0.5					-	
What is the distance of the the public entrance of the	e shortest pedestrian route from the p nearest church building? Include the (	ublic entran	ce of the buildir	ng of your p	proposed	premises to
To Archdiocese	of Anchorage: 0.4 miles v	valking				

[Form AB-01] (rev 10/10/2016)

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### Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

### **Section 4 - Sole Proprietor Ownership Information**

If more space is needed, plea	ted by any <u>sole proprietor</u> who is app ase attach a separate sheet with the r ust be completed for each licensee and	required infor	mation.	to Section	1 5.
This individual is an:	pplicant affiliate				
Name:					1797c 16
Address:					
City:		State:		ZIP:	
This individual is an: ap	pplicant affiliate				
Name:					
Address:					
City:		State:		ZIP:	

### **Section 5 - Entity Ownership Information**

This section must be completed by any <u>entity</u>, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a <u>corporation</u>, the following information must be completed for each <u>stockholder who owns 10% or more</u> of the stock in the corporation, and for each <u>president</u>, <u>vice-president</u>, <u>secretary</u>, and <u>managing officer</u>.
- If the applicant is a <u>limited liability organization</u>, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner* with an interest of 10% or more, and for each *general partner*.

Entity Official:	Ashford TRS Senio	or E LLC				W. 12
Title(s):	Member	Phone:	972-490-9600	% Owned:		100%
Address:	14185 Dallas Park	way, Suite 110	0			
City:	Dallas	State:	TX	ZIP:	752	254





**Corporations Section** 

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806 Phone: (907) 465-2550 · Fax: (907) 465-2974

Email: corporations@alaska.gov Website: Corporations.Alaska.Gov COR

RECEIVE June:

MJL 2 6 2616

CAF

### Statement of Change

### Foreign Limited Liability Company (AS 10.50)

- This Statement of Change form for Registered Agents or Registered Agent Address Changes is only for Foreign Limited Liability Companies.
- The Statement of Change will not be filed if the official signing this form does not match an official on record for this entity and/or if your entity's biennial report is not current. To verify your entity information on record, go online to Corporations.Alaska.Gov, Search Corporations Database
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

#### 1. Important:

AS 10.50.635-.640

Per AS 10.50.635, each Foreign Limited Liability Company shall (must) continuously (without interruption) maintain in this state (Alaska) a registered agent AND a registered office (with an Alaskan physical location and an Alaskan mailing address) for the purpose of a registered agent's statutory requirements to receive service of processes, notices, or demands required or permitted by law to be served upon the limited liability company.

Failure to meet registered agent requirements could result in revocation of the entity's authority to transact business in the State of Alaska. — AS 10.50.408(a)(2),(3)

For more registered agent information go to Corporations. Alaska. Gov, Registered Agents FAQs.

2. Fee:

(CORF)

3 AAC 16.065(b)

Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. Entity Information on Record with the State:

AS 10.50.637(1)

Entity Name:

Ashford TRS Anchorage LLC

Alaska Entity Number:

10082278

08-504

Rev 7/1/16

Foreign LLC Statement of Change 1 of 2

JUL 24 2018

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

4.	PREVIOUS Registered Agent Information on Record with the State:	AS 10.50.637(2), (4)
	PREVIOUS Registered Agent Name: Corporation Service Company	RECEIVED Juneau
	PREVIOUS Registered Agent Addresses:	JUL 2 0 2018
	→ PHYSICAL Address: 9360 GLACIER HIGHWAY, SUITE 202	CSPI_
	City: JUNEAU State: AK (mandatory)	
	→ MAILING Address: 9360 GLACIER HIGHWAY, SUITE 202	
	City: JUNEAU State: AK (mandalory)	ZIP Code: 99801
5.	NEW Registered Agent Information to be Updated with the State:	AS 10.50.637(3), (5)
	NEW Registered Agent Name: Walter T. Featherly III  (Registered agent cannot be the entity listed in Item 3 or	n Page 1 and cannot be an LLC)
	If the new Registered Agent is an entity, provide its entity number:	
	NEW Registered Agent Addresses:	
	→ PHYSICAL Address: 420 L Street, Suite 400	
	City: Anchorage State: AK (mandatory)	ZIP Code: 99501
	→ MAILING Address: 420 L Street, Suite 400	
	City: Anchorage State: AK (mandatory)	ZIP Code: 99501
6.	Authorization per Alaska Statute:	AS 10.50.637(7)
	The registered agent change was authorized by the company. Per AS 10.50.860 to keep and make available the record of the resolution.	, a limited liability company is
7.	Required Signature:	AS 10.50.840
	The Statement of Change must be signed by: a member (per AS 10.50.840.(a)(2 10.50.840(a)(1)) currently on record; or an attorney-in-fact (per AS 10.50.840(c)) filed with the commissioner that are known to the person to be false in material remisdemeanor.	. Persons who sign documents
	Signature: Date: 7/19	18
	Printed Name: Jessica M. Brown	
	Title of Authorized Signer.	Attorney-in-fact
	If signing on behalf of a member or manager which is an entity, then identify signer's relationship and entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.	signing authority with the member
08-50	Rev 7/1/16 Foreign LLC Statement of Change 2 of 2	JUL 24 2018

ALCOHUL MARIJUANA CONTRUL OFFICE STATE OF ALASKA



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### Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

	Deric Eubanks							
Title(s):	Manager	Pho	ne: 97	72-778-9	316	% Ow	ned:	0
Address:	14185 Dallas F	Parkway, Suite	100					
1229	Dallas	State		exas		ZIP:	752	54
Entity Official:					71-51		*	- 15
Title(s):		Phor	ne:	16.6	T	% Owi	ned:	
Address:								
City:		State	):			ZIP:		
Entity Official:		-		55 - CC 51 - SUS-				
Title(s):		Phor	ie:			% Owr	ned:	
Address:								
City:		State	:			ZIP:		
nio cultonadion usual l								
anding with the Alaska Divis	ion of Corporations (E	OOC) and have a regist	ered agen	t who is an i	ndividual	resident	of the s	e in go
anding with the Alaska Divis laska.	10082278	AK Formed Date:	04/12	t who is an i	Home S	resident State:	of the s	e in goo
anding with the Alaska Divis laska.  DOC Entity #:  Registered Agent:	10082278 Walter T. Fea	AK Formed Date:	04/12	t who is an i	ndividual	resident State:	of the s	e in goo
	10082278 Walter T. Fea	AK Formed Date:	04/12	t who is an i	Home S	resident State:	DE 00	tate o
anding with the Alaska Divis laska.  DOC Entity #:  Registered Agent:  Agent's Mailing Address:  City:  esidency of Agent:	10082278 Walter T. Feat 420 L Street, S	AK Formed Date: therly III Suite 400 State:	04/12 Agent	t who is an i	Home 9	resident State:	of the s	tate o
anding with the Alaska Divis laska.  DOC Entity #:  Registered Agent:  Agent's Mailing Address:  City:	10082278 Walter T. Feat 420 L Street, S	AK Formed Date: therly III Suite 400 State:	04/12 Agent Alask	t who is an i	Home 9	resident State:	DE DO 9950	)1

ALCOHOL MANULANA CUNTROL OFFICE STATE OF ALASKA



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

Phone: 907.269.0350

# Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

Section 6 – Other Licenses		
wnership 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?		<b>√</b>
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in license number(s) and license type(s):	Alaska, wh	nich
Section 7 – Authorization		
	Yes	No
	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	Yes	No
nmunication with AMCO staff:  Does any person other than a licensee named in this application have authority to discuss this license with	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:  Lisa Salts, Sr. Manager - Licensing Administration 972-778-9316; lisasalts@reminotonhotels.com	Yes	No

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ALCOHOL MANDUANA COMMUNICATION OF STATE OF ALASKA



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

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

Phone: 907.269.0350

### 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.

that i, as the current licensee (either th	the undersigned represents a <b>controlling interest</b> of the current licensee. I additionally certify e sole proprietor or the controlling interest of the currently licensed entity) have examined this his license, and find the information on this application to be true, correct, and complete.
Signature of transferor	
Ashford TRS Nickel LLC/Deric E	ubanks
Printed name of transferor	
	Subscribed and sworn to before me this 26 day of June , 2018
LiSA SALTS  Notary Public, State of Texas  My Commission Expires  December 29, 2019	Signature of Notary Public
The state of the s	Notary Public in and for the State of <u>Texas</u>
	My commission expires: 12-29-2019
Signature of transferor	
Printed name of transferor	ubscribed and sworn to before me this day of, 20
	Signature of Notary Public
	Notary Public in and for the State of
	My commission expires:
[Form AB-01] (rev 10/10/2016)	Page 6 of 7



https://www.commerce.alaska.gov/web/anco Phone: 907.269.0350

### 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.	DE DE
I certify that all proposed licensees have been listed with the Division of Corporations.	ASE DE
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.	AK DE
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.	DE DE
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	DE DE
As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC that this application, including all accompanying schedules and statements, is true, correct, and complete.	C 304, and
Cignature of transferre	
Application TRS Application LLC/Darie Fuhanka	
Ashford TRS Anchorage LLC/Deric Eubanks	
Printed name Subscribed and sworn to before me this 26 day of <u>June</u>	_, 20 <u>18</u>
LISA SALTS Notary Public, State of Texas	otary Public
My Commission Expires December 29, 2019  Notary Public in and for the State ofTexas	·
My commission expires: 12-29-20	019



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

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

### Form AB-02: Premises Diagram

#### What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The <u>second page</u> of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

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

	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.	<b>√</b>	

### **Section 1 - Establishment Information**

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

Licensee:	Ashford TRS Anchorage LLC	License Number:		1443	
License Type:	Beverage Dispensary - Tourism	· ·			
Doing Business As:	Sheraton Anchorage Hotel & Spa				
Premises Address:	401 E. 6th Avenue		-		
City:	Anchorage	State:	AK	ZIP:	99501

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ALCOHUL MAHUUANA CONTROL OFFICE STATE OF ALASKA



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### Alaska Alcoholic Beverage Control Board

