

# **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: 5374 Birch

**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. An objection from a creditor has been received listing a debt of \$268,741 plus interest. The response from the Municipality of Anchorage is still pending.

Creditor objection 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. 7<sup>th</sup>, 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 7<sup>th</sup> 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 <a href="mailto:alcohol.licensing@alaska.gov">alaska.gov</a>.

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	

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 7<sup>th</sup> 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,

Euha M'Connell

Erika McConnell Director, ABC Board

AMCO 0CT 0 4 2019



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

#### 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 – Trans	sferor In	formation		
Enter information for the <i>cu</i>	urrent licensee and licensed establishme	ent.			
Licensee:	Fish or Cut Bait, LLC		License #:		5374
License Type:	Beverage Dispensary (du	uplicate)	Statutory Reference	:	AS 04.11.090 (e
Doing Business As:	Birch		-		
Premises Address:	609 F Street				
City:	Anchorage	State:	AK	ZIP:	99501
Local Governing Body:	Municipality of Anchorage	e	<u></u>		
ransfer Type:  Regular transfer  Transfer with securit  Involuntary retransf					
	OFFICE U	SE ONLY			
Complete Date:	9/23/19	T	action #:	935	99
Board Meeting Date:	11/20/19	License	e Years:	20	

BRE:

Issue Date:

CDC



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# Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

	Section 2 – Trans	sferee In	nformation	1		
Enter information for the ne	w applicant and/or location seeking to	be licensed				
Licensee:	Fish or Cut Bait, LLC					
Doing Business As:	Birch					
Premises Address:	609 F Street		V		51.	
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:	907-868	3-200	00
Contact Email:	dbuchholdt@gci.net					
Yes Seasonal License?	No  If "Yes", write your si  Section 3 − Prem			d:		
Premises to be licensed is:						
an existing facility	a new building	a propose	d building			
he next two questions must	t be completed by <u>beverage dispensar</u>	y (including	tourism) and pa	ckage store a	applicai	nts only:
What is the distance of th	t be completed by <u>beverage dispensar</u> se shortest pedestrian route from the p he nearest school grounds? Include the	oublic entrar	ice of the buildin	ng of vour nr		



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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 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 <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:	Dylan Buchholdt				
Title(s):	Member	Phone:	907-350-9735	% Owned:	50
Address:	1400 W. Benson Blvd., S	Suite 550			
City:	Anchorage	State:	AK	ZIP: 99	503

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

Page **3** of **7** 

STATE OF ALASTA CURTAGE UFFICE



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

Phone: 907.269.0350

# Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

Entity Official:	Robert Jurase	ek			-			
Title(s):	Member	Pho	ne:	907-276-	1919	% Ow	ned:	50
Address:	1400 W. Bens	son Blvd., Suite	550	001 210	1010	70 011		30
City:	Anchorage	Stat		AK		ZIP:	995	
							1000	
Entity Official:								
Title(s):		Pho	ne:			% Owi	ned:	
Address:								
City:		Stat	e:			ZIP:		
Entity Official:								
Title(s):		Phor	ne:			% Own	ad.	
Address:						70 OWI	ieu.	
City:		State					r —	
		State	9:			ZIP:		
is subsection must be com Inding with the Alaska Divi Inska.	sion of Corporations (	nt that is a corporation DOC) and have a regist	or LLC ered a	gent who is an	individual r	e require esident (	of the s	tate of
OOC Entity #:	10022214	nt that is a corporation DOC) and have a regist AK Formed Date:	or LLC ered a	gent who is an 1/2014	and LLCs are individual r Home S	e require esident (	ed to be of the s	tate of
DOC Entity #:	10022214  Dylan Buchho	nt that is a corporation DOC) and have a regist AK Formed Date:	or LLC ered a	gent who is an /11/2014 ent's Phone:	individual r	e require resident o	of the s Alas	tate of
DOC Entity #: Registered Agent: Agent's Mailing Address:	10022214  Dylan Buchho	nt that is a corporation DOC) and have a regist AK Formed Date:	or LLC ered a	gent who is an /11/2014 ent's Phone:	individual r	e require resident o	of the s Alas	tate of
DOC Entity #:	10022214  Dylan Buchho	nt that is a corporation DOC) and have a regist AK Formed Date:	or LLC ered a	gent who is an 1/2014 ent's Phone:	individual r	e require resident of state:	of the s Alas	ka
DOC Entity #: Registered Agent: Agent's Mailing Address:	10022214  Dylan Buchho	AK Formed Date:	or LLC ered a 07/ Ag	gent who is an 1/2014 ent's Phone:	Home S	e require resident of state:	Alas	ka
DOC Entity #: Registered Agent: Agent's Mailing Address:	10022214  Dylan Buchho	AK Formed Date:	or LLC ered a 07/ Ag	gent who is an 1/2014 ent's Phone:	Home S	e require resident of state:	Alas	ka



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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?	<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):	n Alaska, wł	nich
Robert Jurasek & Dylan Buchholdt have financial interests in a bar/restaurant oper Williwaw under Beverage Dispensary #217, as Birch under Beverage Dispensary #5374, and as Blues Central under Beverage Dispensary License #2159 (which is process of transferring to a third party).	(dunlicate	·)
Section 7 – Authorization		
ommunication 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?	<b>✓</b>	
If "Yes", disclose the name of the individual and the reason for this authorization:		
Robert Jurasek as Member of Fish or Cut Bait, LLC.		
AUG 22 2019		



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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.

