



## MEMORANDUM

TO: Alcoholic Beverage Control Board      DATE: November 12, 2019  
FROM: Erika McConnell, Director      RE: 5857 Anchorage Senior Center

**Requested Action:** New license application

**Statutory 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."

**Staff Rec.:** Approve the license; reduce the licensed premises area under AS 04.06.090(c) to be the kitchen, storage areas, and room 101A, the Arctic Rose Restaurant

**Background:** This is an application for a new restaurant or eating place license in Anchorage. It appears that the applicant is seeking to have areas be part of the licensed premises that are not regularly used for their restaurant, but are instead used for other activities, and from time to time, for events where alcohol would be served.

AS 04.11.100(b) states, "A license may be issued under this section only if the board determines that the premises to be licensed are a bona fide restaurant or eating place." And 3 AAC 304.305 states:

- (a) In AS 04.11.100 and this section, a "bona fide restaurant or eating place" is an establishment, or portion of an establishment, where, during all times that beer or wine is served or consumed,
  - (1) the patron's principal activity is consumption of food; and
  - (2) a variety of types of food items appropriate for meals is available for sale as shown on a menu provided to patrons and filed with the board;
  - (3) repealed 9/11/98.
- (b) 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.
- (c) Repealed 5/11/96.
- (d) The board will, in its discretion, require the licensed premises to be separated from the unlicensed portion of the business in a manner acceptable to the board. Changes in the structure, layout, or use of any portion of the licensed premises must have the prior approval of the board.

The applicant states that the Arctic Rose Room (labeled 101A on the diagram) is a restaurant that is open to the public with regular serving hours. However, rooms 101B, 101C, and the Sullivan Room are not always in use for the Arctic Rose Restaurant. The Senior Center's website shows them to be available for rental for events which may or may not involve food service catered by the Arctic Rose Restaurant.

While many restaurants contain banquet rooms that are licensed, those rooms do not have other uses during the times they are not used for banquets. In the Anchorage Senior Center, rooms 101B, 101C, and the Sullivan Room appear to have a variety of uses, not all of which relate to the Arctic Rose Restaurant—thus they do not appear to constitute a restaurant or eating place and should not be part of the licensed premises.

The licensed area should be the kitchen, storage areas, and the Arctic Rose Restaurant in the Arctic Rose Room (room 101A). In accordance with 3 AAC 304.305(d) and 3 AAC 304.185(e), the applicant should be required to create some sort of barrier between rooms 101A and 101B when the removable wall is removed, to segregate the licensed premises from unlicensed area.

**Attachment:** License application



## 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:	Anchor-Age Center		
License Type:	Restaurant/Eating Place	Statutory Reference:	AS 04.11.100
Doing Business As:	Anchorage Senior Center		
Premises Address:	1300 East 19th Ave		
City:	Anchorage	State:	Alaska
		ZIP:	99501
Local Governing Body:	Municipality of Anchorage		
Community Council:	Fairview Community Council		

Mailing Address:	1300 East 19th Ave		
City:	Anchorage	State:	Alaska
		ZIP:	99501

Designated Licensee:	J. Kris Warren, Treasurer		
Contact Phone:	907-317-7335	Business Phone:	907-770-2005
Contact Email:	srose@anchorageSeniorcenter.org		

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

OFFICE USE ONLY			
Complete Date:		License Years:	License #: 5857
Board Meeting Date:		Transaction #:	1147293 & 1147298 & 1147299
Issue Date:		BRE:	AMCO



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.

1.6 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.

0.4 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:					
Address:					
City:		State:		ZIP:	

This individual is an:  applicant       affiliate

Name:					
Address:					
City:		State:		ZIP:	



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.

