

Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE 550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

TO: Alcoholic Beverage Control Board DATE: November 12, 2019

FROM: Erika McConnell, Director RE: 217 Williwaw

Requested Transfer of controlling interest

Action:

Statutory Authority:

AS 04.11.040(c): "A person may not receive or transfer controlling interest in a liquor license issued to a partnership, including a limited partnership, a limited liability organization, or a corporation under this title, except with the written consent of the board."

AS 04.11.470: "A person may object to an application for issuance, renewal, transfer of location, or transfer to another person of a license, or for issuance of a permit, by serving upon the applicant and the board the reasons for the objection. The board shall consider the objections and testimony received at a hearing conducted under AS 04.11.510(b)(2) when it considers the application..."

AS 04.11.510(b)(2): "The board may review an application for the issuance, renewal, transfer of location, or transfer to another person of a license without affording the applicant notice or hearing, except...(2) the board may, on its own initiative or in response to an objection or protest, hold a hearing to ascertain the reaction of the public or a local governing body to an application if a hearing is not required under this subsection;"

Staff Rec.: Hold a public hearing; approve the transfer with delegation

Background: This is an application for transfer of controlling interest of a beverage dispensary license in Anchorage. Objections from two creditors have been received listing debts totaling over \$270,000. The response from the Municipality of Anchorage is still pending.

Creditor objections Attachment:

Transfer application

LAW OFFICES OF

TIMOTHY C. VERRETT

A PROFESSIONAL CORPORATION 125 CHRISTENSEN DRIVE, SUITE 1 ANCHORAGE, ALASKA 99501

Timothy C. Verrett

Telephone (907) 277-3533 Telefax (907) 279-0335

October 3, 2019

Erika McConnell, Director Alcohol Beverage Control Board Alcohol & Marijuana Control Office 550 W. 7th, Suite 1600 Anchorage, Alaska 99501

Re:

License Nos. 217 and 5374 Our File No. 3971.38

Dear Ms. McConnell:

I represent Hot Wire, LLC, a creditor to Fish or Cut Bait, LLC, the proposed transferor on the above-referenced licenses. I received your letters dated September 26, 2019, advising of a request to transfer the above-referenced liquor dispensary licenses. Your letters of September 26, 2019 are attached, noting Hot Wire, LLC's objection to the transfer. The application documents submitted for each license number clearly indicates that Hot Wire, LLC is a creditor of Fish or Cut Bait, LLC, having obtained a Judgment against Fish or Cut Bait, LLC. To date my client has not been paid for the judgment amount, plus post-judgment interest. Information about the Judgment has previously been submitted to your office.

Hot Wire, LLC objects to the transfer of beverage dispensary licenses 217 and 5374 until its outstanding Judgment against Fish or Cut Bait, LLC is paid in full. Per AS 04.11.360(4) neither beverage dispensary license can be transferred until Hot Wire, LLC's Judgment is paid in full.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

LAW OFFICES OF TIMOTHY C. VERRETT, P.C.

Timothy C. Verrett

TCV/bjf enclosures cc: client via email **AMCO**

DCT 0 4 2019



Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

September 26, 2019

Hot Wire, LLC c/o Timothy Verrett, Esq. 125 Christensen #1 Anchorage, AK 99501

License Number:	5374	
License Type:	Beverage Dispensary - Duplicate	
Transferor:	Fish or Cut Bait, LLC	
Transferor Doing Business As:	Birch	

☐ Transfer of Ownership Application

AS 04.11.360(4) requires that the board deny an application for transfer of a license to another person if the transferor has not paid all debts or taxes arising from the conduct of the business licensed under this title unless the transferor gives security for the payment of the debts or taxes satisfactory to the creditor or taxing authority. Our records indicate that you are listed as a creditor or taxing authority for the above license.

We have received an application for transfer of ownership for the above liquor license. For the purposes of AS 04.11.360(4) and in compliance with AS 04.11.280(b), this letter serves to provide written notice and request for status from the above referenced entity regarding the above application (see attached application documents for more information).

Please complete and return this form to the AMCO office at alaska.gov.