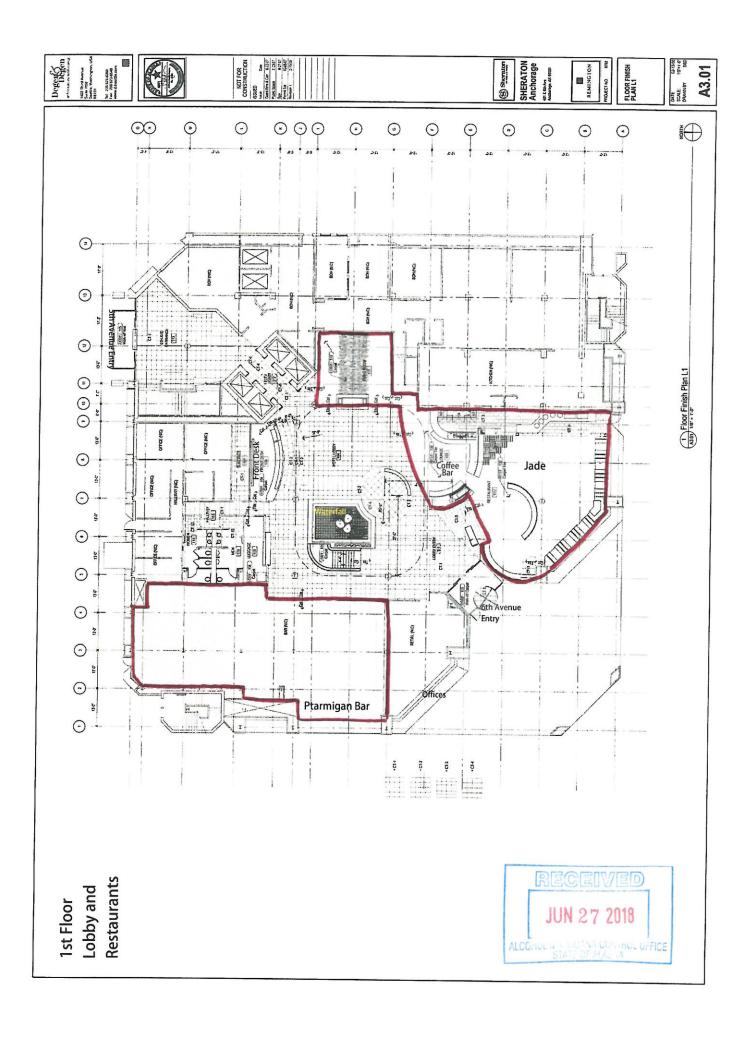
### Form AB-02: Premises Diagram

### Section 2 - Detailed Premises Diagram

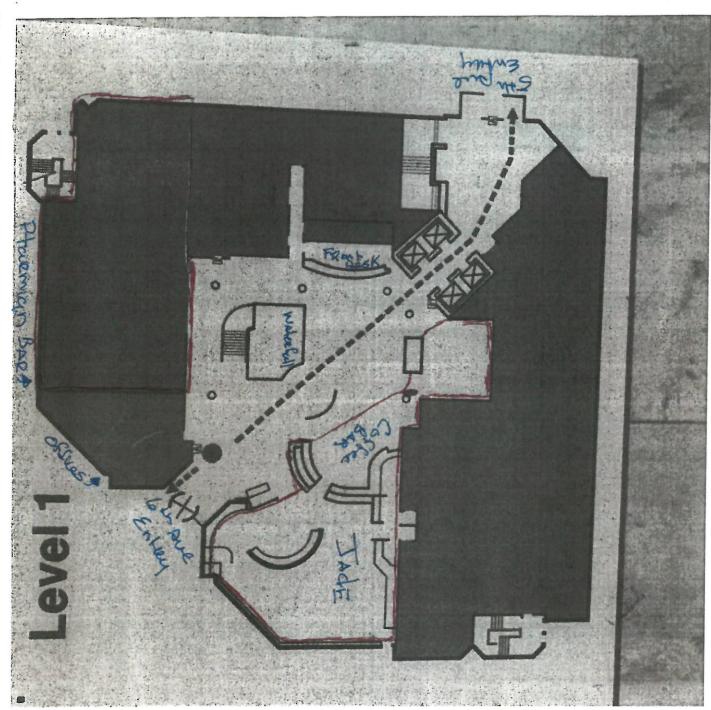
Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, crossstreets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of . this form.

Please see attached.

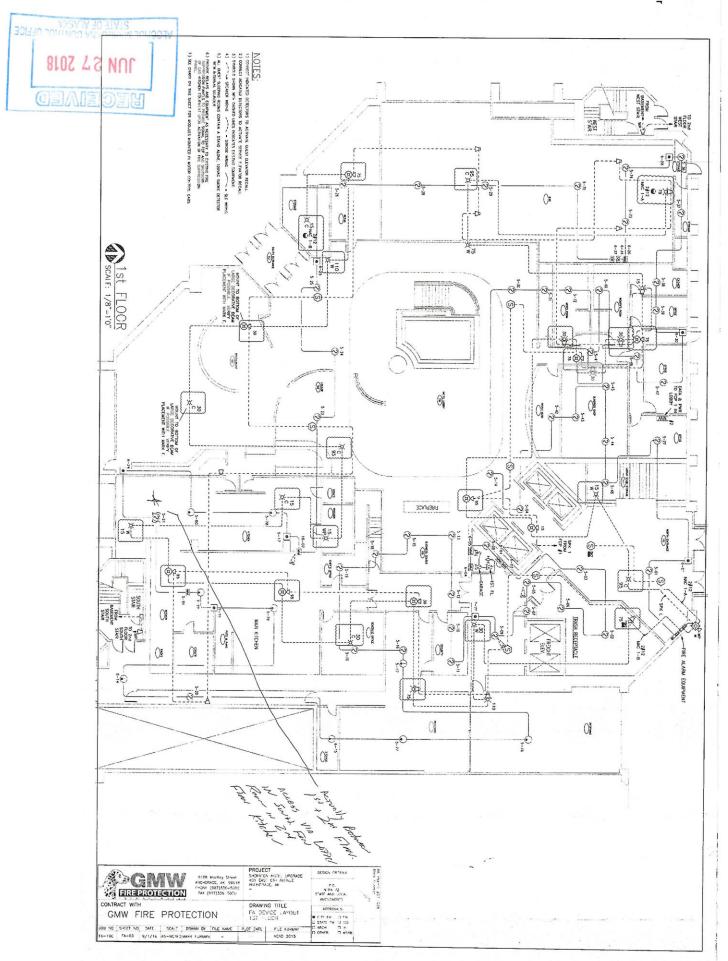


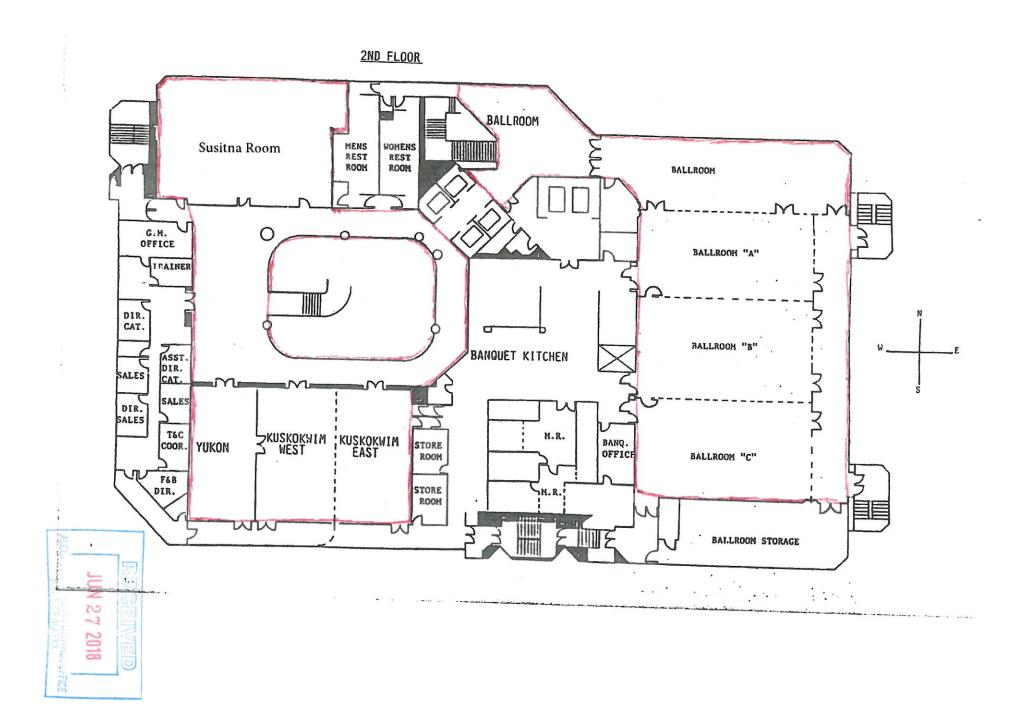


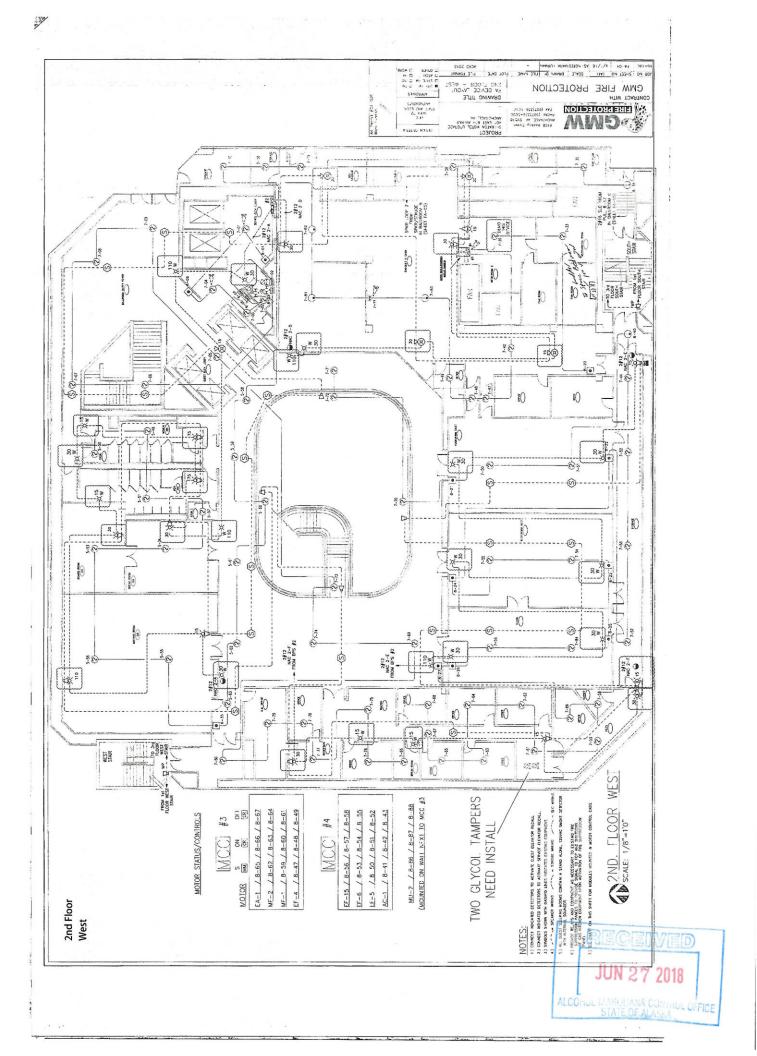
1st FL.