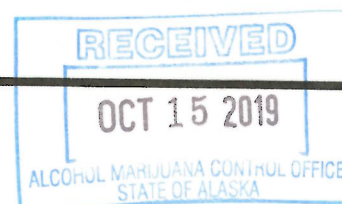
- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following 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:	Gordon Glaser			
Title(s):	President	Phone:	907-240-0177	% Owned:
Address:	1029 Potlatch Circle			
City:	Anchorage	State:	Alaska	ZIP: 99503

Entity Official:	Mary Shields			
Title(s):	Vice President	Phone:	907-333-9336	% Owned:
Address:	3941 E 7th Ave			
City:	Anchorage	State:	Alaska	ZIP: 99508

Entity Official:	James Kris Warren			
Title(s):	Treasurer	Phone:	907-317-7335	% Owned:
Address:	900 W 86th Ave			
City:	Anchorage	State:	Alaska	ZIP: 99515

Entity Official:	Paula Pawlowski			
Title(s):	Secretary	Phone:	907-223-0628	% Owned:
Address:	3300 Balchen Drive			
City:	Anchorage	State:	Alaska	ZIP: 99517





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 #:	24902D	AK Formed Date:	August 31, 1981	Home State:	Alaska
Registered Agent:	Rebecca Parker		Agent's Phone:	907-240-6000	
Agent's Mailing Address:	1530 W 11sth Condo 3				
City:	Anchorage	State:	Alaska	ZIP:	99501

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:

Rebecca Parker- Anchor-Age Center (DBA Anchorage Senior Center) Executive Director  
 Stephanie Rose - Anchor-Age Center (DBA Anchorage Senior Center) Finance/Administrative Director



# 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.

*[Handwritten initials]*

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

*[Handwritten initials]*

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.

*[Handwritten initials]*

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.

*[Handwritten initials]*

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

*[Handwritten initials]*

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.

*[Handwritten signature: J. Kris Warren]*

Signature of licensee

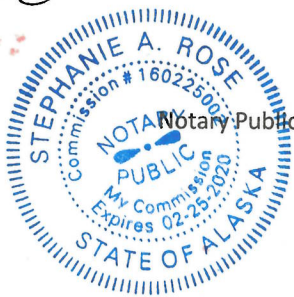
**J. Kris Warren**

Printed name of licensee

*[Handwritten signature: Stephanie A. Rose]*

Signature of Notary Public

Notary Public in and for the State of Alaska



My commission expires: 2-25-2020

Subscribed and sworn to before me this 30 day of August, 2019.



## 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:	Anchor-Age Center	License Number:			
License Type:	Restaurant/Eating Place AS 04.11.100				
Doing Business As:	Anchorage Senior Center				
Premises Address:	1300 East 19th Ave				
City:	Anchorage	State:	Alaska	ZIP:	99501

