



MEMORANDUM

TO: Alcoholic Beverage Control Board DATE: July 9, 2019
FROM: Erika McConnell, Director RE: 5317 Muse with Laura Cole

Requested Action: Transfer of ownership and DBA change

Statutory Authority: AS 04.11.040(a): "A license issued under this title may not be transferred to another person except with the written consent of the board."

Staff Rec.: Approve the transfer and DBA change; reduce the licensed premises area under AS 04.06.090(c)

Background: This application is to transfer a restaurant or eating place license from NANA Management Services, LLC, to Culinary Adventures with Laura Cole, LLC, and change the DBA.

The extent of the proposed licensed premises is not consistent with the requirements for a restaurant or eating place license. At the museum, there is an obvious restaurant, which is a small portion of the proposed premises. Other areas proposed to be included as licensed premises, such as the theater, atrium, and gallery/event space, clearly do not meet the requirements for a restaurant or eating place license, such as being a bona fide restaurant (AS 04.11.100(b)), being a location where the principal activity is consumption of food (3 AAC 304.305(a)(1)), or having tables or counters for consuming food in a dining area on the premises (3 AAC 304.910(3)). In addition, it appears that many areas are proposed to be licensed premises where there will likely be museum patrons under the age of 21 but not accompanied by a parent or guardian (AS 04.16.049).

3 AAC 304.305(b) states, "In considering an application for issuance, transfer, or relocation of a restaurant or eating place license, the board will determine the portion of the premises or proposed premises that constitutes a restaurant or eating place, and will license only that portion for the sale and consumption of alcoholic beverages."

In a meeting with the applicant, I was informed that there is a kiosk with food service and tables for dining in the central atrium of the museum. As these areas are not marked on the submitted diagram, the applicant can work with AMCO to submit an AB-14 Premises Diagram Change if that area meets the qualifications for this license type. In addition, the applicant was informed that an off-site warehouse permit would be appropriate for the basement alcohol storage area.