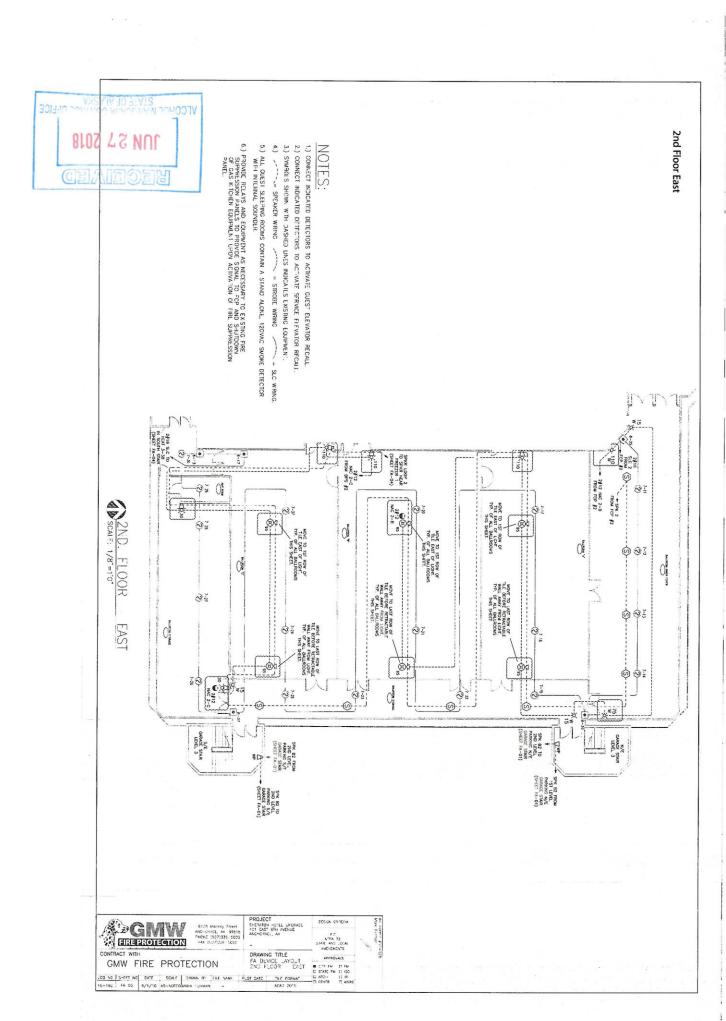


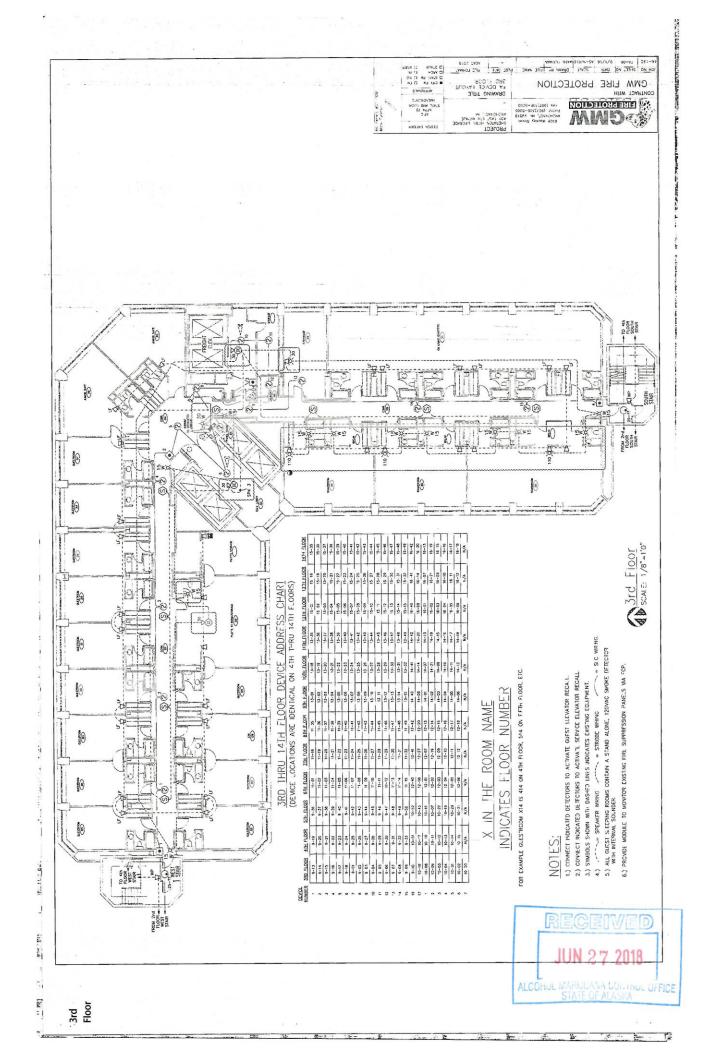


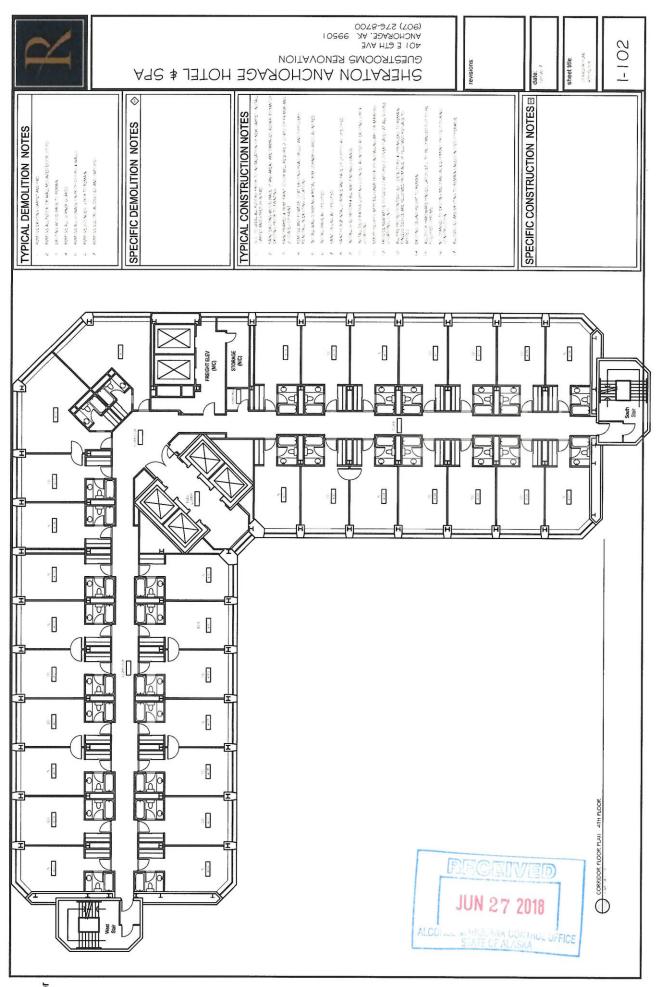


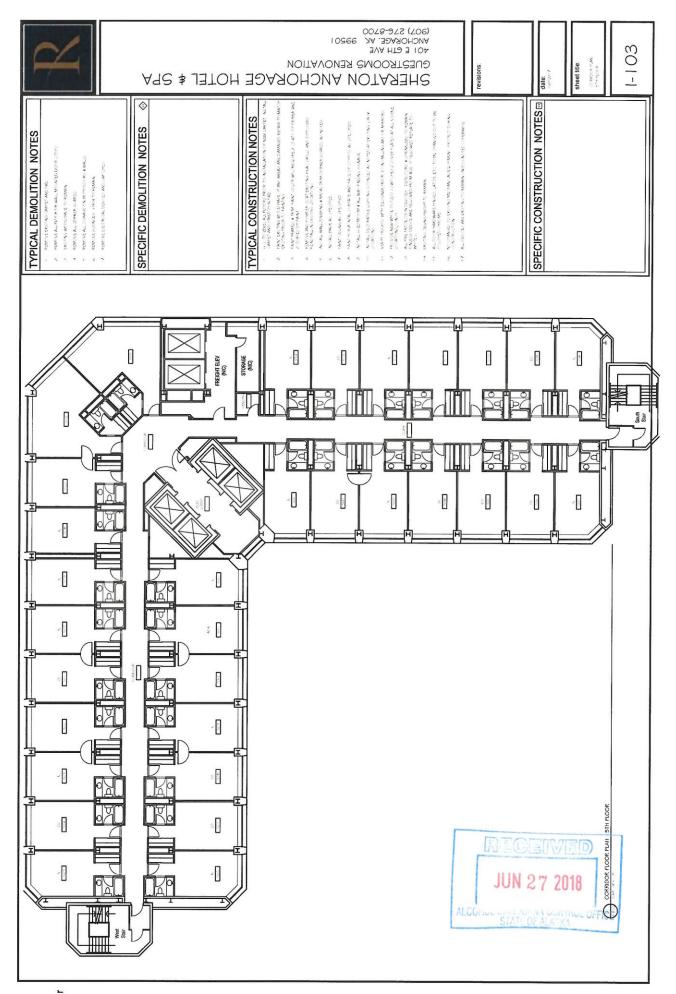


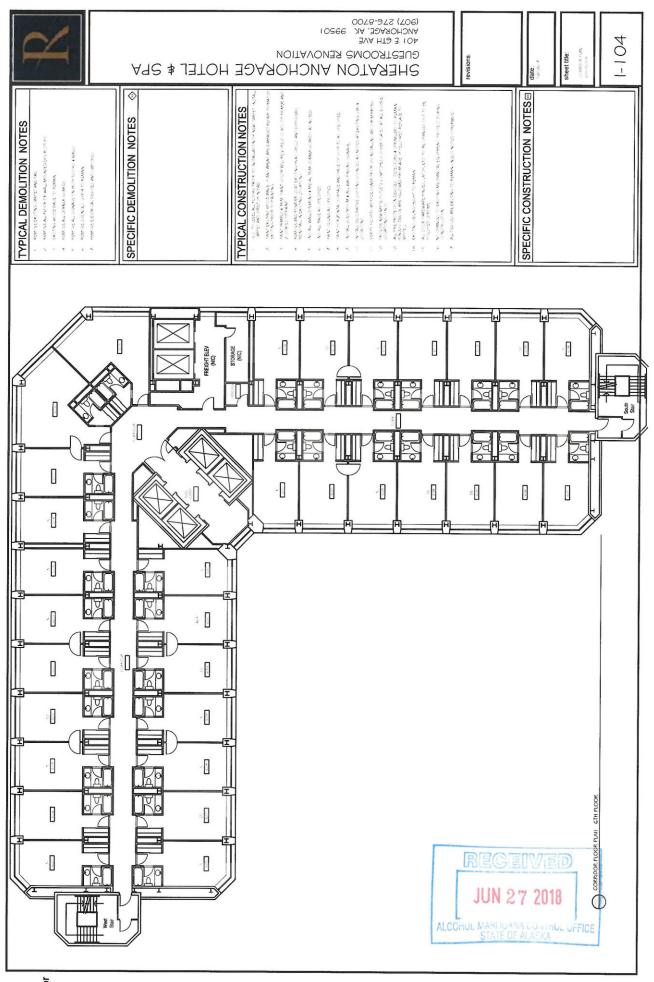


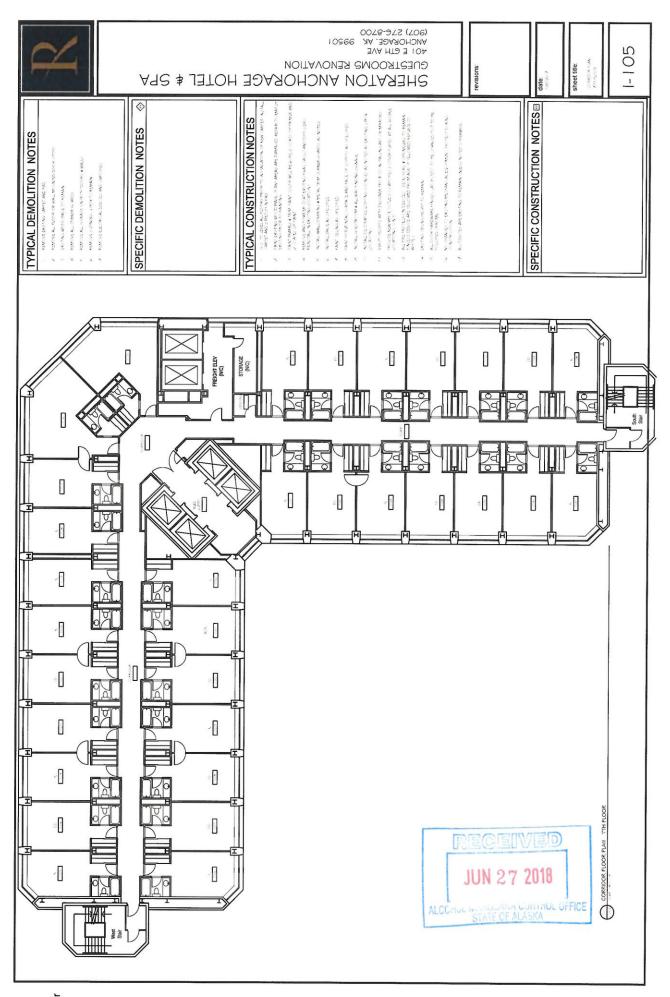


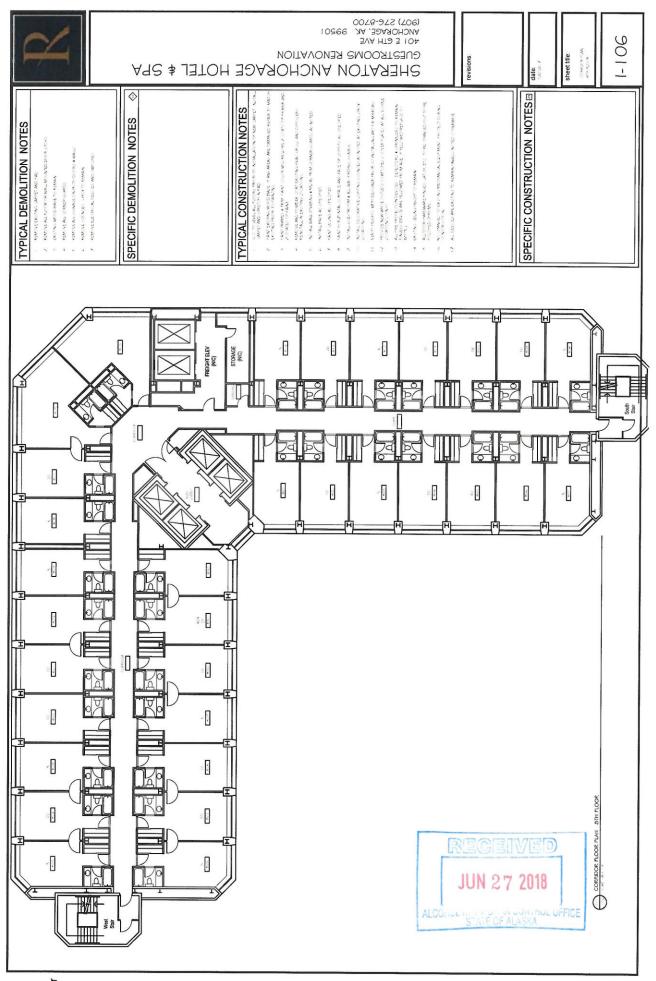


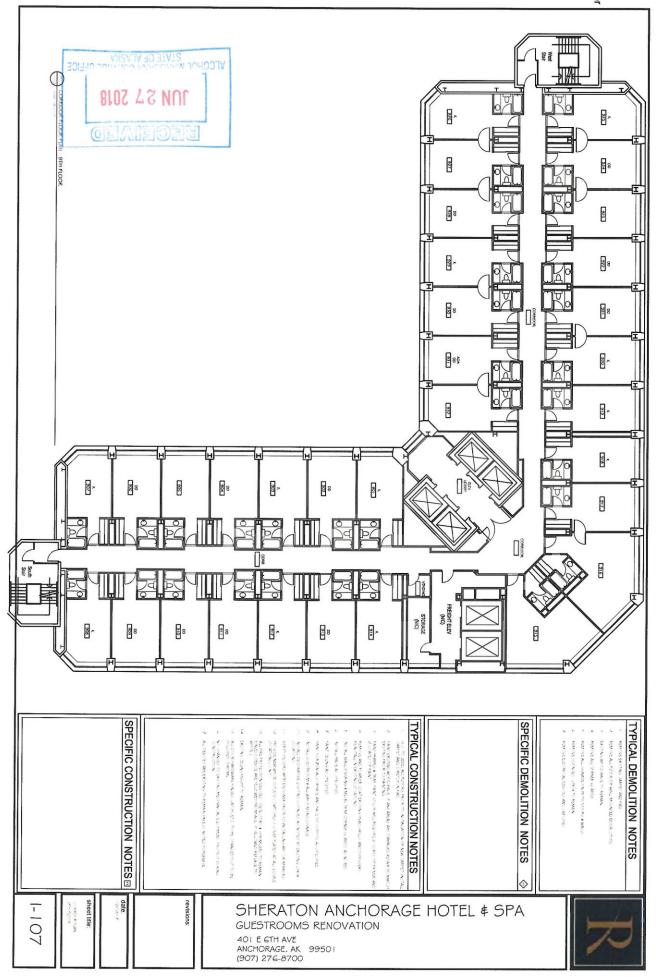


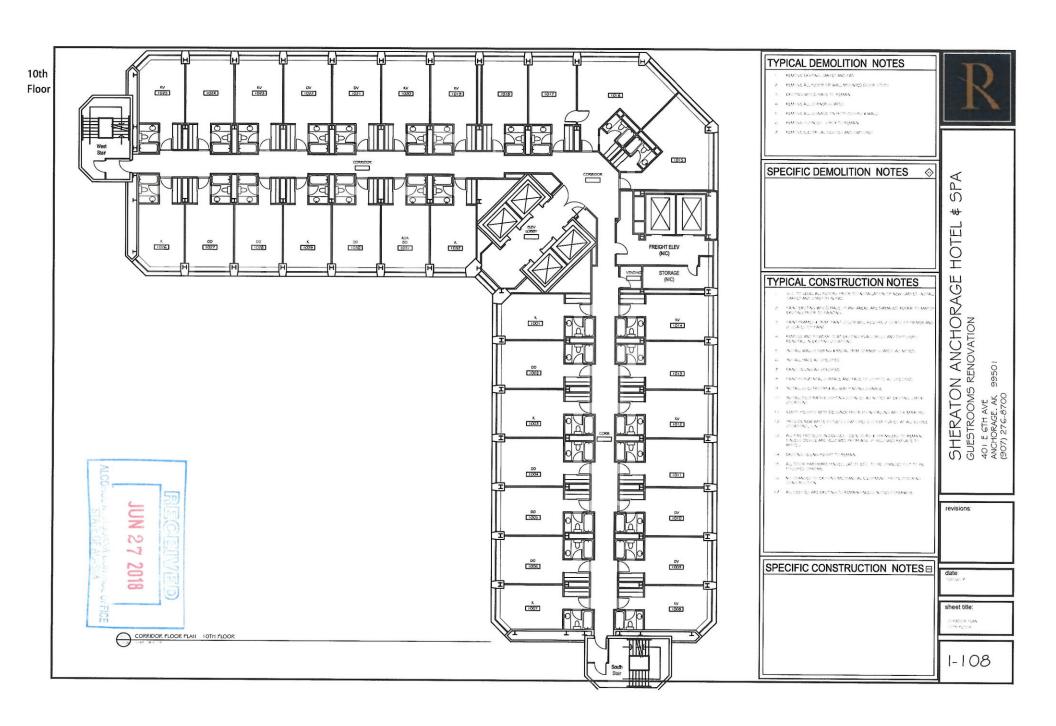


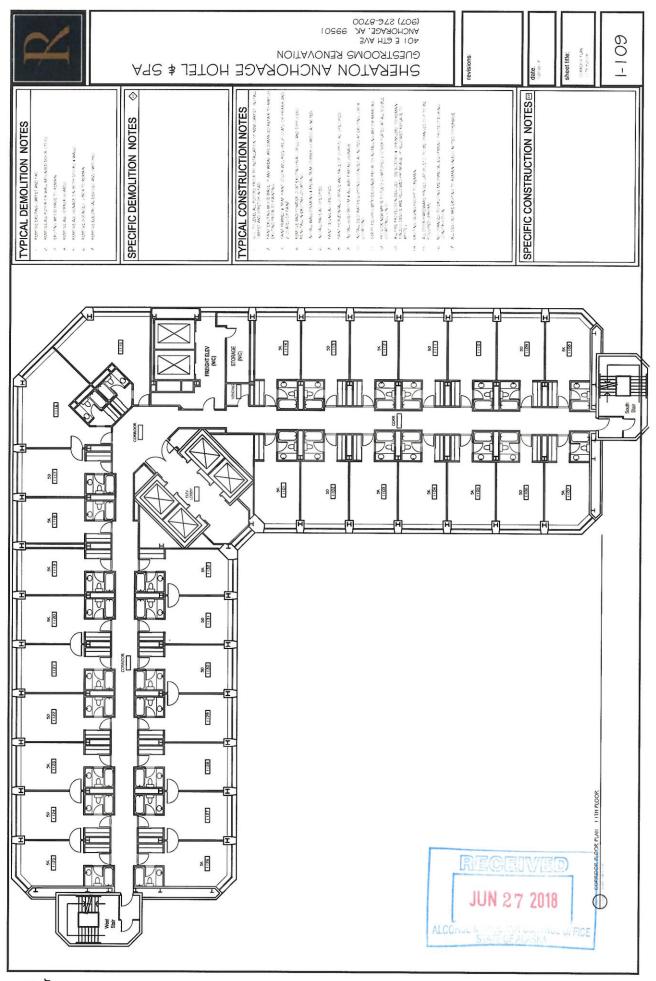




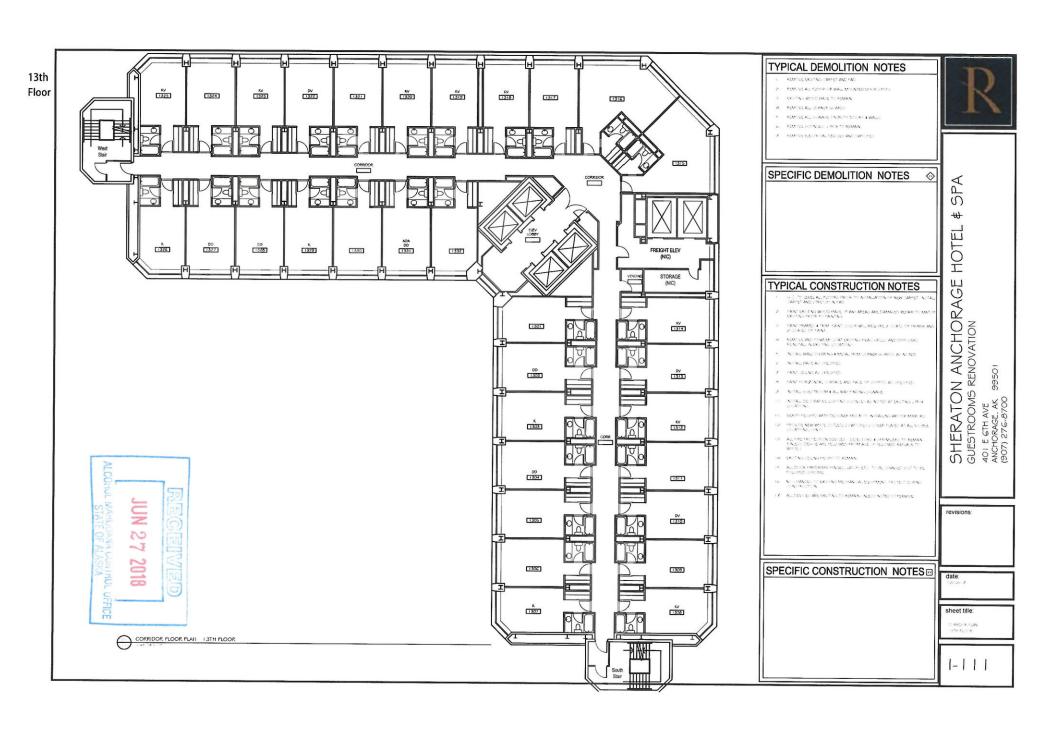


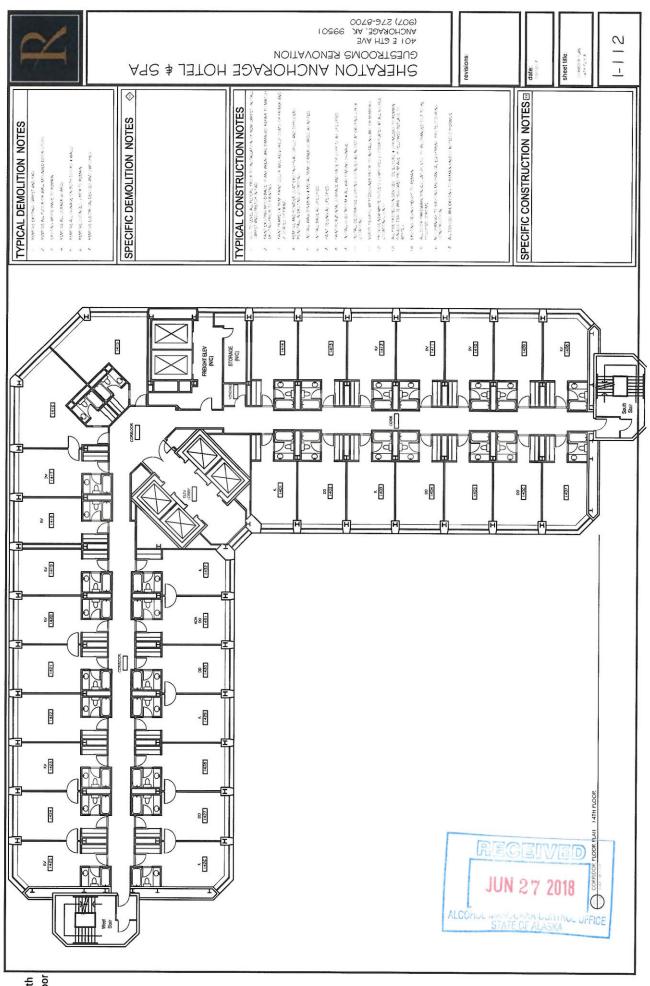


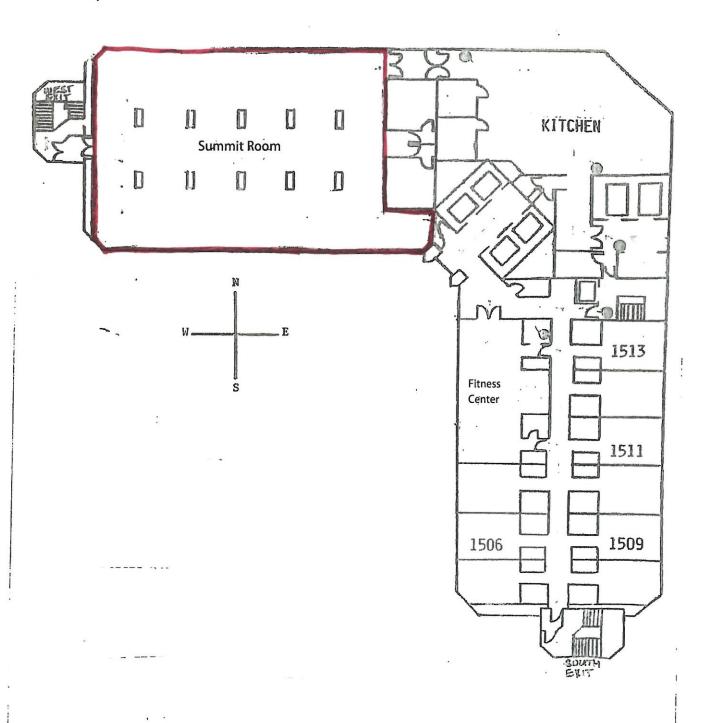






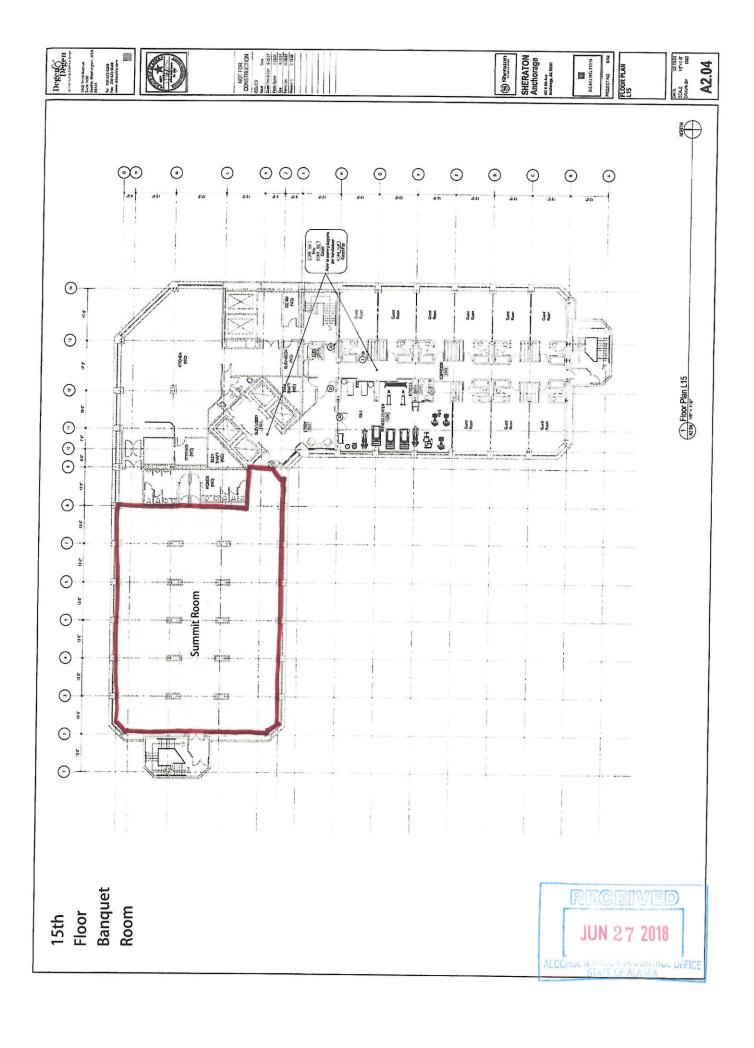


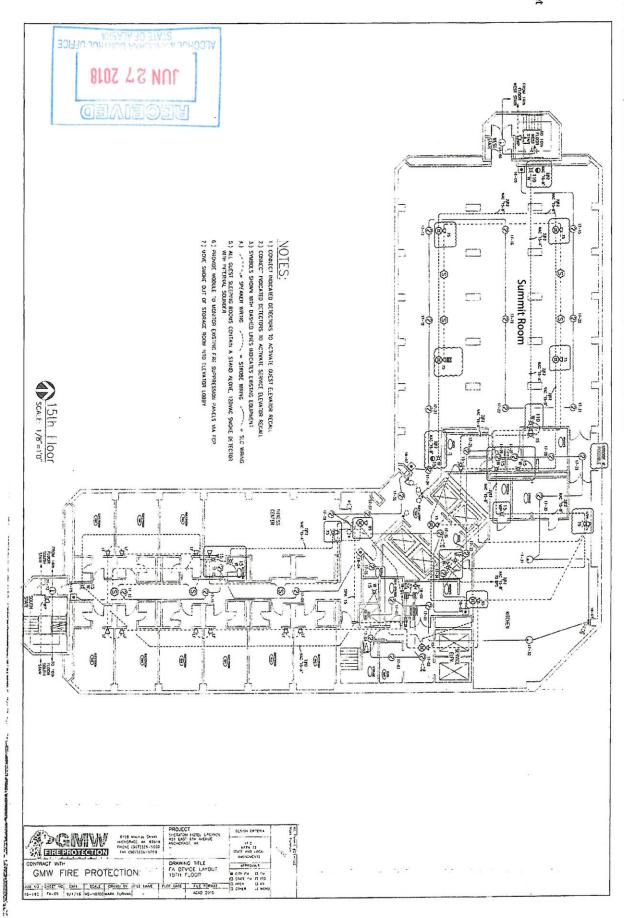


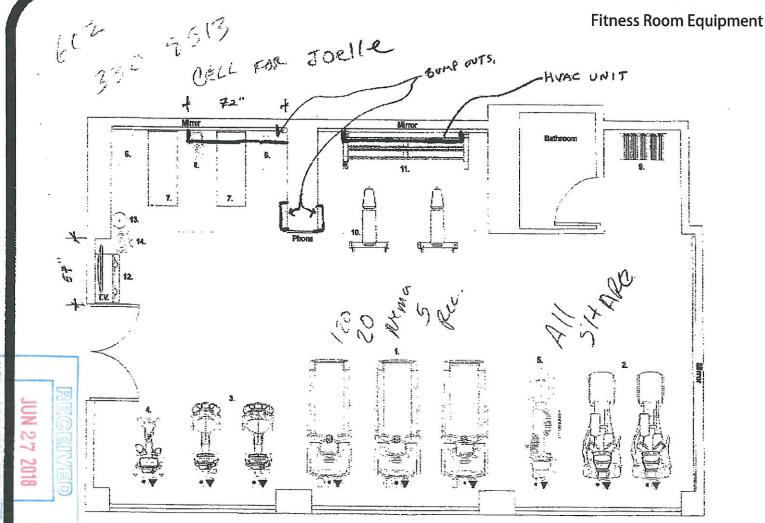


JUN 27 2018

ALCONDE MANUEL NA DUMINUE UFFICE







LEGEND

Cardo

2. Eletical 3. Reumbert

4. Upight 5. Cosstminer

Freeweights / Core 6. Filmss Ball

7. Sheloh Mat 8. Wedicine Ball Rack

9. FillBer Rack 10. Alj. DB Sench 11. 10 Pai: DB Rack

Misc 12. Tonel Rook 13. Water Cooler 14. Xwipe Stand

Fiscing Wood Flooring 81BApproxSF