NAME: I mothy Verrell attorny for Hot winell	PHONE:	907-277-3533
Do you have an objection to the transfer of this license?	Yes	□No
AMOUNT OWED: \$268,741.00 + Interest	DATE:	10/2/2019
COMMENTS: Judgment not paid, see attached 1e	Tter	Service of the servic

If you have any questions, please send them to alcohol.licensing@alaska.gov.

Sincerely,

Euha M'Connell

Erika McConnell Director, ABC Board



Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE 550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

September 26, 2019

Hot Wire, LLC c/o Timothy Verrett, Esq. 125 Christensen #1 Anchorage, AK 99501

License Number:	217
License Type:	Beverage Dispensary
Transferor:	Fish or Cut Bait, LLC
Transferor Doing Business As:	Williwaw

☐ Transfer of Ownership Application

AS 04.11.360(4) requires that the board deny an application for transfer of a license to another person if the transferor has not paid all debts or taxes arising from the conduct of the business licensed under this title unless the transferor gives security for the payment of the debts or taxes satisfactory to the creditor or taxing authority. Our records indicate that you are listed as a creditor or taxing authority for the above license.

We have received an application for transfer of ownership for the above liquor license. For the purposes of AS 04.11.360(4) and in compliance with AS 04.11.280(b), this letter serves to provide written notice and request for status from the above referenced entity regarding the above application (see attached application documents for more information).

Please complete and return this form to the AMCO office at alcohol.licensing@alaska.gov.

NAME: 1, mothy Vernett atoms futlot wire UL PHONE: 907-277-3533

Do you have an objection to the transfer of this license? Yes

AMOUNT OWED: \$268,741.00 + Interest DATE: 10/2/2019

COMMENTS: Judgment not pard, see attached letter

If you have any questions, please send them to alcohol.licensing@alaska.gov.

Sincerely,

Euka M'Connell

Erika McConnell Director, ABC Board

AMCO 0CT 0 4 2019



Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE 550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

OCT - 2 2019

September 26, 2019

Erika McConnell Director, ABC Board

Alpha Media 301 Arctic Slope Avenue Anchorage, AK 99518

	License Number:	217		
	License Type:	Beverage Dispensary		
	Transferor:	Fish or Cut Bait, LLC		
	<i>Transferor</i> Doing Business As:	Williwaw		
	☐ Transfer of Owners	hip Application 🛛 Tr	ansfer of Cont	rolling Interest
ti ti	ne transferor has not pa tle unless the transfero	that the board deny an application id all debts or taxes arising from the gayment or gives security for the payment or ecords indicate that you are listed	he conduct of the debts or	the business licensed under this taxes satisfactory to the creditor
or ar	r AS 04.11.360(4) and in nd request for status fro oplication documents fo	lication for transfer of ownership compliance with AS 04.11.280(b) om the above referenced entity reprint or more information).	, this letter se garding the ak	ves to provide written notice pove application (see attached
N	AME: Scott K	- Smith	PHONE:	907-2000 275-2286
Do	o you have an objection	to the transfer of this license?	☑Yes	□ No /
	MOUNT OWED: \$1,392		DATE:	9/30/19
CC	OMMENTS: His	balance remains ,	owed	
۱f۱	you have any questions	, please send them to <u>alcohol.lice</u>	nsing@alaska.	gov.
Sir	ncerely,			
į	Fuhr M'Connell			



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

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: Fish or Cut Bait, LLC License #: 217 **License Type:** Beverage Dispensary **Statutory Reference:** AS 04.11.090 **Doing Business As:** Williwaw **Premises Address:** 609 F Street City: State: AK ZIP: Anchorage 99501 **Local Governing Body:** Municipality of Anchorage Transfer Type: Regular transfer Transfer with security interest Involuntary retransfer

	OI	FICE USE ONLY	
Complete Date:	9/23/19	Transaction #:	1093599
Board Meeting Date:	11/12/19	License Years:	19/20
Issue Date:		BRE:	coc