5317 Muse with Laura Cole

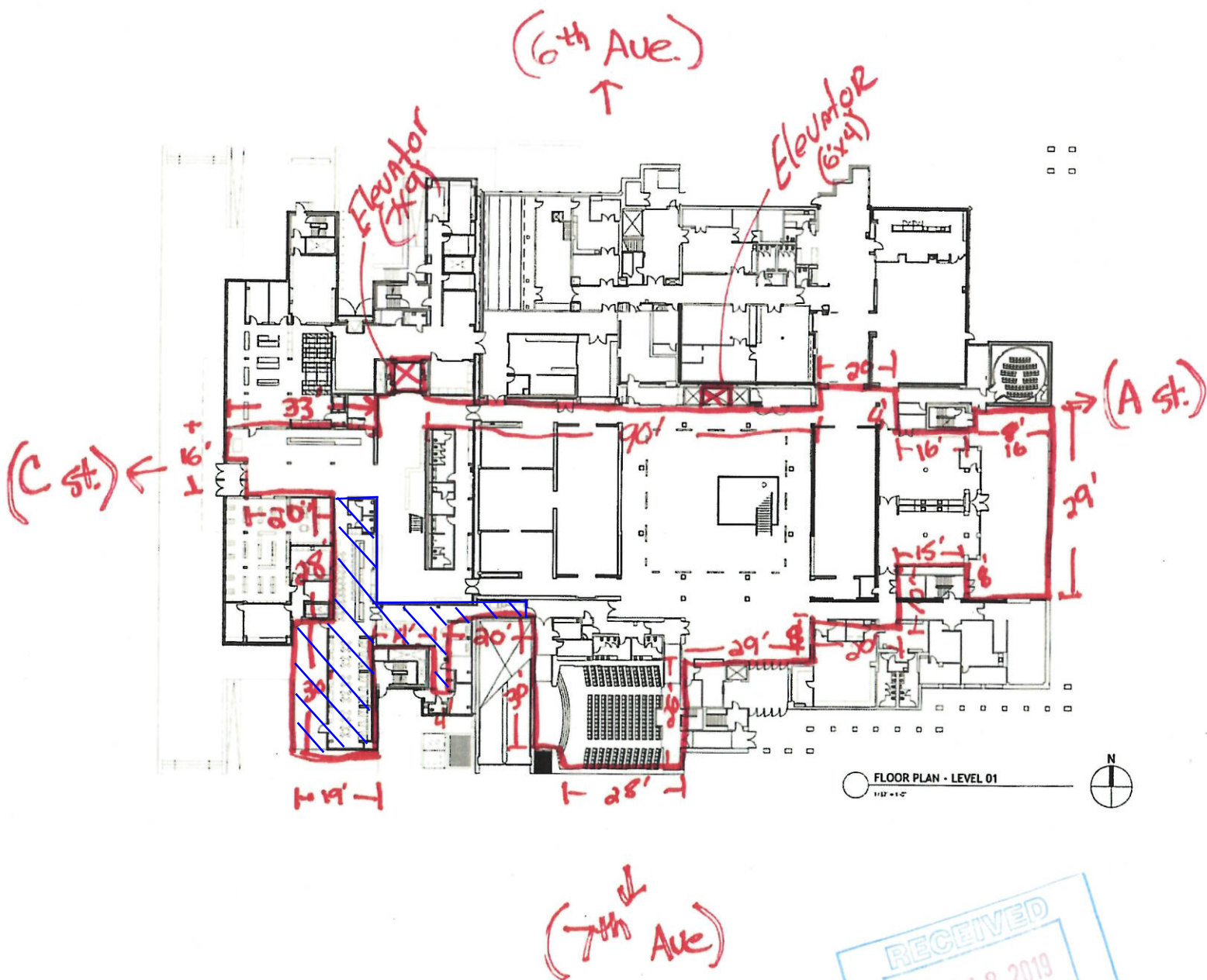
ABC Board July 9, 2019

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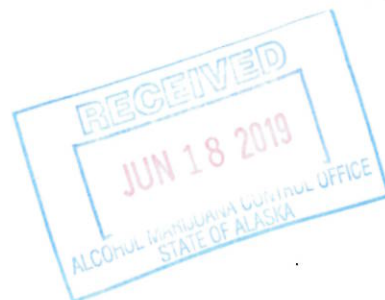
I recommend that in accordance with AS 04.06.090(c), which authorizes the board to reduce the licensed premises area, the board approve as licensed premises only the restaurant area as shaded in blue in the attached diagram.

Attachment: Premises recommended by Director
AB-02 Requested licensed premises
Transfer application

Anchorage Museum - Level 1
625 C Street
ANCH AK 99501



Recommended
Premises in Blue



(9915 sq.ft.)



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.

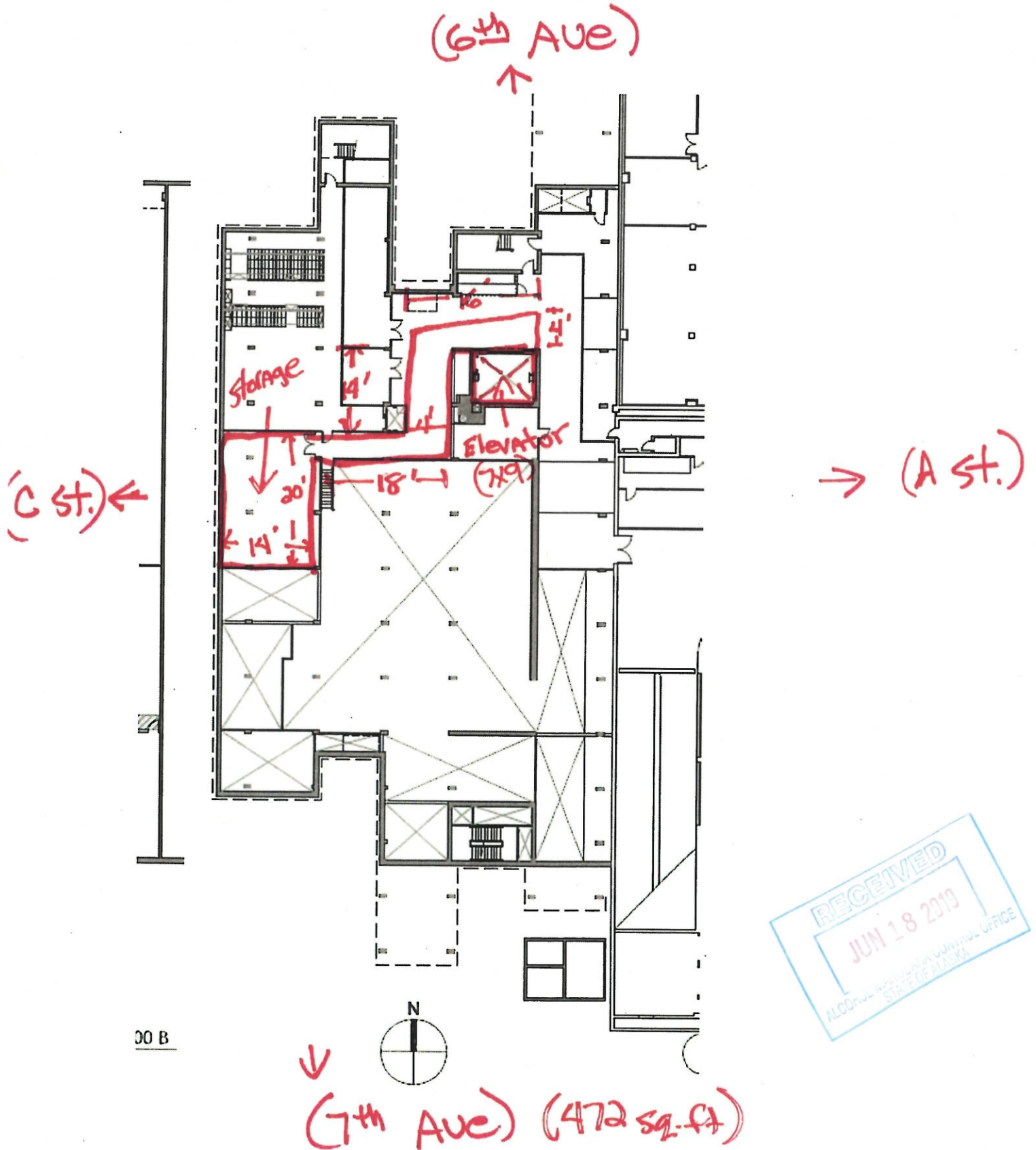
Licensee:	Culinary Adventures with Laura Cole, LLC	License Number:	5317		
License Type:	Restaurant Eating Place				
Doing Business As:	Muse with Laura Cole				
Premises Address:	625 C Street				
City:	Anchorage	State:	AK	ZIP:	99501