Scale 3/16'=1' Alternate scale available upas request

Power Requirements -- Indicates 120VAC 20AV/P Dedicated line NEWA 520R PLUG - P/S Requires 100-240 VAC

53/60 Hz. 4 - Indicates Cable Feed

Design For Sheraton - Alaska 290721 v10

Plan Number 01/24/08 Date

Joelle McCasland

Consultant

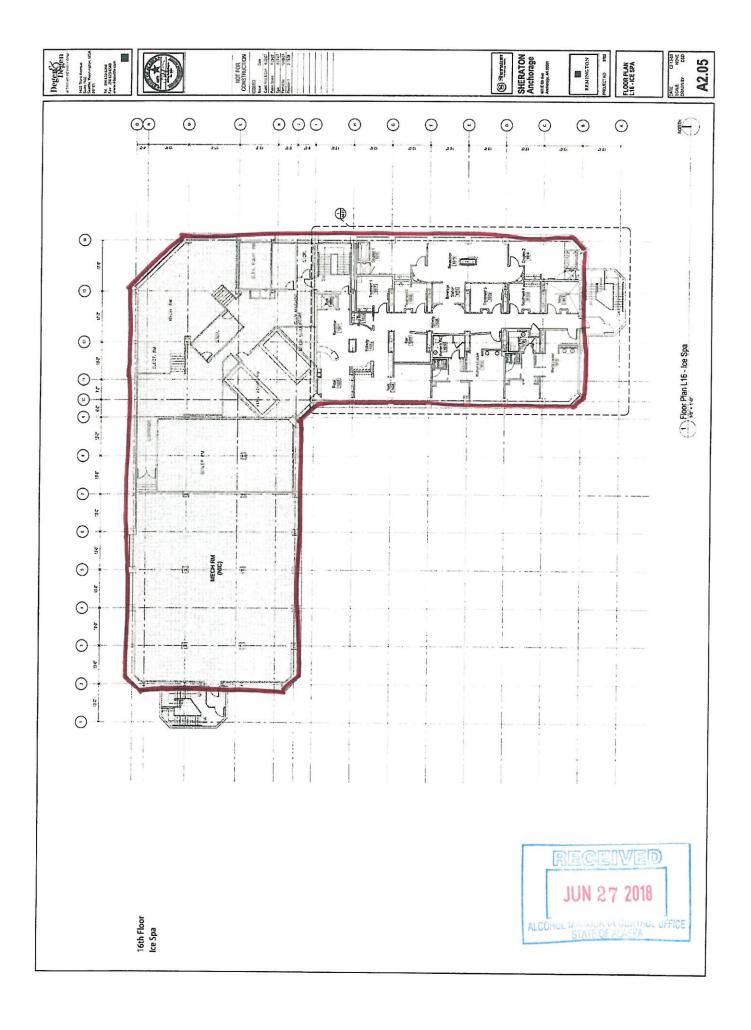
from specifications included in this layout have been appeared for AFP by the client. These Specifications include information on room dimensions as well as calling height, placement of windows, doors, clearing, electrical, sudistristal, lighting, and my pre-extelling equipment. By signing below you are agreeing to the accuracy of specifications submitted to AFP as well as approval of this drawing

This document contains information proprietary to Advantage Fitness Products and is furnished in confidence for the limited purpose of evaluation, bidding, or review. This document or its contents may not be used for any other purpose and may not be reproduced or discussed to other without the prior written consent of Advantage Fitness Products. All rights reserved.