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

alcohol.licensing@alaska.gov

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

	Section 2 – Trans					
Enter information for the no Licensee:	ew applicant and/or location seeking to	be licensed	•	*		
	Fish or Cut Bait, LLC					
Doing Business As:	Williwaw					
Premises Address:	609 F Street					
City:	Anchorage	State:	AK		ZIP:	99501
Community Council:	Downtown Community C	ouncil				
Mailing Address:	609 F Street					
City:	Anchorage	State:	AK		ZIP:	99501
Designated Licensee:	Dylan Buchholdt					-
Contact Phone:	907-350-9735	Business	Phone:	907-86	8-200	00
Contact Email:	dbuchholdt@gci.net				-	
easonal License?	If "Yes", write your s			d:		
remises to be licensed is:						
✓ an existing facility	a new building	a propos	ed building	E		
ne next two questions mus	st be completed by <u>beverage dispensa</u>	ry (including	tourism) and <u>pa</u>	ckage store	AUG 2 applica	nts only:
What is the distance of t	he shortest pedestrian route from the the nearest school grounds? Include the	public entra	nce of the buildi	ng of your pour answer.	oropose	d premises to
1.6 miles						
the public entrance of th	he shortest pedestrian route from the e nearest church building? Include the	public entra unit of mea	nce of the buildi surement in you	ng of your pr r answer.	oropose	d premises to
.1 miles						



alcohol.licensing@alaska.gov

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

ZIP:

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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

5	ection 4 – Sole Propri	etor Owne	rship Informatio	n		
If more space is needed, ple The following information m	eted by any <u>sole proprietor</u> who is ase attach a separate sheet with the ust be completed for each licensee applicant affiliate	he required infor	mation.	to Section	5.	
Name:						
Address:						
City:		State:		ZIP:	and the control of th	
This individual is an:	applicant affiliate					
Name:						
Address:			£			
						_

Section 5 – Entity Ownership Information

State:

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:	Dylan Buchholdt			AUG 2		
Title(s):	Member	Phone:	907-350-9735	% Owr	ned:	50
Address:	1400 W. Benson Blvd., S	uite 550				
City:	Anchorage	State:	AK	ZIP:	995	503

City:



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:	Robert Jurasel	<					
Title(s):	Member		Phon	e: 907-276	-1919	% Ow	ned: 50
Address:	1400 W. Benso	on Blvd., Si	uite 5	50			
City:	Anchorage		State	: AK		ZIP:	99503
5 000 : 1				-		1	
Entity Official:						Т	
Title(s):			Phone	e:		% Ow	ned:
Address:						lio	
City:		-	State	:		ZIP:	
Entity Official:							
Title(s):			Phone	e:		% Ow	ned:
Address:		,					
City							
City:			State:			ZIP:	
nis subsection must be comp anding with the Alaska Divis aska.	ion of Corporations (I	et that is a corpo DOC) and have a	oration o a registe	r LLC. Corporation red agent who is a	n individua	are requir	of the state of
is subsection must be comp anding with the Alaska Divis aska. DOC Entity #:	ion of Corporations (I	OOC) and have a	oration o a registe	or LLC. Corporation red agent who is a 07/11/2014	n individua	are requir I resident State:	of the state of
nis subsection must be comp anding with the Alaska Divis aska. DOC Entity #: Registered Agent:	10022214 Dylan Buchho	AK Formed	oration o a registe Date:	or LLC. Corporation red agent who is a 07/11/2014 Agent's Phone	n individua	are requir I resident	of the state of
nis subsection must be comp anding with the Alaska Divis laska. DOC Entity #: Registered Agent: Agent's Mailing Address:	10022214 Dylan Buchho	AK Formed	oration o a registe Date:	or LLC. Corporation red agent who is a 07/11/2014 Agent's Phone	Home: 907-3	are requir I resident State:	Alaska
nis subsection must be comp anding with the Alaska Divis laska. DOC Entity #: Registered Agent:	10022214 Dylan Buchho	AK Formed oldt	oration o a registe Date:	or LLC. Corporation red agent who is a 07/11/2014 Agent's Phone	Home : 907-3	are requir I resident State:	Alaska 35 99503 Yes No



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alcohol.licensing@alaska.gov

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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?	✓	
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Allicense number(s) and license type(s):	aska, wh	ich
Robert Jurasek & Dylan Buchholdt have financial interests in a bar/restaurant operation Williwaw under Beverage Dispensary #217, as Birch under Beverage Dispensary (du #5374, and as Blues Central under Beverage Dispensary License #2159 (which is in process of transferring to a third party).	plicate)
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? If "Yes", disclose the name of the individual and the reason for this authorization:	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	Yes	No



Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
<u>alcohol.licensing@alaska.gov</u>
tos://www.commerce.alaska.gov/web/amco

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

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

Signature of transferor

James Pentlarge

Printed name of transferor

Subscribed and sworn to before me this 2/ day of August 20/9

NOTARY

NOTARY

PUBLIC

Notary Public and for the State of ALASKA

My commission expires: 09/26/19

Signature of transferor

Robert Jurasek
Printed name of transferor

Subscribed and sworn to before me this 22 day of 19.