Culinary Adventures with Laura Cole, LLC
Outside Security Plan

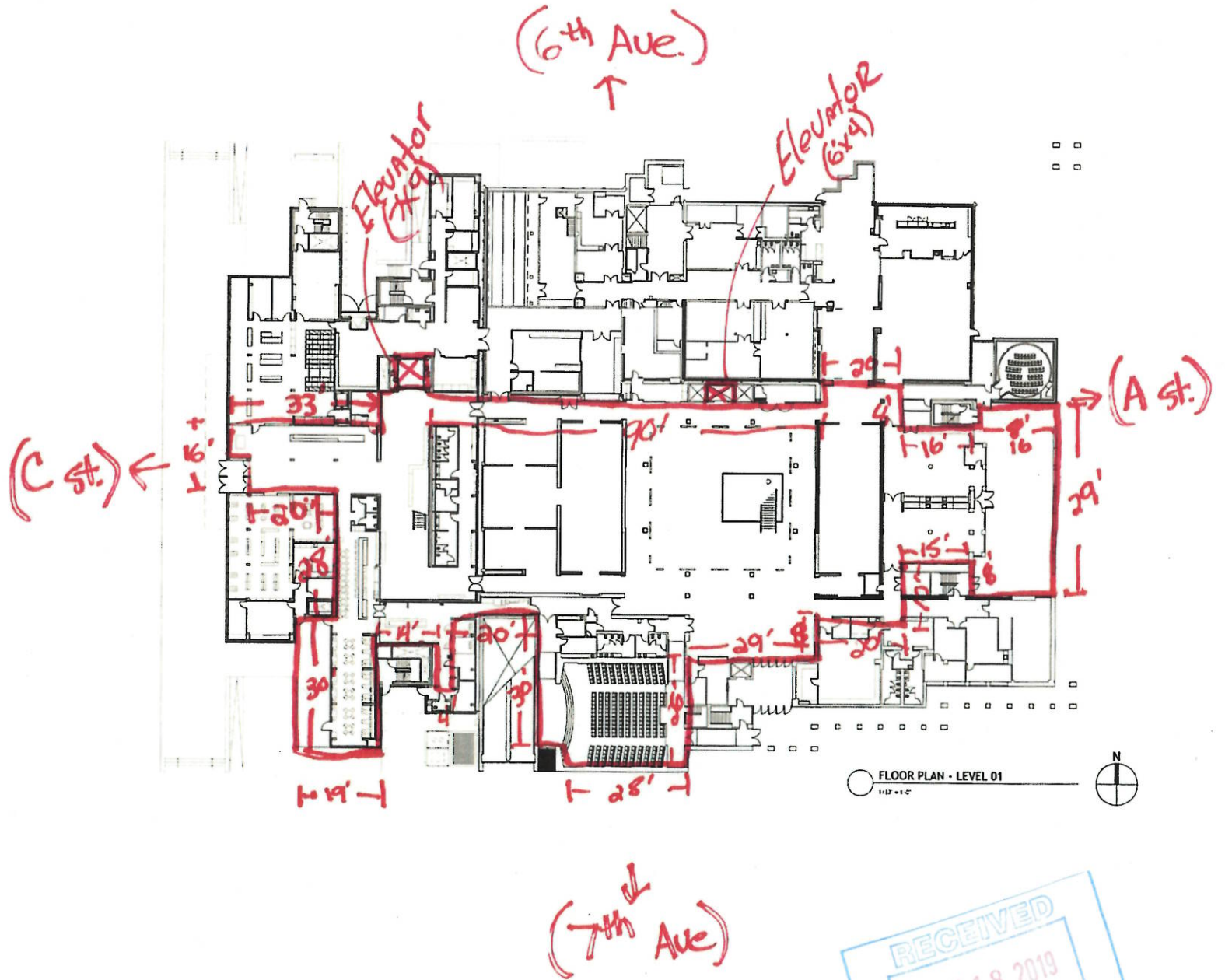
Culinary Adventures with Laura Cole, LLC dba Muse with Laura Cole is located at the Anchorage Museum. The outside deck/patio portion of the restaurant is segregated from the rest of the premises and includes a 3-foot-high steel railing around the entire perimeter of the patio with an opening/control point at the north end nearest to door for accessing the restaurant. 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 waiting staff walking between the indoor seating area, and outdoor area to monitor alcohol consumption. The safety and security of patrons is also monitored through CCTV and 24/7 on site security personnel. 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. Waiting staff in the indoor seating area will monitor to ensure patrons do not attempt to use the outside area when it is closed. Door alarms will also be activated in the event a patron tries to exit through a secured door.



Anchorage Museum - Basement
625 C Street
Anch. AK 99501



Anchorage Museum - Level 1
625 C Street
ANCH AK 99501



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(9915 sq. ft.)