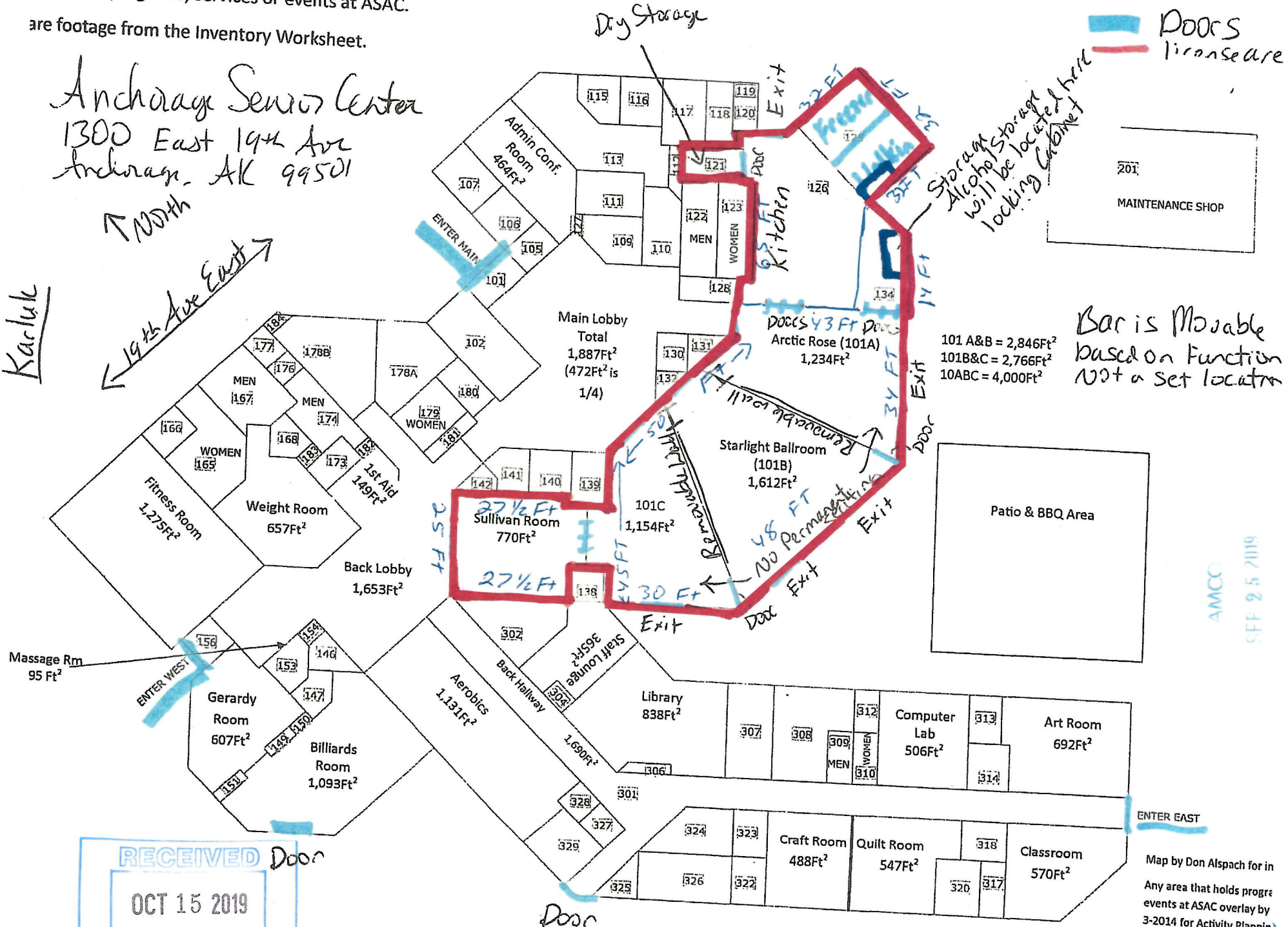


nat holds programs, services or events at ASAC.  
 are footage from the Inventory Worksheet.