Signature of Notary Public in and for the State of 19.

Of Australia Aug 22 2015

My commission expires: 09/26/19



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

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

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

	Section 6 – Transferor Ce	rtifications	
Additional copies of this page ma	y be attached, as needed, for the controlling	g interest of the current	licensee to be represented.
I declare under penalty of perjury that I, as the current licensee (either	that the undersigned represents a controlling the sole proprietor or the controlling interest of this license, and find the information on	g interest of the current less to fithe current less to fithe currently licent	licensee. I additionally certify
Dylan Buchholdt			*
Printed name of transferor		4 .	
V	NOTARY PUBLIC Public in the second se	in and for the State of	1 1 .
Signature of transferor			
Printed name of transferor			10
	Subscribed and sworn to before me this _	day of	, 20
	*	w :	
			Signature of Notary Public
	Notary Public in	n and for the State of	· · · · · · · · · · · · · · · · · · ·
		My commission exp	ires:
7			



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

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

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. James Pentlarge Printed name of transferor Subscribed and sworn to before me this _____ day of___ Signature of Notary Public and for the State of My commission expires: 09 Robert Jurasek Printed name of transferor Subscribed and sworn to before me this 22 day of Signature of Notary Public Public in and for the State of ___ My commission expires:



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

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

alcohol.licensing@alaska.gov

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https://www.commerce.alaska.gov/web/amco 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.	
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 gro for rejection or denial of this application or revocation of any license issued.	unds
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling of 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.	nfa r
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 perjury that I have read and am familiar with AS 04 are that this application, including all accompanying schedules and statements, is true, correct, and complete. Signature of transferee	nd 3 AAC 304, and
Dylan Buchholdt	
PUBLIC Notary Public in and for the State of ALASA My commission expires:	, 20/9. Lecos Tre of Notary Public [26/19]
AUG 29 2040	



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

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.	V	

Section 1 - Establishment Information

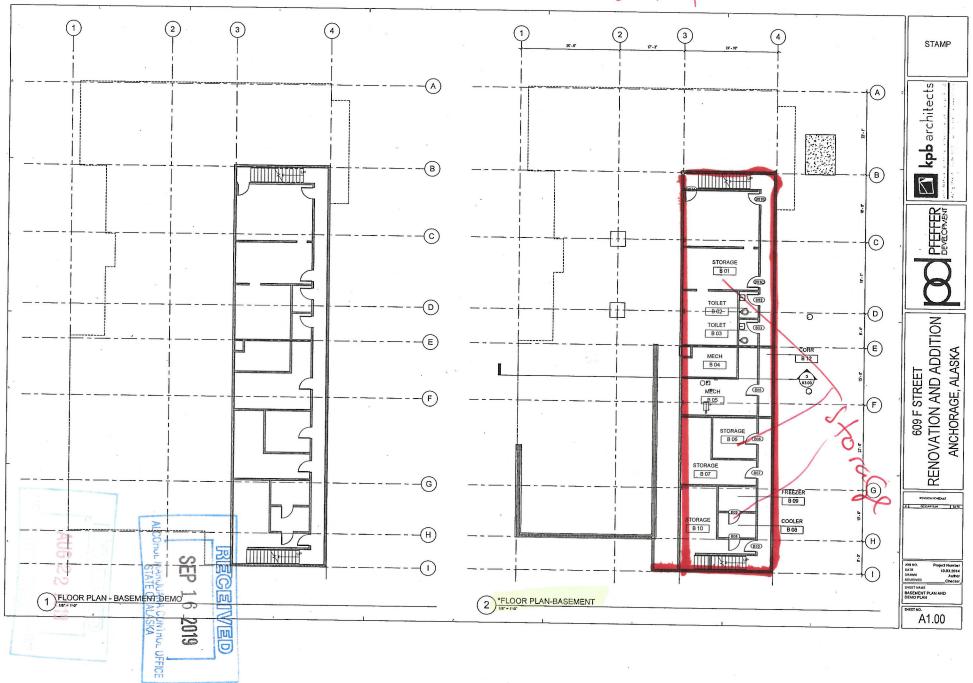
Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Fish or Cut Bait, LLC	License	Number:	217	
License Type:	Beverage Dispensary				
Doing Business As:	Williwaw				
Premises Address:	609 F Street				
City:	Anchorage	State:	AK	ZIP:	99501