ANCH. MUSEUM
LEVEL 2

(6th Ave) ↓

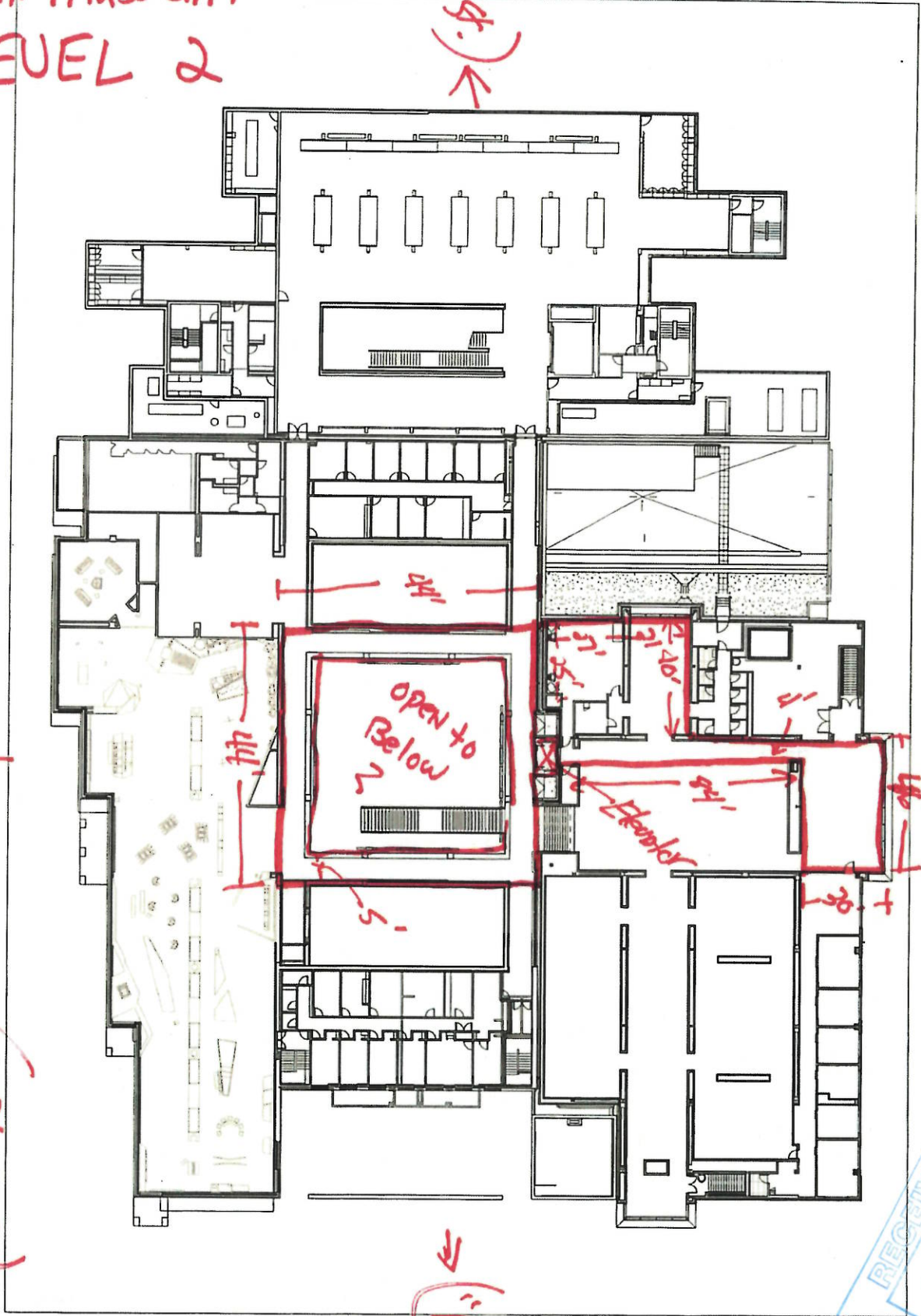
(7th Ave) ↓

(6th Ave) ↓

(3231 Sq. Ft.)

(11th Ave) →

N
+
S



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ALCOA - NANTUNA CULTURE OFFICE
STATE OF ALASKA



NOTE: DRAWING ARE FOR REFERENCE ONLY.
PLEASE CONDUCT ASBUILT FOR LATEST INFORMATION AND ACCURACY.