James Pentlarge

Printed name of transferor

Subscribed and sworn to before me this 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

ry Public in and for the State of

My commission expires:

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

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## Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

	Section 8 – Transferor Ce	rtifications	
Additional copies of this page ma	ay be attached, as needed, for the controlling	g interest of the current licensee t	o be represented.
that I, as the current licensee (eith	that the undersigned represents a <b>controlling</b> her the sole proprietor or the controlling interest of this license, and find the information on the controlling interest of this license, and find the information on the controlling interest of this license, and find the information on the controlling interests.	est of the currently licensed ontity)	have avaningd this
Printed name of transferor			
	NOTARY PUBLIC PUBLIC OF ALASHIMINATION Public in the control of th	Manne &	/ /
Cit (1			
Signature of transferor			
Printed name of transferor			
	Subscribed and sworn to before me this _	day of	, 20
		Signati	ure of Notary Public
			,
	Notary Public ir	n and for the State of	
		My commission expires:	
		PERMED	
[Form AB-01] (rev 10/10/2016)		4110.0	Page <b>6</b> of <b>7</b>



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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.	0
I certify that all proposed licensees have been listed with the Division of Corporations.	
I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.	
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.	Mr.
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 and 3 AA that this application, including all accompanying schedules and statements, is true, correct, and complete.	a.C 304, and
Signature of transferee  Dylan Buchholdt	
Subscribed and sworn to before me this 22 day of August  Signature of N  NOTARY  Notary Publication of for the State of Alaska  My commission expires: 4245 kg  My commission expires: 4245 kg	

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

AUG 22 2019

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

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#### 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 an	v 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

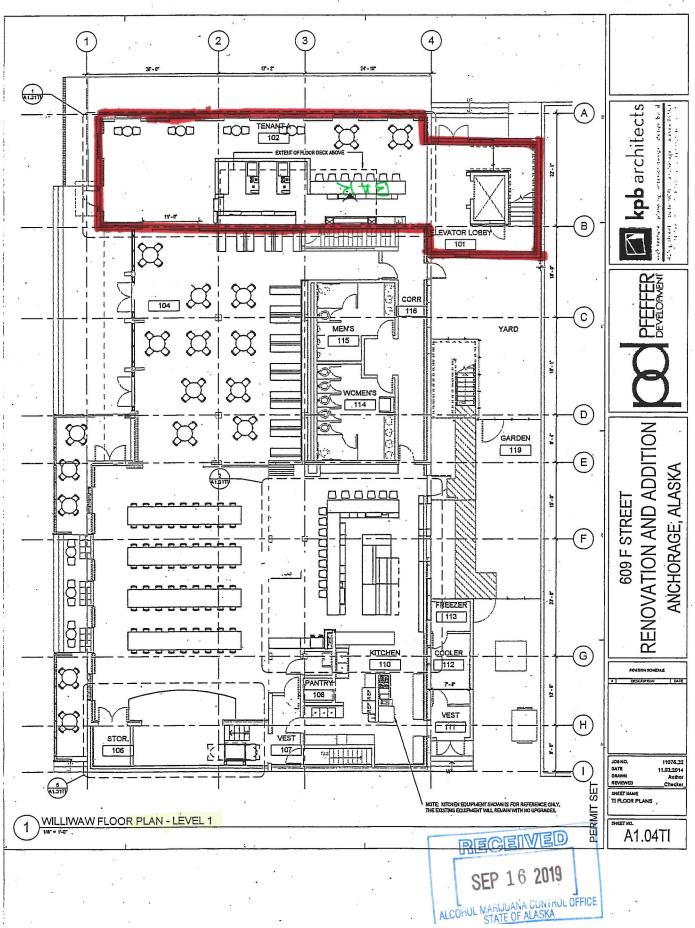
Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Fish or Cut Bait, LLC License Number:		5374			
License Type:	Beverage Dispensary					
Doing Business As:	Birch	Birch				
Premises Address:	609 F Street					
City:	Anchorage	State:	AK	ZIP:	99501	

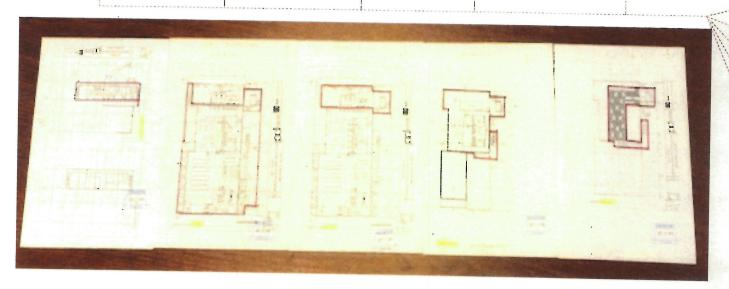


5374 Birch

W A E



Street



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



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<u>aiconoi.iicensing@aiaska.gov</u> https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

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#### 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 licensed establishment.