Page 1 of 2
SEP 16 2019

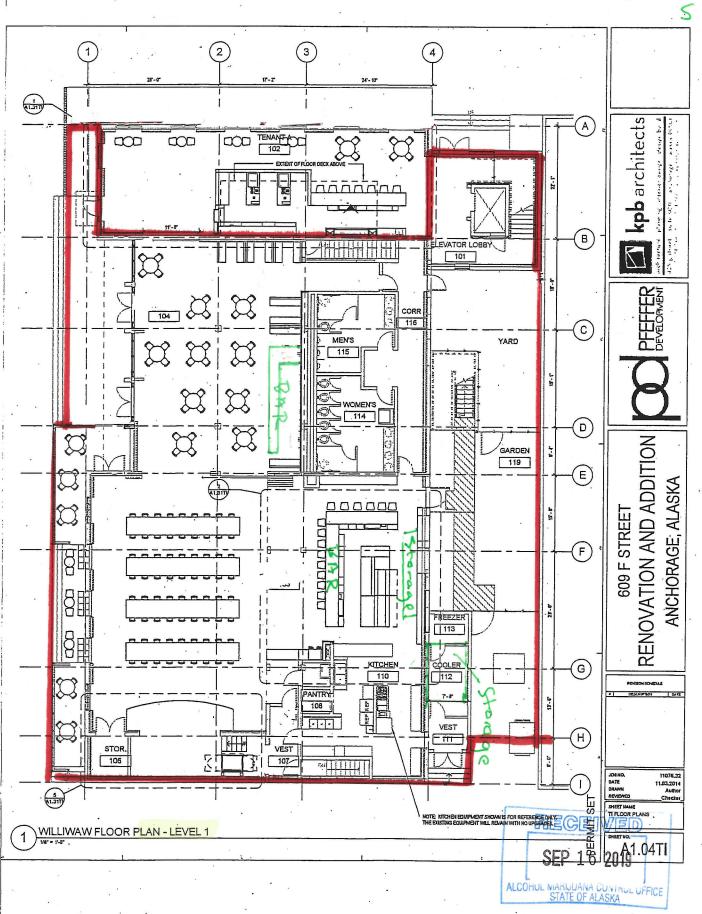
ALCOHUL MARIJUANA CUNTRUL OFFICE STATE OF ALASKA

#217



217 - First Floor 6th Avenue

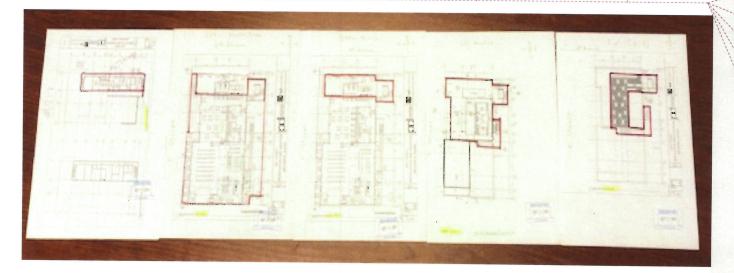
W JE



Stroct

ANCHORAGE, ALASKA RENOVATION AND ADDITION **TERMIT SET** (w) (4) 1 WILLIWAW FLOOR PLAN-ROOF





Commented [CCD(1]: #217 Willawaw: Basement/Storage

Commented [CCD(2]: #217 Willawaw: First Floor

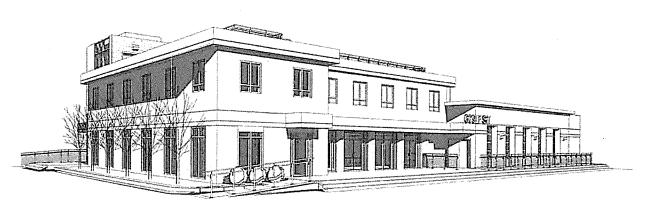
Commented [CCD(3]: #5374 Birch: First Floor