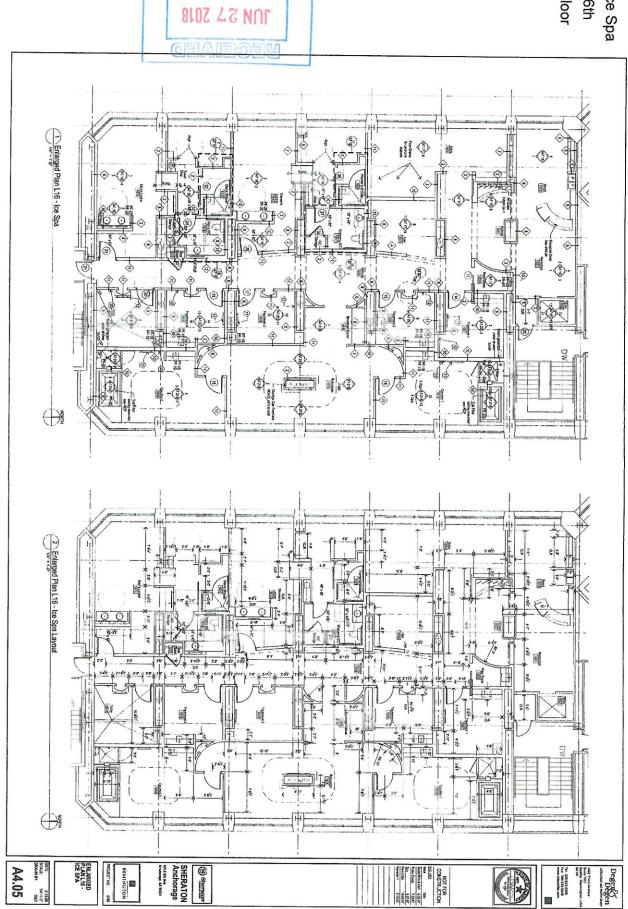
Developed by: **Advantage Fitness Products** 10131 National Blvd. Los Angeles, CA 93034 Phone (310) 559-9949 Fax (310-559-9953



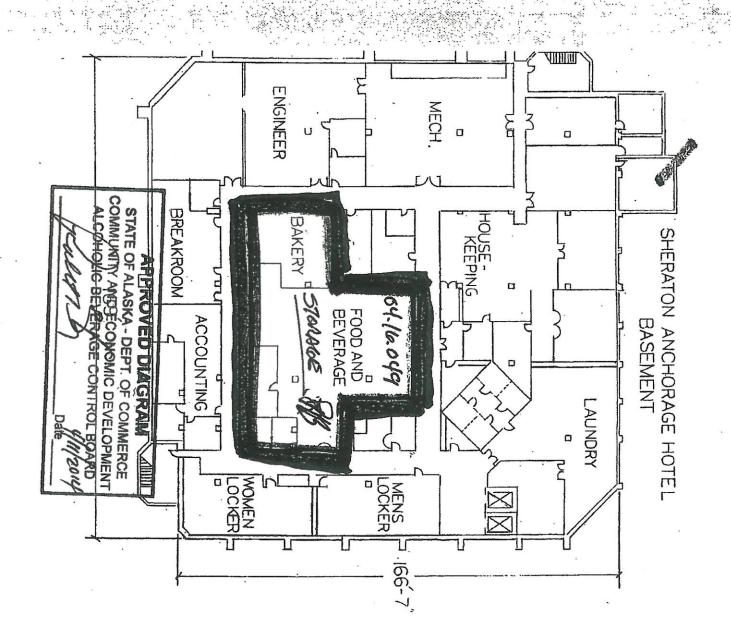
#### STATE OF ALASKA ALCOHOL BEVERAGE CONTROL BOARD Licensed Premises Diagram

INSTRUCTIONS: Draw a detailed floor plan of your present or proposed licensed premises on the graph below;

show all entrances and exits, and all fixtures such as tables, booths, games, counters, bars, coolers, stages, etc. Sheraton Anchorage Hotel & Spa 401 East 6th Avenue, Anchorage, AK 99501 PREMISES LOCATION: Indicate scale by x after appropriate statement or show length and width of premises. SCALE A: \_\_1 SQ. = 4 FT. SCALE B: 43'W X 108'L Length and width of premises in feet: Outline the area to be designated for sale, service, storage, and consumption of alcoholic beverages in red. DO NOT USE BLUE INK OR PENCIL ON THIS DIAGRAM. Diagram of Spa 103 Treatment Rooms Storage/ Mechanical Revised 6/16/06 RECEIVED JUN 27 2018



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Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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

#### What is this form?

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

### **Section 1 - Establishment Information**

Enter information for licensed establishment.

Licensee:	Ashford TRS Anchorage LLC	- AUA			
License Type:	Beverage Dispensary-Tourism	License	Number:	1443	
Doing Business As:	Sheraton Anchorage Hotel & Spa -Pta	rmigan (to incl	ide Jade) a	lso	
Premises Address:	401 E. 6th Avenue		-		
City:	Anchorage	State:	AK	ZIP:	99501
Contact Name:	Lisa Salts	Contact	Phone:	972-7	78-9316

## **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):

X	Dining after standard closing hours: AS 04.16.010(c)
X	Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
X	Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
X	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.