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

Licensee:	Fish or Cut Bait, LLC							
License Type:	Beverage Dispensary (Duplicate) License Number: 5374							
Doing Business As:	Birch							
Premises Address:	609 F Street							
City: Anchorage State: AK ZIP: 99501								
Contact Name: Dylan Buchholdt Contact Phone: 907-350-9735								

## **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):

		/						
1.	V	Dini	ng after standard closing hours: AS 04	.16.010(c)				
2.	$\checkmark$	Dini	ng by persons 16 – 20 years of age: AS	5 04.16.049(	a)(2)			
3.	$\checkmark$	Dini	ng by persons under the age of 16 yea	ars, accompa	anied by a person ov	er th	e <b>age of 21:</b> AS 04.16.049	(a)(3)
4.			ployment for persons 16 or 17 years of E: Under AS 04.16.049(d), this permit			on 18	- 20 years of age.	
				OFFICE USE ON	LY			
Tro	ınsactio	n #:	1146839	Initials:	as C		RECEIVED	



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Alaska Alcoholic Beverage Control Board

## Form AB-03: Restaurant Designation Permit Application

#### **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 questo will only be allowed in diving areas at an automatable and a Control of

Minor guests will only be allowed in dining areas at regular table or booth seating counter), bathrooms, and common non-bar counter areas.	g (not at bar

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, bart	ender	s, se	rvers,	and	security	to moni	tor guests	to ensure
that minors do not gain access to alcoho	l while	dinii	ng at	Birch	١.		•	
			0 1					

114	manage	s and	Staff (bartendois (servors)	
019	. 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?

Yes	No
1	***************************************

#### 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:

Initials

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.

SEP 23 2019 Page 2 of 5
ALCOHOL WARRING ALCOHOL OFFICE



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Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application

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/w	eekday 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; Fri	day-Saturday 6am to 2am.
Section 6 – Entertainment & Serv	ice
Review AS 04.11.100(g)(2)	Yes No
Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?	✓ NO
If "Yes", describe the entertainment offered or available and the hours in which the entertainment	ainment may occur:
Live music, DJ music, live trivia, yoga, etc generally after 8pm - minor	s not allowed per house rules.
A .	
ood and beverage service offered or anticipated is:	
table service buffet service counter service	other
f "other", describe the manner of food and beverage service offered or anticipated:	
	RECEIVED
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Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

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

Phone: 907.269.0350

# Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application

Section	n 7 – Certifications and Appro	ovals	
Read each line below, and then sign your init	tials in the box to the right of each statement:		Initials
There are tables or counters at my establishm	nent for consuming food in a dining area on the	e premises.	
I have included with this form a menu, or an e This menu includes entrees that are regularly	expected menu, listing the meals to be offered sold and prepared by the licensee at the licens	to patrons. sed premises.	
I certify that the license for which I am request golf course, or restaurant or eating place licer	sting designation is either a beverage dispensanse.	ry, club, recreational site,	
I have included with this application a copy of (AB-03 applications that accompany a not be required to submit an additional		ses to be permitted.	
Signature of licensee	m, including all attachments and accompanying Signature	Anne L., cre of Notary Public	Wed
Printed name of licensee	My coming the state in the first the state in the state i		
Local Government Review (to be completed by	by an appropriate local government official):	Approved	Denied
Signature of local government official	Date		
Printed name of local government official	Title	RECEIV	/ED
[Form AB-03] (rev 4/16/2019		SEP 23 2	018age 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:	Enforcement Recon	nmendation:	Approve	Deny
Signature of AMCO Enforcement Supervisor	Printed name of AMCO Enforcement	Supervisor		
Date				
Enforcement Recommendations:				
	,			
,				
AMCO Director Review:			Approved	Denied
Signature of AMCO Director	Printed name of AMCO Director			
Date				
Limitations:				
				ý
	<u>[</u>	RECEIVE	(ID)	
Form AB-03] (rev 4/16/2019		SEP 2 3 201	19	Page 5 of 5

# WILLIWAW 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 I 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

WILLIWAW - KITCHEN FISH OR CUT BAIT, LLC

OWNER'S NAME: 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

> WILLIWAW - KITCHEN 609 F ST ANCHORAGE, AK 99501

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 CODE OF ORDINANCES TITLES 15 AND 16. UNLESS THE OWNERSHIP CHANGES, THIS PERMIT IS VALID FROM 1/1/2019 TO 12/31/2019

> WILLIWAW - BAR 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