Commented [CCD(4]: #5843 Blues Central: Second Floor

Commented [CCD(5]: #217 Willawaw: Roof

609 F STREET RENOVATION AND ADDITION

CORE AND SHELL PERMIT SET



CIVIL ENGINEER

EBSC ENGINEERING
11301 OLIVE LN
ANCHORAGE, AK 99515
Ph: 907.222:1085 Fax: 907.222.5210

STRUCTURAL ENGINEER

REID MIDDLETON 4300 B ST, STE 302 ANCHORAGE, AK 99503 Ph: 907.562.3439 Fax: 907.561.5319

MECHANICAL ENGINEER

RSA ENGINEERING 670 W FIREWEED, STE 200 ANCHORAGE, AK 99503 Ph; 907.276.0521 Fax: 907.276.1751

ELECTRICAL ENGINEER

EIC ENGINEERS, INC 6927 OLD SEWARD HWY, STE 200 ANCHORAGE, AK 99518 Ph: 907.349.9712 Fax: 907.349.9713 ANCHORAGE, AK

OWNER

PFEFFER DEVELOPMENT 425 G ST, STE 210 ANCHORAGE, AK 99501 Ph: 907.646.4644 Fax: 907.646.4655

CONTRACTOR / TEAM LEAD

BENCHMARK CONSTRUCTION 2903 TANGLEWOOD DR ANCHORAGE, AK 99517 Ph: 907.644.0644 Fax: 907.644.1059

ARCHITECT

kpb architects 500 L ST, STE 400 ANCHORAGE, ALASKA 99501 Ph: 907.274.7443 Fax: 907.274.7407



Williwaw Security Protocol

Going into its fifth year of operations, Williwaw has time-proven security protocols and processes that help ensure that the company and its staff engage in responsible alcohol sales and guest services. All managers, bartenders and servers are trained in alcohol management and carry valid TAPS/TAMS cards. Guests are identified and assessed to ensure that they can enter and remain on the licensed premises.

During day operations, staff check I.D.s to verify that guests are 21 or older or in the case of minors that they are either with a parent or legal guardian or are between the ages of 16-20 for dining purposes only. During the evening operations after 9 p.m, Williwaw house rules do not allow minors to be on the premises without a parent or legal guardian.

Williwaw security personnel are on the premises during evening operations and special events and banquets to help ensure that guests do not leave the premises with alcohol and that minors do not have access to alcohol. Managers, servers, and posted and roving security help ensure that alcohol served on the Roof and back patio fire pit areas stays on premises.

The licensed front stoop and main entrance area is part of the building's private property (not the city right-of-way) and is used on occasion during the summer season for alcohol service and when so used is marked off with stanchions/roping and monitored by managers, servers, and/or security.





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

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 menu or expected menu listing the meals, including entrees prepared onsite and offered to patrons, and copy of the DEC Food Service Permit (or corresponding DHHS documentation for licenses located in the Municipality of Anchorage) must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 - 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

Section 1 - Establishment Information

Enter information for licens	sed establishment.					
Licensee:	Fish or Cut Bait, LLC					
License Type:	Beverage Dispensary License Number:		217			
Doing Business As:	Williwaw					
Premises Address:	609 F Street					
City:	Anchorage	State:	AK	ZIP:	99501	
Contact Name:	Dylan Buchholdt	Contact Phone:		907-350-9735		
	Section 2 – Type of Desig	nation Requ	ested			

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):

L.	Dining after standard closing hours: AS 04.16.010(c)					
2.	Dining by persons 16 − 20 years of age: AS 04.16.049(a)(2)					
3.	Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)					
l.	Employment for persons 16 or 17 years of age: AS 04.16.049(c) NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.					
	OFFICE USE ONLY					
Tr	ansaction #:	11410839	Initials:	CDC	BECEIVED	

[Form AB-03] (rev 4/16/2019

1146839



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

<u>alcohol.licensing@alaska.gov</u> <u>https://www.commerce.alaska.gov/web/amco</u>