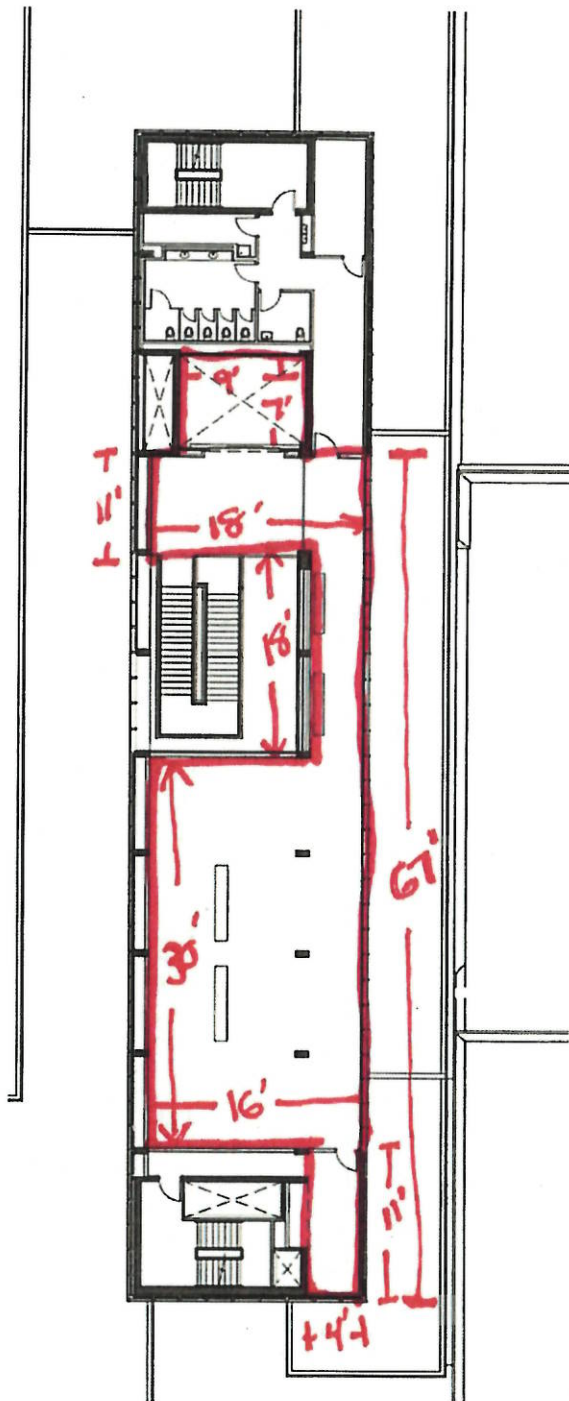
GALLERY
PROJECT
ANCHORAGE MUSEUM
SHEET NAME
LEVEL 2 FLOOR PLAN

PROJECT NO.
DRAWN BY
CHECKED BY
SCALE
DATE
10-9-2017
SHEET NUMBER
A200

Anchorage Museum - LEVEL 4
625 C Street
Anch AK 99501

6th Ave
↑

← C St.
A.



⇒ A St.



7th Ave. (794 sq ft.)
↓

N
W + E
S

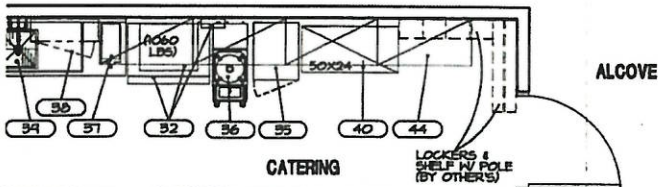
Anch Museum

Eq. List

(pg. 1 of 2)

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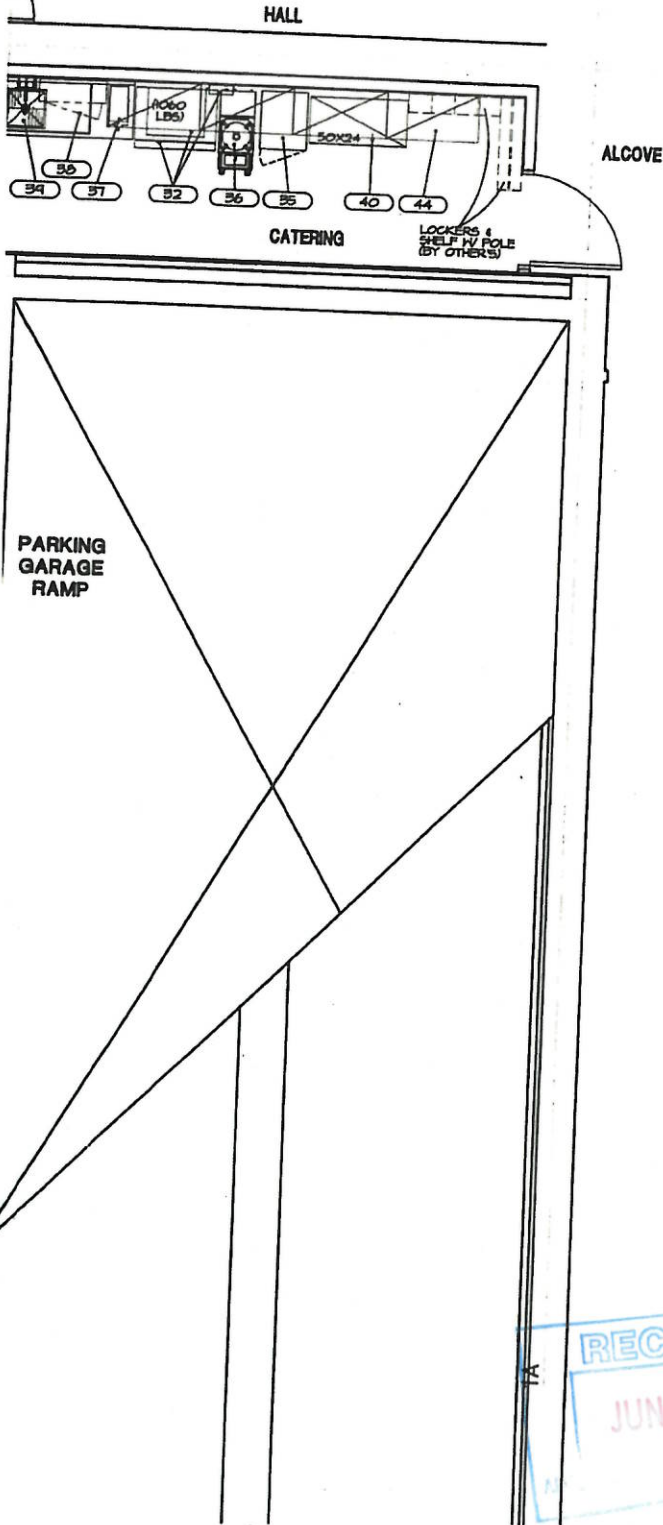
HALL