Anchorage Senior Center  
 1300 East 19th Ave  
 Anchorage, AK 99501

Karluk  
 ↑ 19th Ave East  
 ↑ NORTH

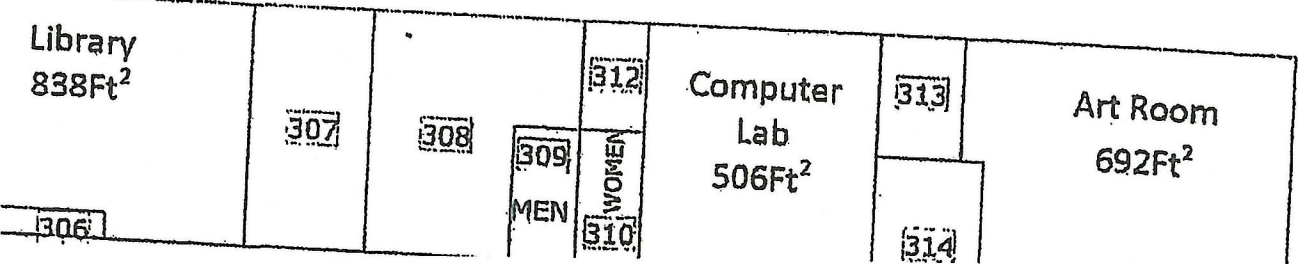
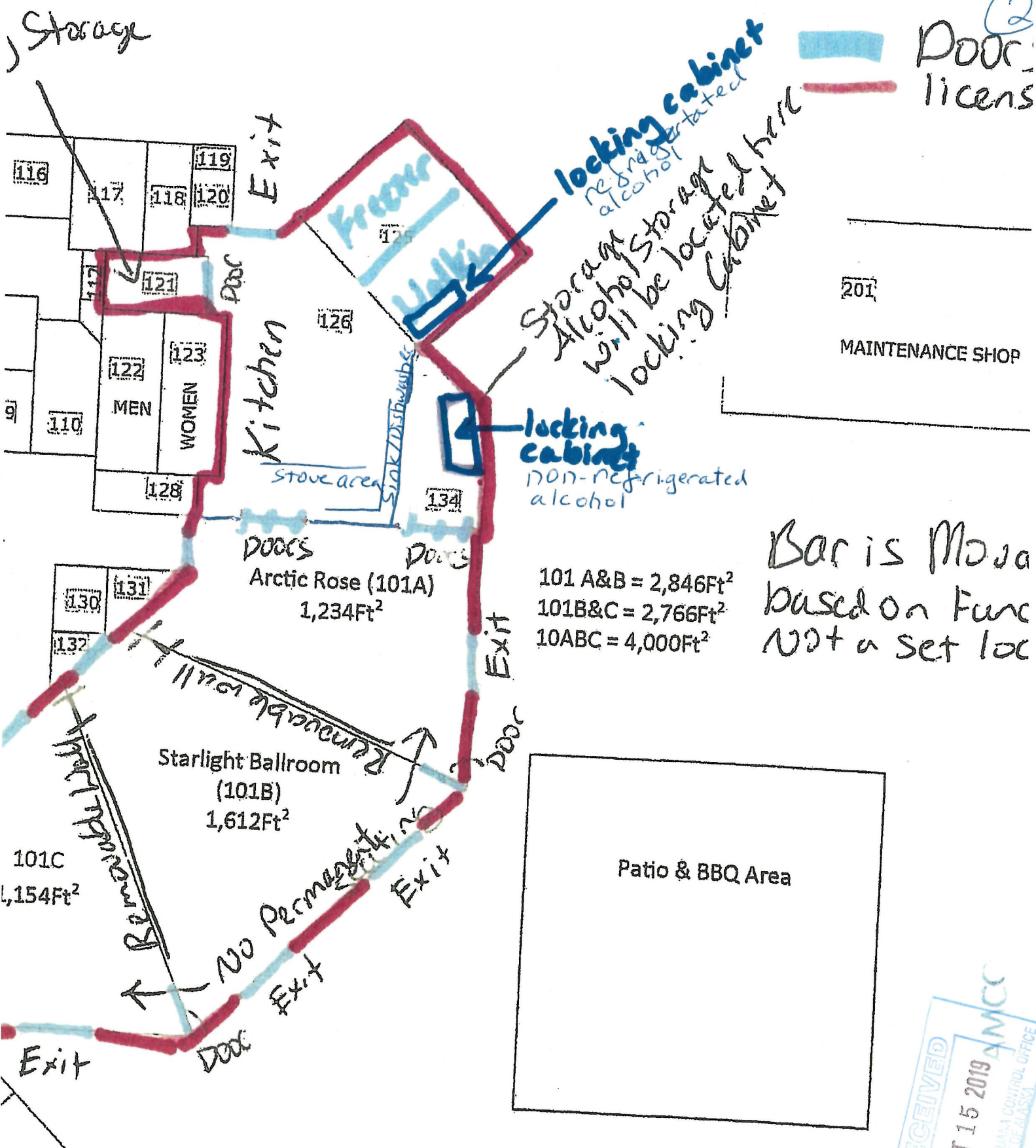
Doors  
 in red are



RECEIVED Door  
 OCT 15 2019  
 ALCOHOL MAINTENANCE CONTROL OFFICE  
 STATE OF ALASKA

AMCC  
 SEP 25 2019

(Handwritten mark)



RECEIVED  
OCT 15 2019  
AMCC  
ALCOHOL REGULATORY CONTROL OFFICE  
STATE OF ALASKA

nat holds programs, services or events at ASAC.  
 are footage from the Inventory Worksheet.