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

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Section 3 – Minor Access
Review AS 04.16.049(a)(2); AS 04.16.049(a)(3); AS 04.16.049(c)
List where within the premises minors are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)
Minor guests will only be allowed in dining areas at regular table or booth seating (not at bar counters), bathrooms, and common non-bar counter areas.
Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.
It is common practice for managers, bartenders, servers, and security to monitor guests to ensure that minors do not gain access to alcohol while dining at Williwaw.
All managers and staff (bartendors servers) are tams taps certified.
Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?
Section 4 – DEC Food Service Permit
Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.
Please follow this link to the DEC Food Safety Website: http://dec.alaska.gov/eh/fss/food/ Please follow this link to the Municipality Food Safety Website: http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx
IF you are unable to certify the below statement, please discuss the matter with the AMCO office:
I have attached a copy of the current food corvice normit for this promises OR the plan review approval

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

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

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STATE OF ALASKA



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Section 5 – Hours of Operation							
Review AS 04.16.010(c).							
Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:							
Summer hours (May-August): Sunday-Thursday 6am to 12am; Friday-Saturday 6am to 2am.							
Winter hours (September-April): Tuesday-Thursday 6am to 12am; Friday-Saturday 6am to 2am							
Section 6 – Entertainment & Service							
Review AS 04.11.100(g)(2)							
Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?							
If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur:							
Live music, DJ music, live trivia, yoga, etc generally after 8pm - minors not allowed per house rules.							
ood and beverage service offered or anticipated is:							
table service counter service other							
f "other", describe the manner of food and beverage service offered or anticipated:							
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Section 7	7 – Certifications and Appr	ovals	
Read each line below, and then sign your initials	in the box to the right of each statement:		Initials
There are tables or counters at my establishmen	t for consuming food in a dining area on th	e premises.	
I have included with this form a menu, or an exp This menu includes entrees that are regularly sol			
I certify that the license for which I am requesting golf course, or restaurant or eating place license.	g designation is either a beverage dispensa	ary, club, recreational site,	
I have included with this application a copy of the (AB-03 applications that accompany a new not be required to submit an additional co	or transfer license application will	ises to be permitted.	
I declare under penalty of perjury that this form, i correct, and complete. Signature of licensee Printed name of licensee	Signato	g schedules and statements, Mulder The of Notary Public State of ALASKA	dods
PUBLIC PUBLIC OF ALAST	My con and sworn to before me this <u>23</u> day of	nmission expires: <u>09/2</u> September	26/23 ,20 <u>19</u> .
Local Government Review (to be completed by a	n appropriate local government official):	Approved	Denied
Signature of local government official	Date		
Printed name of local government official	Title	RECEIVE	
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WILLIWAW SOCIAL SOCIAL

SOUP & SALAD

AK REINDEER CHILI*

CUP \$6 | BOWL \$10

HOUSE SALAD \$6 | \$10 GF V

mixed greens, tomato, carrots, cucumber SIDE \$6 | FULL \$10

CAESAR SALAD \$8 | \$14 GF*

DRESSINGS: RANCH, BLEU CHEESE, BALSAMIC VINAIGRETTE, BLACKBERRY VINAIGRETTE, ITALIAN, CAESAR

MUNCHABLES

OYSTERS* \$4 EA GF

raw, rockefeller, cocktail, sangria, or rotating mignonette

COCONUT SHRIMP* \$10

five hand-battered coconut shrimp served with sweet chili sauce

PARMESAN FRIES \$8

TOTCHOS \$13

tots, Alaskan reindeer chili, shredded cheese, pickled japapenos, sour cream, salsa

KENAI DIP \$12 GF*

shredded sharp cheddar, green chilies, cayenne pepper, chipotle spice, served with crostini

CHICKEN TENDERS* \$10

choice of ranch or whiskey blackberry BBQ, served with fries

STREET TACOS* \$3 EA GF

choose from carne asada, chicken, seasonal veggies, topped with red onion & cilantro served with salsa & sour cream

FALAFEL \$12 V GF*

three crisp falafel's on a bed of greens, with olives, cucumber, roasted red peppers, cherry tomatoes, tzatziki, warm pita bread