PARKING GARAGE RAMP

KITCHEN EQUIPMENT		
ITEM R NO	QTY	DESCRIPTION
1	1	REFRIGERATION RACK
2	-	SPARE NUMBER
3	-	SPARE NUMBER
4	1	MAT RACK
5	1	MOP AND BROOM RACK/ SHELF
6	1	FLOOR TROUGH AND GRATE
7	1	ICE MAKER W/ BIN & FILTER
8	1	WORKTABLE
9	3	INGREDIENT BINS
10	1	FOOD PROCESSOR
11	1	CAN OPENER
12	1	MIXER (20 QT)
13	1	SALAD SPINNER
14	4	WALL SHELF
15	1	HAND SINK W/SOAP AND TOWEL DISPENSER
16	1	FOOD CUTTER
17	1	PREP TABLE W/SINKS
18	1	MOBILE MIXER TABLE
19	4	HIGH MOUNT WALL SHELVING
20	-	SPARE NUMBER
21	-	SPARE NUMBER
22	1	MOBILE RACK
23	5	STORAGE SHELVING
24	5	FREEZER SHELVING
25	1	UNIT COOLER (FREEZER)
26	4	MOBILE RACK
27	1	UNIT COOLER (COOLER)
28	3	COOLER SHELVING
29	2	POT SHELVING
30	1	WALK IN COOLER/FREEZER ASSEMBLY
31	-	SPARE NUMBER
32	1	ICE MAKER W/ BIN & FILTER
33	-	SPARE NUMBER
34	-	SPARE NUMBER
35	1	STORAGE CABINET
36	1	COFFEE MAKER W/ SHUTTLE
37	1	ICE TEA MAKER (BY VENDOR)
38	1	WALL CABINET
39	1	COUNTER W/ ICING SINK
40	1	SECURITY SHELVING
41	2	WALL SHELF
42	1	DISHWASHER
43	-	SPARE NUMBER
44	5	HIGH MOUNT WALL SHELVING
45	1	HAND SINK W/SOAP AND TOWEL DISPENSER
46	1	SOILED DISHTABLE
47	1	RACK SHELF
48	1	SCRAP COLLECTOR
49	1	PRE-RINSE
50	1	EXHAUST HOOD
51	1	CLEAN DISHTABLE
52	-	SPARE NUMBER
53	1	UTENSIL RACK W/ SHELF
54	1	3-COMPARTMENT SINKS
55	1	HAND SINK W/SOAP AND TOWEL DISPENSER
56	1	W/ CONTROL CABINET
57	-	SPARE NUMBER
58	1	PAN SHELF
59	1	REACH-IN REFRIGERATOR/FREEZER
60	1	ICE CREAM CABINET
61	1	DIPPERWELL ASSEMBLY
62	2	WALL SHELF
63	1	COUNTER W/ SINK
64	1	PANNINI GRILL
65	1	EXHAUST HOOD
66	1	SALAMANDER BROILER, GAS
67	1	6 OB RANGE W/ CONVECTION OVEN
68	1	PAN SHELF
69	1	FRYER ASSEMBLY W/FILTER
70	1	TOASTER
71	1	SPREADER
72	1	MICROWAVE
73	1	HOT FOOD HELLS
74	1	BROILER
75	1	SOLID TOP RANGE
76	2	FOOD WARMER
77	1	STEAMER
78	1	CHEF'S COUNTER
79	1	CONVECTION OVEN (DOUBLE STACKED)
80	1	FLOOR TROUGH AND GRATE
81	1	6 OB RANGE W/ CONVECTION OVEN
82	1	CATERING TABLE W/ OVERSHELF
83	1	BRAISING PAN (30 GAL)
84	1	FIRE SUPPRESSION SYSTEM
85	1	WALL FLASHING
86	-	SPARE NUMBER
87	-	SPARE NUMBER
88	-	SPARE NUMBER
89	-	SPARE NUMBER
90	-	SPARE NUMBER
91	1	MOBILE ICE BIN
92	1	COUNTER W/ ICING SINK & WALL FLASHING
93	2	GLASS RACK DOLLY
94	1	ICE TEA MAKER (BY VENDOR)
95	1	COFFEE MAKER (BY VENDOR)
96	1	MOBILE REACH-IN REFRIGERATOR
97	1	BANQUET TRANSPORT CART
98	1	MOBILE TABLE
99	1	HAND SINK W/SOAP AND TOWEL DISPENSER
100	1	WALL CABINET
101	-	SPARE NUMBER
102	1	COUNTER W/SINK
103	1	COFFEE MAKER (BY VENDOR)

Anon. Museum Eq. List. (pg. 2 of 2)