Anchorage Senior Center  
 1300 East 14th Ave  
 Anchorage, AK 99501

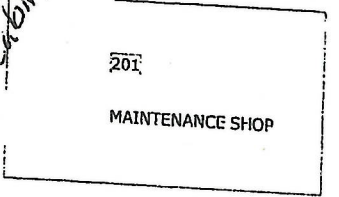
↑ NORTH  
 ← 14th Ave East →

Karluk

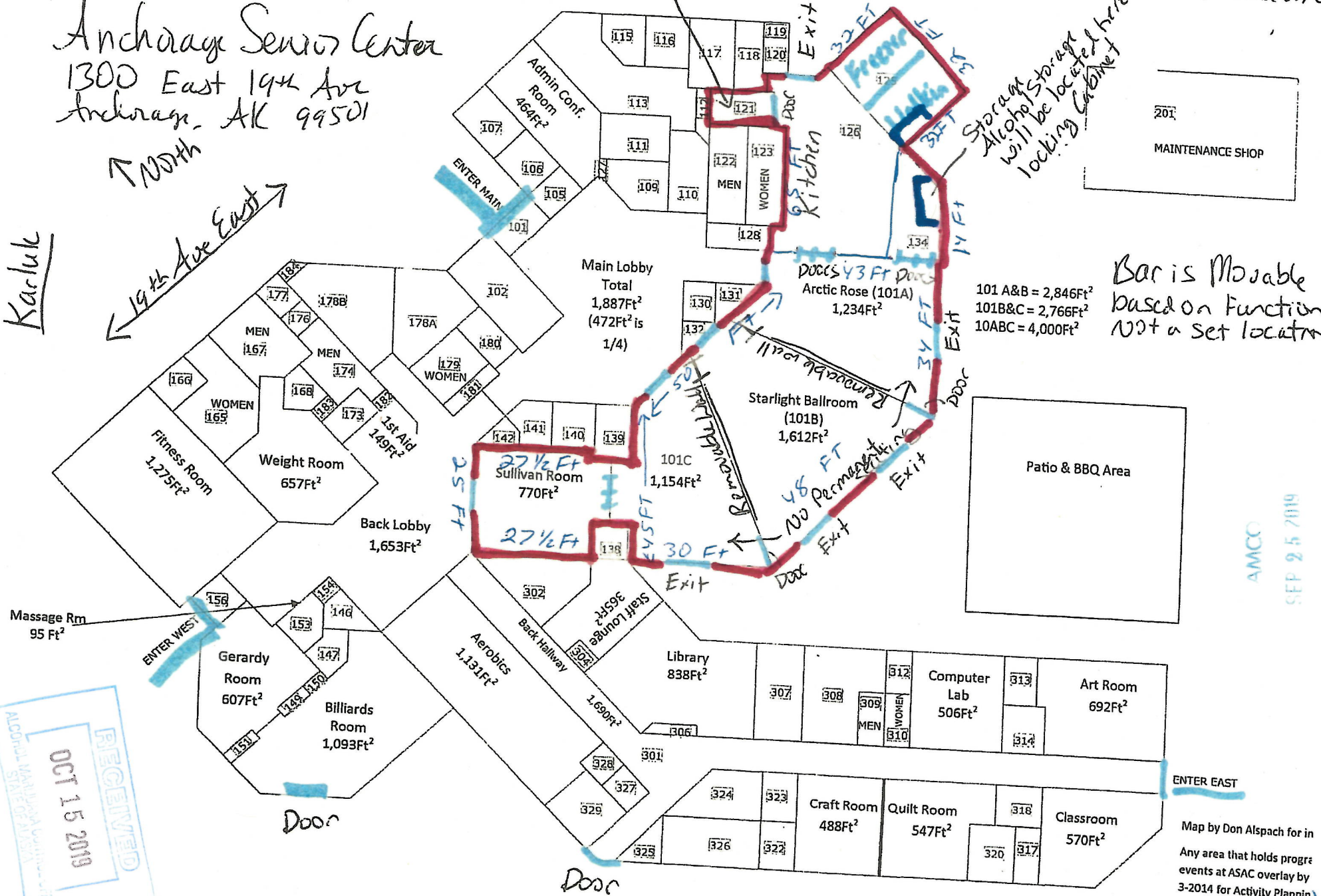
Dry Storage

Doors  
 Ironseal

Storage Alcohol Storage will be located here locking cabinet



Bar is Movable based on Function NOT a set location

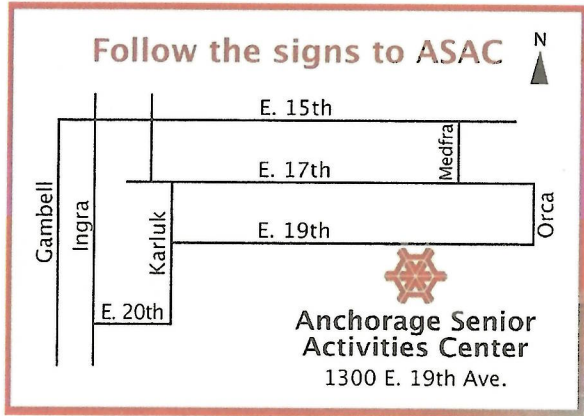


RECEIVED  
 OCT 15 2019  
 ALCOHOL STATE OF ALASKA

AMCC  
 SEP 25 2019

Map by Don Alspach for in  
 Any area that holds progr  
 events at ASAC overlay by  
 3-2014 for Activity Plann

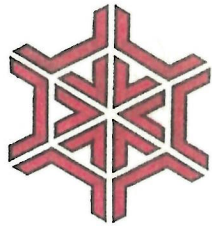
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AMCO  
SEP 25 2019

AMCO  
MAR 22 2019

AMCO  
MAY - 7 2019



A Unit of the National Council on Aging  
**NISC**  
ACCREDITED BY  
NATIONAL INSTITUTE OF  
SENIOR CENTERS

**ANCHORAGE SENIOR CENTER**  
**www.anchorageseniorcenter.org**  
1300 East 19<sup>th</sup> Avenue, Anchorage, Alaska 99501  
T 907.258.7823 F 907.278.2454

October 8, 2019

The Arctic Rose Restaurant, located in section 101A of the map for Anchor-Age Center (Anchorage Senior Center) is a restaurant that is open from 9-2 Monday through Friday. This restaurant is open to the public.

Every week (consistently during the day and sometimes in the evening), the center prepares food for the other rooms – Starlight Ballroom, 101C and the Sullivan Room.

The walls between the restaurant, the ballroom and 101C are collapsible walls – they fold into a wall opening to allow opening up of the area(s) when the center requires a larger restaurant service area.

The Sullivan Room has two doors leading from 101C – many times staging for dinners is in the Sullivan Room and the area in front of the room is a perfect location for a movable bar.