	OFFI	CE USE ONLY		
Issue Date:	Transaction #:	108470	BRE:	CPC
Form AP 021 (rov 10/10/2016)		RECE	THE RESERVE THE PARTY OF THE PA	
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Phone: 907.269.0350

## 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 $6:00 \ a.m.$ to $12:00 \ a.m.$	weekend/weekday hours, and ind	licate am,	/pm:
		Yes	No
Are any forms of entertainment offered or available within the licensed business portions of the premises?	s or on the proposed designated		X
If "Yes", describe the entertainment offered or available:			
			~~~
Food and beverage service offered or anticipated is:			
	П.		
If "other", describe the manner of food and beverage service offered or anticipat	ed:		
	The state of the s		
ls an owner, manager, or assistant manager 21 years of age or older always prese	ant on the many in a dealer	Yes	No
business hours?	ent on the premises during	X	
Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be su	bmitted in lieu of the third page of	this form	١.
		Yes	No
have attached blueprints, CAD drawings, or other supporting documents in add	ition to, or in lieu of, the third	X	
page of this form that meet the requirements of this form.	DECEMIED		
Form AB-03] (rev 10/10/2016)	HIM OF COLO	Page	2 of 5
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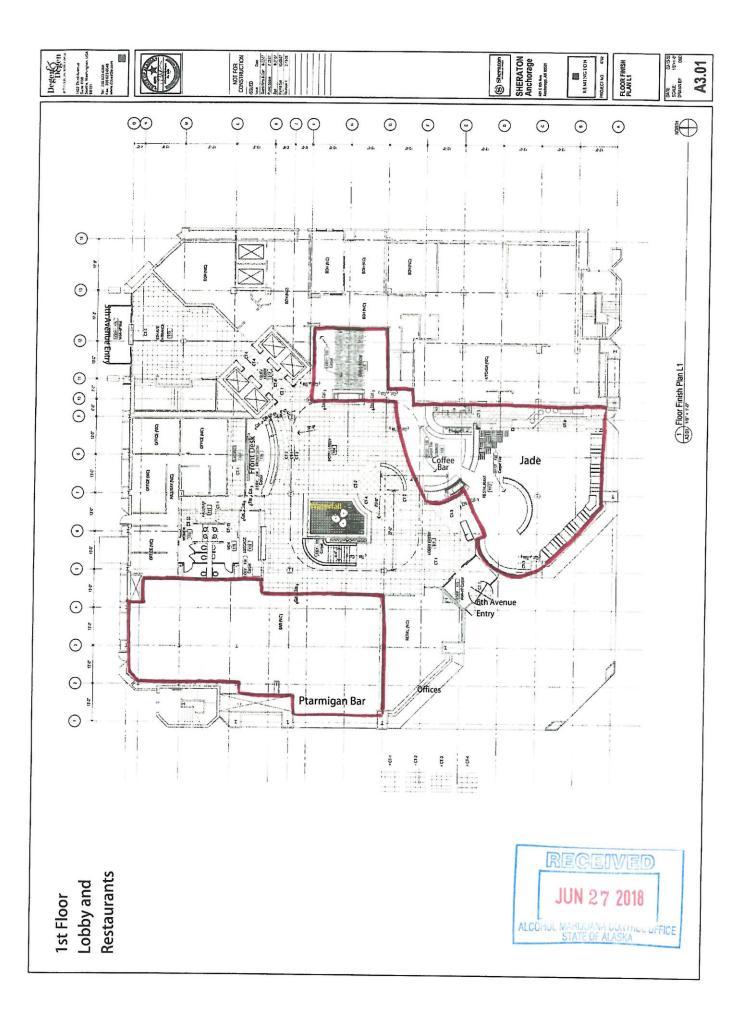
## Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application

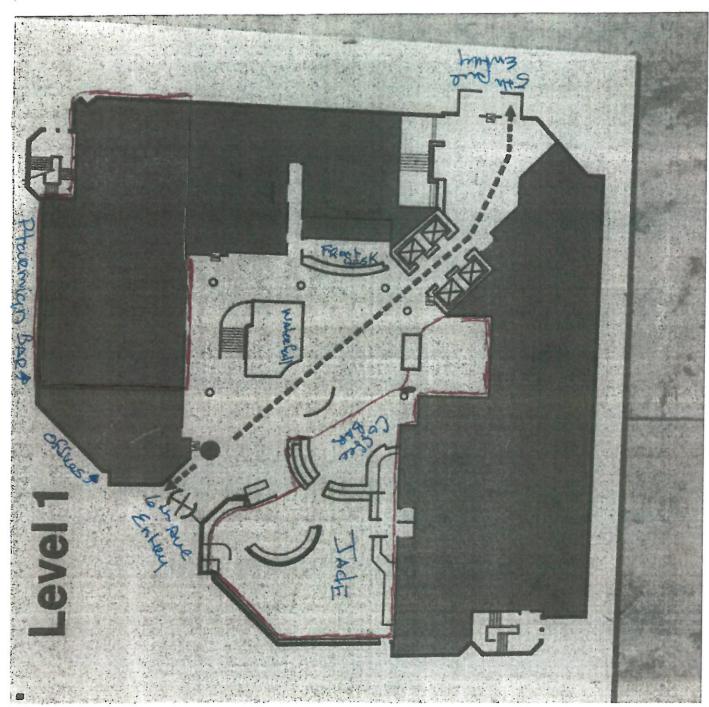
#### Section 4 - Detailed Floor Plan

Provide a detailed floor plan that meets the requirements listed in Form AB-02 <u>and</u> clearly indicates the proposed designated and undesignated areas of the licensed business for purposes of this permit application.

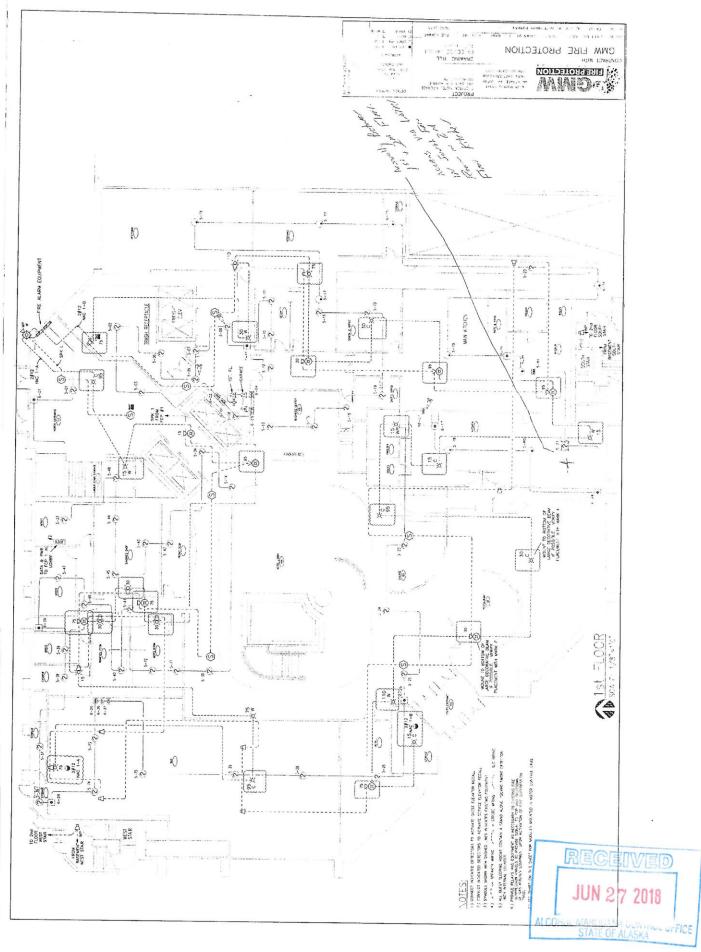
Please see attached.	
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1st FL.







1st Floor

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Alaska Alcoholic Beverage Control Board

# Phone: 907.269.0350

# Form AB-03: Restaurant Designation Permit Application

## Section 5 - Certifications and Approvals

Read each line below, and then sign your in	nitials in the box to the right of each statement:	Initials
I have included with this form a detailed floo business for purposes of this application. I u	or plan of the proposed designated and undesignated areas of the license understand that this diagram is different than my licensed premises diagra	ed DE
I have included with this form a menu, or an	n expected menu, listing the meals to be offered to patrons.	ALL DE
l certify that the license for which I am requigolf course, or restaurant or eating place lice	esting designation is either a beverage dispensary, club, recreational site, ense.	ME DE
I declare under penalty of perjury that this fo correct, and complete.	orm, including all attachments and accompanying schedules and statemen	ts, is true,
AEC	Sim Mary	
Signature of licensee	Signature of Notary Public	
Ashford TRS Anchorage LLC/Deric	Eubanks  Notary Public in and for the State of <u>Texas</u>	•
	My commission expires: 12–20	9-2019
LISA SALTS  Notary Public, State of Texas My Commission Expires December 29, 2019	cribed and sworn to before me this 26 day of <u>June</u>	, 20 <u>18</u> .
Local Government Review (to be completed	by an appropriate local government official):  Approved	Diagrammed
	Approved	Disapproved
Signature of local government official	Date	
Printed name of local government official	Title	
Form AB-03] (rev 10/10/2016)		
FORM AB-05] (16V 10/10/2016)	RECEI	Page 4 of 5



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Phone: 907.269.0350

## 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 Supervis	sor	
Enforcement Recommendations:			
AMCO Director Review:		Approved	Disapproved
Signature of AMCO Director	Printed name of AMCO Director		
 Date			
Limitations:			
		RECEIV	
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# **PTARMIGAN**

Alaskan Salmon Cakes 16 Julienne Red Cabbage, Green Cabbage, Carrots & Roasted Red Pepper Aioli  Coconut Crusted Shrimp 15 Served with Asian salad & Sweet Chili Sauce	Alaska Cod Bites	Breaded Squid
Alaska Caught S	Smoked Alaskan Platter Smoked Salmon, Halibut, Cod with Capers &	Dijon Dill Sauce
	Soup & Salad	
Add Chicke	n \$5, Salmon \$8 or Halibut \$10 to any	of the Salads
Jade House Salad	Classic Caesar Salad	Iceberg Wedge Salad 10 Chopped Candied Bacon, Red Onion, Grape Tomato, Gorgonzola Crumbles & Dressing
	Bristol Bay Seafood Chowder Cup \$9 Bowl \$12	
	Sandwiches ith Choice of French Fries or Side Gar	rden Salad
Blackened Halibut	Turkey, Ham, Bacon	The Ptarmigan
	1 100	
	Land & Sea	
Beer Battered Fish and 21 Chips Cod Harvested in Alaskan Waters, Beer Batter, Tartar Sauce & Lemon Wedge	Pecan Crusted Alaskan 27 Cod Filet Served with White Rice, Seasonal Vegetables, Julienne Red Pepper, Garlic & Mango Salsa	Blackened Alaskan

# Food + Drink

#### **HOTEL RESTAURANT / BAR**

JADE RESTAURANT

Located in Lobby

PTARMIGAN BAR

Located in Lobby

Seasonal Hours

Please check with Front Desk for current hours.



#### **BREAKFAST**

Dial 0 to place your order.

To order breakfast for the next morning, please place your order by 11:00 PM.

# FROM THE SKILLET OUR "FROM THE SKILLET" BREAKFAST IS SERVED WITH YOUR CHOICE OF WHEAT, WHITE, RYE OR SOURDOUGH TOAST AND BREAKFAST POTATOES

Traditional Breakfast

Two eggs any style, choice of bacon, sausage or ham 17.00

Breakfast Burrito

Scrambled eggs, chorizo, black beans and cheese, smothered in pork chili verde 19.00

Alaskan Crab Benedict

Toasted English muffin, Alaskan crab, poached eggs & creamy hollandaise sauce 25.00

Vegetarian Egg White Frittata

Fluffy egg white frittata with Chef's selection of seasonal vegetables & fresh seasonal sliced fruit cup 18.00

Classic Eggs Benedict

Toasted English muffin, Canadian bacon, poached eggs & creamy hollandaise sauce 20.00

Tomato and Spinach Omelet

Egg whites, baby spinach, tomato, onion, low fat cheddar cheese, served with fresh seasonal sliced fruit & berries 19.00

Berry and Yogurt Parfait 12.00

#### FROM THE GRIDDLE

Belgian Waffle

Light and crispy covered in strawberries & whipped cream 14.00

Pancakes

Original 12.00

Add apples, bananas, blueberries or chocolate chips 5.00

Classic French Toast

Served with sweet creamery butter & warm maple syrup 14.00

Must be of legal drinking age to purchase and/or consume alcohol.

All prices in U.S. dollars. Prices are inclusive to a 23% service charge and applicable government taxes.

Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs or unpasteurized milk may increase your risk of food-borne illness. If you have any special dietary needs or restrictions, please contact In-Room Dining.

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#### BUILD YOUR OWN OMELET - Dial 0 to place your order.

Choose any two meats, one cheese and one vegetable 17.00 Additional items 2.00 each

Meats:

Reindeer sausage, bacon, ham, chorizo

Cheeses:

Cheddar, swiss, provolone, pepper jack

Vegetables:

Mushrooms, peppers, tomato, onions

#### **BREAKFAST SIDES**

1 Egg 5.00

2 Eggs 8.00

Bacon, Sausage or Ham 5.00

Toast, English Muffin or Biscuit 5.00

Banana Nut or Blueberry Muffin 5.00

Cheese or Apple Danish 5.00

Breakfast Potatoes 5.00

Oatmeal

Pecans & raisins 11.00

Cereal

Granola, Raisin Bran or Cheerios 8.00

Fresh Fruit Plate 12.00

Yogurt, Strawberry or Blueberry 5.00



#### **KIDS BREAKFAST**

6:00 AM-11:00 AM Dial 0 to place your order.

#### Kid's Griddle Cakes

A nice stack of chocolate chip loaded pancakes with maple syrup and choice of bacon or sausage 13.00

#### Kid's Scramble

Scrambled eggs served on breakfast potatoes with cheese. Choice of bacon or sausage and toast 13.00

#### Kid's French Toast

Dipped in creamy batter, grilled to a golden brown, topped with powdered sugar and strawberries. Served with a choice of bacon or sausage 13.00

#### **BREAKFAST SIDES**

1 Egg 4.00

2 Eggs 5.00

Oatmeal with Raisins 8.00

Granola, Raisin Bran or Cheerios 5.00

Yogurt - Strawberry or Blueberry 4.00



#### **LUNCH / DINNER**

Dial 0 to place your order.

#### **APPETIZERS**

Alaskan Salmon Cakes

Julienne red cabbage, green cabbage, carrots & roasted red pepper aioli 22.00

Coconut Crusted Shrimp

Served with Asian salad & sweet chili sauce 21.00

Alaska Cod Bites

Fresh Alaskan cod coated in macadamia nuts served with fresh mango salsa 20.00

**Buffalo Wings** 

Spicy, BBQ or teriyaki wings with carrots, celery & ranch or blue cheese dressing 17.00

Breaded Squid

Seasoned squid with red and yellow pepper, cilantro, arrabiata, fresh lemon 19.00

Chicken Quesadilla

Guacamole, sour cream, shredded lettuce & salsa 18.00

Smoked Alaskan Platter

Alaska caught smoked salmon, halibut, cod with capers & Dijon dill sauce 21.00



#### SOUP AND SALAD - Dial 0 to place your order.

Add Chicken 9.00, Salmon 14.00 or Halibut 16.00 to any of the salads

#### Jade House Salad

Mixed greens, carrot, cabbage, cucumber, red onion & grape tomato with choice of dressing 15.00

#### Classic Caesar Salad

Romaine, Parmesan cheese & croutons with creamy Caesar dressing 15.00

#### Iceberg Wedge Salad

Chopped candied bacon, red onion, grape tomato, gorgonzola crumbles & dressing 16.00

Bristol Bay Seafood Chowder Cup 15.00 Bowl 18.00

Chef's Soup of the Day Cup 10.00 Bowl 14.00

Tomato Bisque Cup 10.00 Bowl 14.00



#### SANDWICHES - Dial 0 to place your order.

Served with choice of french fries or side garden salad

#### Blackened Halibut Sandwich

Alaskan halibut, lettuce, tomato & chipotle aioli, ciabatta roll 26.00

#### The Magpie

Grilled chicken breast, thick cut hickory bacon, pepper jack cheese, Dijon on a corn dusted kaiser bun 22.00

#### Turkey, Ham, Bacon & Swiss Club

Lettuce, tomato & garlic aioli on sourdough bread 22.00

#### The Wolverine

1/2 lb. Blackened Kobe burger, Danish blue cheese, sautéed mushrooms, tobacco onions, corn dusted Kaiser bun 25.00

#### The Ptarmigan

1/2 lb. Kobe burger, thick cut hickory bacon, smoked tillamook cheddar, caramelized onions, fried egg, ciabatta roll 26.00

#### The Sockeye

Alaskan smoked sockeye salmon, lettuce, tomato, lemon dill aioli on a croissant 24.00



#### LAND & SEA - Dial 0 to place your order.

#### Beer Battered Fish and Chips

Cod harvested in Alaskan waters, beer batter, tartar sauce & lemon wedge 29.00

#### Pasta Rosa

Penne pasta, tomato basil cream sauce, spinach, wild mushrooms, Parmesan cheese & fresh herbs 33.00 Add Chicken 5.00, Salmon 8.00 or Halibut 10.00

#### Pecan Crusted Alaskan Cod Filet

Served with white rice, seasonal vegetables, julienne red pepper, garlic & mango salsa 35.00

#### Seared Herb Pork Chop

Pork chop with bourbon apple chutney and demi, creamy mashed potato, seasonal vegetable, julienne red pepper 35.00

#### Blackened Alaskan Halibut

Served with white rice, sweet Asian cucumber salad, lemon garnish 46.00

#### Grilled Hand Cut Ribeye

Seasonal vegetables, grape tomato, garlic, creamy mashed potato, herb demi-glace 46.00

#### Grilled Alaskan Wild Salmon

Creamy mashed potato, grilled asparagus, lemon, citrus beurre blanc 40.00

#### **SWEET ENDINGS**

#### Crème Brulee

House made vanilla custard with burnt sugar crust 14.00

New York Cheese Cake

Served with fresh berries 8.00

Jumbo Warm Chocolate Chip Cookie

Served with a glass of milk 10.00

#### Ice Cream

Chocolate, strawberry or classic vanilla 8.00

#### Fresh Seasonal Berry Bowl

Assorted fresh berries (gluten free option) 14.00



#### BEVERAGES - Dial O to place your order.

Starbucks\* Serena Organic or Decaf 6.00

Tazo\* Hot Tea or Black Iced Tea 6.00

	12 oz	16 oz	20 oz
Americana	6.00	6.50	7.50
Cappuccino	6.00	7.00	8.00
Latte	6.00	7.00	8.00
Flavored Latte	7.00	8.00	9.00
Soy Latte	7.00	8.00	9.00
Breve	7.00	8.00	9.00
Mocha	7.00	8.00	9.00
Chai Tea	7.00	8.00	9.00
Hot Chocolate	6.00	7.00	8.00
	shot	double	
Espresso	4.00	6.00	
Extra flavor	1.00	2.00	

#### Juice

Apple, orange, cranberry, grapefruit, tomato or V8° 6.00

#### Milk

2%, Whole, soy, or skim milk 6.00

#### Soda

Coke\*, Diet Coke\*, Barq's Root Beer\*, Sprite\* or Mello Yellow\* 6.00

#### Wine, Beer and Spirits

Please contact in-room dining for a complete range of popular imported and domestic beers and our seasonal variety of wines by the glass and bottle. We also feature a premium collection of spirits and liqueurs.

Must be 21 years of age or older to purchase and/or consume alcohol.



#### **KIDS ALL DAY**

Dial 0 to place your order. CHOICE OF ONE SIDE, ONE DESSERT AND ONE BEVERAGE

Grilled Cheese

A double layer of cheese, grilled golden brown 15.00

Seared Salmon

Alaska salmon filet seared and served with steamed veggies 19.00

Grilled Chicken

Grilled Chicken Breast lightly seasoned and served with Steamed Veggies 18.00

Kid's Pasta

Penne Pasta lightly seasoned and tossed in Butter 14.00

Chicken Fingers

Fried golden brown. Served with Honey Mustard or BBQ Sauce for dipping 15.00

Cheeseburger

All Beef Patty, Flame Broiled, served on a toasted bun with lettuce, pickle & tomato 18.00

#### **DESSERTS**

Cheesecake, Chocolate Chip Cookie, Sliced Fruit Plate, Ice Cream: Strawberry, Chocolate or Vanilla

#### **SIDES**

French Fries, Mashed Potatoes, Fruit Cup, Kid's Salad

#### **BEVERAGES**

Juices

Orange, apple, cranberry, grapefruit or V8°

Milk

2%, whole or skim

Soda

Coke\*, Diet Coke\*, Barq's Root Beer\*, Sprite\* or Mello Yellow\*

Hot Chocolate, Iced Tea, Hot Apple Cider or Lemonade

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JUN 27 2018

ALCOHOL MARKING VA GO MADE OFFICE STATE OF ALASKA

Must be of legal drinking age to purchase and/or consume alcohol.

All prices in U.S. dollars. Prices are inclusive to a 23% service charge and applicable government taxes.

Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs or unpasteurized milk may increase your risk of food-borne illness. If you have any special dietary needs or restrictions, please contact In-Room Dining

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