27	1	MOBILE RACK
28	3	UNIT COOLER (COOLER)
29	2	COOLER SHELVING
30	2	POT SHELVING
31	1	WALK IN COOLER/FREEZER ASSEMBLY
32	-	SPARE NUMBER
33	1	ICE MAKER W/ BIN & FILTER
34	-	SPARE NUMBER
35	-	SPARE NUMBER
36	1	STORAGE CABINET
37	1	COFFEE MAKER W/ SHUTTLE
38	1	ICE TEA MAKER (BY VENDOR)
39	1	WALL CABINET
40	1	COUNTER W/ ICING SINK
41	2	SECURITY SHELVING
42	1	WALL SHELF
43	1	DISHWASHER
44	-	SPARE NUMBER
45	5	HIGH MOUNT WALL SHELVING
46	1	HAND SINK W/ SOAP AND TOWEL DISPENSER
47	1	SOILED DISHTABLE
48	1	RACK SHELF
49	1	SCRAP COLLECTOR
50	1	PRE-RINSE
51	1	EXHAUST HOOD
52	1	CLEAN DISHTABLE
53	-	SPARE NUMBER
54	1	UTENSIL RACK W/ SHELF
55	1	3-COMPARTMENT SINKS
56	1	HAND SINK W/ SOAP AND TOWEL DISPENSER
57	1	WM CONTROL CABINET
58	-	SPARE NUMBER
59	1	PAN SHELF
60	1	REACH-IN REFRIGERATOR/FREEZER
61	1	ICE CREAM CABINET
62	1	DIPPERWELL ASSEMBLY
63	2	WALL SHELF
64	1	COUNTER W/ SINK
65	1	PANNINI GRILL
66	1	EXHAUST HOOD
67	1	SALAMANDER BROILER, GAS
68	1	6 OB RANGE W/ CONVECTION OVEN
69	1	PAN SHELF
70	1	FRYER ASSEMBLY W/FILTER
71	1	TOASTER
72	1	SPREADER
73	1	MICROWAVE
74	1	HOT FOOD WELLS
75	1	BROILER
76	1	SOLID TOP RANGE
77	2	FOOD WARMER
78	1	STEAMER
79	1	CHEF'S COUNTER
80	1	CONVECTION OVEN (DOUBLE STACKED)
81	1	FLOOR TROUGH AND GRATE
82	1	6 OB RANGE W/ CONVECTION OVEN
83	1	CATERING TABLE W/ OVERSHELF
84	1	BRAISING PAN (30 GAL)
85	1	FIRE SUPPRESSION SYSTEM
86	1	WALL FLASHING
87	-	SPARE NUMBER
88	-	SPARE NUMBER
89	-	SPARE NUMBER
90	-	SPARE NUMBER
91	-	SPARE NUMBER
92	1	MOBILE ICE BIN
93	1	COUNTER W/ ICING SINK & WALL FLASHING
94	2	GLASS RACK DOLLY
95	1	ICE TEA MAKER (BY VENDOR)
96	1	COFFEE MAKER (BY VENDOR)
97	1	MOBILE REACH-IN REFRIGERATOR
98	1	BANQUET TRANSPORT CART
99	1	MOBILE TABLE
100	1	HAND SINK W/ SOAP AND TOWEL DISPENSER
101	1	WALL CABINET
102	-	SPARE NUMBER
103	1	COUNTER W/ SINK
104	1	COFFEE MAKER (BY VENDOR)
105	1	ICE TEA MAKER (BY VENDOR)
106	1	WATER/ICE STATION
107	2	WALL SHELF
108	1	BACK BAR COOLER
109	1	KEG COOLER
110	1	ESPRESSO MACHINE
111	2	ESPRESSO GRINDER
112	1	WINE DISPLAY
113	-	SPARE NUMBER
114	1	COFFEE WARMER
115	1	SODA GUN WITH CARBONATOR (BY VENDOR)
116	1	COCKTAIL STATION
117	1	BLENDER
118	1	BLENDER STATION
119	1	LIGUOR DISPLAY
120	-	SPARE NUMBER
121	1	DRAIN BOARD
122	1	MJS FROSTER
123	1	DRAIN BOARD
124	1	GLASS WASHER
125	1	DUMP SINK
126	1	HANDSINK