SANDWICHES

served with fries | sub salad or chili \$4

EL JEFE GRILLED CHEESE \$14

gruyere, white cheddar, shaved parmesan, medium cheddar

BLT* \$12

apple cured bacon, lettuce, tomato, garlic aioli

FRENCH DIP* \$16

slow roasted coffee chocolate prime, Au jus, provolone cheese

BURGERS

served with fries, choice of cheddar, provolone, or bleu cheese, dressed with garlic aioli, cheddar, tomato, red onion on brioche bun sub Beyond Burger \$4 | sub catch of the day \$6 sub salad or chili \$4

CHEESEBURGER* \$14

CHICKEN* \$14

ENTREES

MAC N CHEESE \$13

four cheese sauce, garlic breadcrumbs

WILLIWAW PASTA \$11 V*

fresh herbs, roasted garlic, roasted tomatoes, shallots tossed in a garlic white wine oil

STEAK & FRIES* \$19

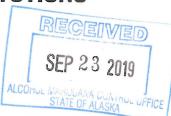
New York strip grilled to desired temperature

FISH & CHIPS* \$18

beer battered catch of the day served with tartar

ADD ONS/SUBSTITUTIONS

CHICKEN* \$4 CATCH OF THE DAY* \$6 BACON* \$3 KENAI DIP \$2 EXTRA CHEESE \$2



GF: GLUTEN FREE | GF*: GLUTEN FREE WITH MODIFICATION V: VEGAN | V*: VEGAN WITH MODIFICATION

FOR PARTIES OF 7 OR MORE, AN 18% GRATUITY WILL BE ADDED TO YOUR CHECK.
PLEASE FEEL FREE TO INCREASE OR DECREASE THIS GRATUITY AT YOUR DISCRETION
20% GRATUITY WILL BE ADDED TO UNPAID TABS SECURED WITH A CREDIT CARD.

*CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH, OR EGGS MAY INCREASE YOUR RISK OF FOOD-BORNE ILLNESSFOOD ALLERGIES: PLEASE BE ADVISED THAT FOOD PREPARED IN OUR KITCHEN MAY CONTAIN SMALL AMOUNTS OF MILK, EGGS, WHEAT, SOYBEAN, PEANUTS, TREE NUTS, FISH AND SHELLFISH.

THIS PERMIT MUST BE CONSPICUOUSLY POSTED IN A PUBLIC PLACE IN THE ESTABLISHMENT

Municipality of Anchorage
DEPARTMENT OF HEALTH & HUMAN SERVICES PERMIT

PERMIT NO. FA0012429

FACILITY NAME OWNER'S NAME: WILLIWAW - KITCHEN FISH OR CUT BAIT, LLC

LOCATION:

609 F ST

ISSUED BY THE DEPARTMENT OF HEALTH & HUMAN SERVICES AND SUBJECT TO THE ANCHORAGE MUNICIPAL CODE OF ORDINANCES TITLES 15 AND 16. UNLESS THE OWNERSHIP CHANGES, THIS PERMIT IS VALID, FROM 1/1/2019 To12/31/2019

> WILLIWAW - KITCHEN 609 F ST ANCHORAGE, AK 99501

70-031 Ver. 9_02 ** -

THIS CERTIFICATE AND PERMIT IS NOT TRANSFERABLE AND IS THE PROPERTY OF THE MUNICIPALITY OF ANCHORAGE

THIS PERMIT MUST BE CONSPICUOUSLY POSTED IN A PUBLIC PLACE IN THE ESTABLISHMENT

Municipality of Anchorage
DEPARTMENT OF HEALTH & HUMAN SERVICES PERMIT

PERMIT NO! FA0012519

FACILITY NAME

WILLIWAW - BAR

OWNER'S NAME:

FISH OR CUT BAIT, LLC

LOCATION:

609 F ST

ISSUED BY THE DEPARTMENT OF HEALTH & HUMAN SERVICES AND SUBJECT TO THE ANCHORAGE MUNICIPAL GODE OF ORDINANCES TITLES 15 AND 16. UNLESS THE OWNERSHIP CHANGES, THIS PERMIT IS VALID FROM 1/1/2019 To12/31/2019

WILLIWAW - BAR

609 F ST

ANCHORAGE, AK 99501 THIS CERTIFICATE AND PERMIT IS NOT TRANSFERABLE AND IS THE PROPERTY OF THE MUNICIPALITY OF ANCHORAGE