The additional areas without permanent seating (ballroom, 101C and the Sullivan room) are used for food service – the food is ordered from the restaurant and delivered to those areas

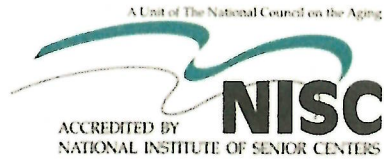
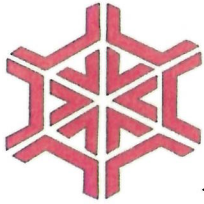
\*For example, other non-profits and other organizations have lunch in the Sullivan room and 101B (or 101B and C when the groups are larger) weekly and order lunch from the restaurant and servers deliver it to them in those areas.

Rooms 101 B and C and the Sullivan Room do not have permanent seating because of set up changes based on requests and the number of guests (sometimes banquet style setting, sometimes classroom style setting) therefore the tables and chairs are changed based on the needs of the guests.

Yours Sincerely,

Gordon Glaser  
President  
Anchor-Age Center  
Anchorage Senior Center





## Anchorage Senior Activity Center

1300 East 19<sup>th</sup> Avenue, Anchorage, Alaska 99501

Phone 907-770-2000 Fax 907-278-2454

www.anchorageseniorcenter.org

October 15, 2019

*Attachments for AB-02*

Attached are maps/diagrams of the proposed license location within the Anchor-Age Center (Anchorage Senior Center)

Please discard diagrams that do not match the attached

Page #1 Map has the complete outline of the proposed area including the kitchen.

- The Dark Blue outline in the storage room off 101 A is where the non-refrigerated alcohol will be stored in a locked cabinet.
- The Dark Blue outline in the walk-in in the kitchen will have a locking cabinet for refrigerated alcohol.

Page #2 Map is an enlarged version to show the kitchen a little better

Please let me know if you need any additional supporting/information.

Stephanie Rose  
Finance/Administration Director  
Anchor-Age Center  
Anchorage Senior Center  
(907) 770-2005