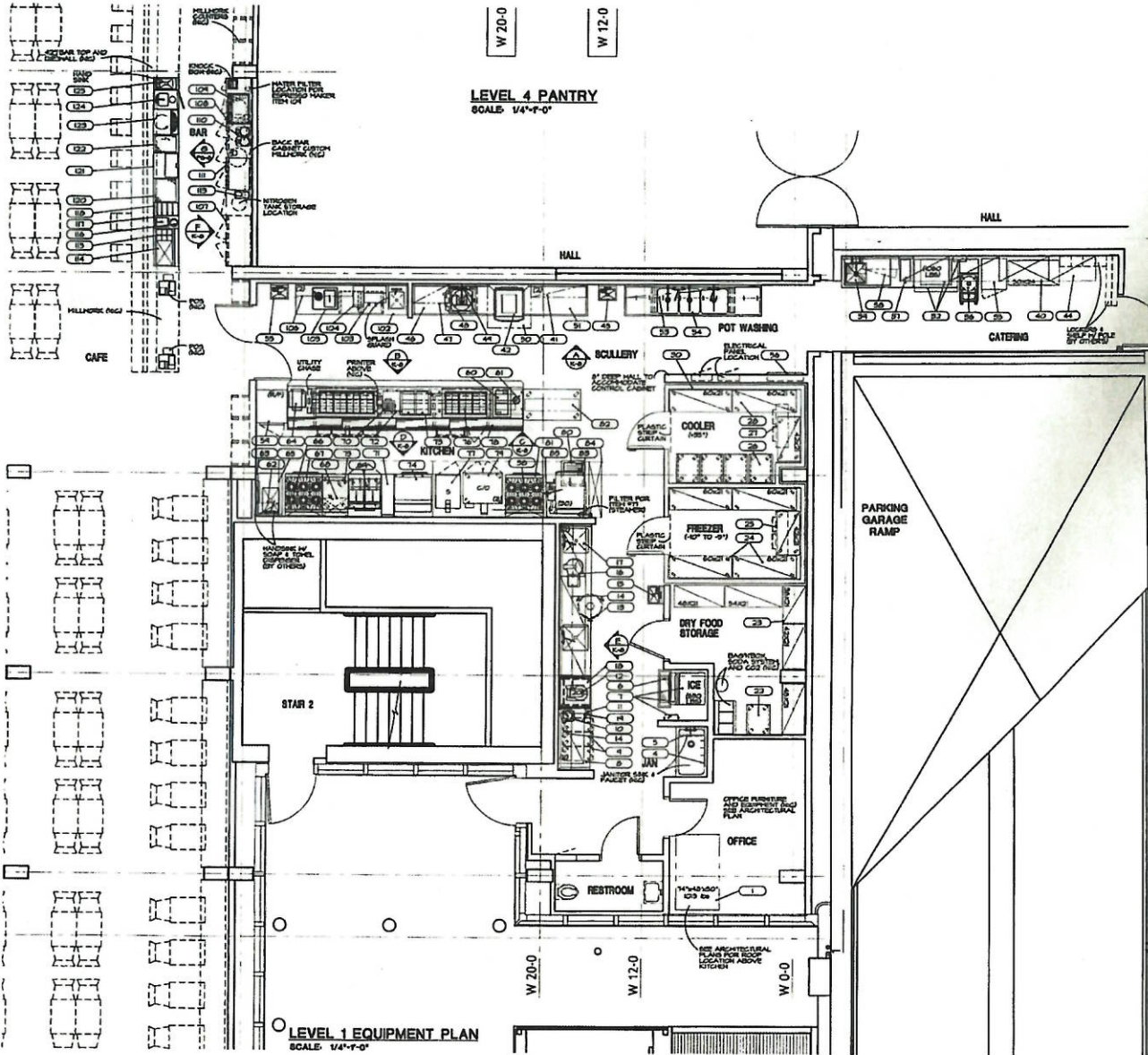
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STATE OF ALASKA



Aven. Museum
Kitchen PLAN



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:	NANA Management Services, LLC	License #:	5317
License Type:	Restaurant Eating Place	Statutory Reference:	04.11.100
Doing Business As:	Muse		
Premises Address:	625 C Street		
City:	Anchorage	State:	AK
		ZIP:	99501
Local Governing Body:	MOA		

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY			
Complete Date:		Transaction #:	1054409
Board Meeting Date:		License Years:	
Issue Date:		BRE:	



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:	Culinary Adventures with Laura Cole, LLC				
Doing Business As:	Muse with Laura Cole				
Premises Address:	625 C Street				
City:	Anchorage	State:	AK	ZIP:	99501
Community Council:	Downtown				

Mailing Address:	625 C Street				
City:	Anchorage	State:	AK	ZIP:	99501

Designated Licensee:	Laura Cole				
Contact Phone:	907-347-6895.	Business Phone:	907-683-2567		
Contact Email:	laura@229parksrestaurant.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.

0.58 Miles (Denali Montessori Elementary)

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

0.34 Miles (All Saints Episcopal)

APR 26 2019



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:	Laura Cole			
Title(s):	Member	Phone:	907-347-6895.	% Owned: 100
Address:	625 C Street			
City:	Anchorage	State:	AK	ZIP: 99501



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-01: Transfer License Application

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

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

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

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 #:	10101493	AK Formed Date:	3/7/19	Home State:	AK
Registered Agent:	Laura Cole		Agent's Phone:	907-347-6895.	
Agent's Mailing Address:	Po Box 41				
City:	Denali Ntl Park	State:	AK	ZIP:	99755

Residency of Agent: Yes No

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

AMCO
 APR 26 2019



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):

public convenience restaurant/eating place license number 4467, DBA 229 Parks

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 license transfer.



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.

Sarah Lukin
Signature of transferor

Sarah Lukin
Printed name of transferor

Subscribed and sworn to before me this 23rd day of May, 2019.



Linda L. Adams
Signature of Notary Public

ALASKA

Notary Public in and for the State of _____

My commission expires: March 18, 2022

Signature of transferor

Printed name of transferor

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



Signature of Notary Public

ALASKA

Notary Public in and for the State of _____

My commission expires: _____



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.

LBC

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

LBC

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.

LBC

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.

LBC

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

LBC

As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.

Laura Cole

Signature of transferee

Laura Cole

Printed name

Subscribed and sworn to before me this 11th day of APRIL, 2019.



Charlotte Selvester
Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: 11/17/2021