

Department of Commerce, Community, and Economic Development

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

MEMORANDUM

TO: Alcoholic Beverage Control Board DATE: August 18, 2020

FROM: Glen Klinkhart, Interim Director RE: 5891 Main Event

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."

AS 04.11.480(a): "A local governing body may protest the issuance, renewal, relocation, or transfer to another person of a license by sending the board and the applicant a protest and the reasons for the protest within 60 days of receipt from the board of notice of filing of the application... The board shall consider a protest and testimony received at a hearing conducted under AS 04.11.510(b)(2) or (4) when it considers the application... If an application or continued operation is protested, the board shall deny the application or continued operation unless the board finds that the protest is arbitrary, capricious, and unreasonable."

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; rescind previous approval and deny the application with a 180 day abeyance.

Background: This new license application was considered and approved with delegation by the Board at the March 31 – April 1, 2020 meeting. The Municipality of Anchorage submitted a timely protest due to pending approval of special land use permit as required by AMC 21.03.040C.4.b. and the Director of the Planning Department.

The licensee should be notified that under 3 AAC 304.145(h), this abeyance period may not be extended or renewed.

Attachment: Municipality of Anchorage protest

AB-00

AB-02

AB-03



P.O. Box 196650 Anchorage, Alaska 99519-6650 Telephone: (907) 343-4316 Fax: (907) 249-7533 www.muni.org/clerklicensing

Office of the Municipal Clerk Licensing

June 9, 2020

Ms. Carrie Craig Alaska Alcohol and Marijuana Control Office 550 W 7th Ave. Ste. 1600 Anchorage, Alaska 99501

RE: Anchorage Assembly Action on Liquor Licenses

Dear Ms. Craig:

The Anchorage Municipal Assembly at its regular meeting on June 2, 2020 took the following final actions:

PROTEST

New Liquor License

Brewery

Zip Kombucha LL#5902 -*AR* 2020-178

Pending approval of special land use permit as required by AMC 21.03.040C.4.a., by the Assembly. -Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the June 2, 2020 Assembly Meeting.

Restaurant/Eating Place

Main Event LL#5891 - AR 2020-179

Pending approval of special land use permit as required by AMC 21.03.040C.4.b., by the Director of the Planning Department.

-Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the June 2, 2020 Assembly Meeting.

Club

Anchorage Elks Lodge #2826 LL#5236 - AR 2020-180

Pending approval of special land use permit as required by AMC 21.03.040C.4.a., by the Assembly . -Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the June 2, 2020 Assembly Meeting.

If you require additional information or if I can be of any assistance, please call me.

Cordially,

Pana 8e | District Signed by Kiana Belser Date: 2020.06.09 10:49:17 -08'00 '

CC: Zip Kombucha, LLC - Via Email
Main Event Services, LLC - Via Email
Anchorage Elks Lodge #2826 - Via Email



Alcohol and Marijuana Contro I Office 550 Wi hAvenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

https://www.commercealaska.gov/web/amco

Phone: 907.269.0350

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

0.	Cotton 1 - Establishine	nt and Gontact iiii	Officialion	
Enter information for the bu	siness seeking to be licensed.			
Licensee:	MAIN EVENT	SERVICE	LLC	
License Type:	RESTAURANT SAT	The Pia. Statutory	Reference:	ASO'ft1. lo
Doing Business As:	MAIN EVENT		_	
Premises Address:	1041 €76+ AV	E, Unit A+D)	
City:	ANCHORAGE	State: AK	ZIP:	79518
Local Governing Body:	Municipality of	Andreage	_	
Community Council:	Tall Campbell	2	_	
			_	
MailingAddress:	P.G. BOX 244	1324		
City:	ANCH	State: A	ZIP:	79524
1	1.101 2 1.1			
Designated Licensee:	William Frsche	/		
Contact Phone:	907 677 6888	Business Phone:	SAME	
Contact Email:	info@mainer	vente erina	ock e.Co	n
Yes	Ño		J	
Seasonal License?	If "Yes", write you	ır six-monthoperating pe	eriod:	
	OFFICE	E USE ONLY		
Complete Date:	License Years:		License#:	S '
Board Meeting Date:		Transaction #:);2 :; J :::	?,q
Issue Date:		BRE:		I



Alcohol and Marijuana Control Office 550 W 7'h Avenue, Suite 1600 Anchorage, AK99501

alcohollicening@alaskagov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Form AB-00: New License Application

Section 2 - PremisesInformation

Premises to be licensed is:			
an existing facility	${f D}$ a new building	${f D}$ a proposed building	
The next two questions mus	st be completed by beverage dis	spensary (including tourism) a	nd <u>package store</u> applicants only:
	he shortest pedestrian route from the nearest school grounds? Include		uilding of your proposed premises to your answer.
	he shortest pedestrian route from		ouilding of your proposed premises to your answer.
Thissectionmustbecomple If more space isneeded, ple The following information mu	ection 3 - Sole Propreted by any sole proprietor who is ease attach a separate sheet with ust be completed for each licensed plicant Oaffiliate	applying for alicense. Entities the contities and the continuous c	
Name:			
Address:			
City:		State:	ZIP:
This individual is an: D ap	plicant O affiliate		
Name :			
Address:			
City:		State:	ZIP:

[FormAB--00)(rev10/10 /2016) Page2 of 5



Alcohol and Marijuana Control Office 550W 7"hAvenue, Suite1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

Pho ne: 907.269.0350

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

Form AB-00: New License Application

Section 4 - Entity Ownership Information

This section must be completed by any $\underline{\text{entity}}$, including a corporation. limited liability company (LLC), partnership, or limited partnership, that isapplying for a license. Sole proprietors should skip to Section 5.

If more space is needed, please attach a separate sheet with therequired info rmation .

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

with antituerest of 107	<u>oormore, and for each general paring</u>	ε1.	
Entity Official:	JILCIAM F	FISCHER	
Title(s):	EO members	Phone: 967 677 688	%Owned:
Address:	PO. BOK 244324		∠ ı
City:	ANCH	State:	ZIP: 9518
			_
Entity Official:	KIMBERLY F	ISCHIEZ .	
Title(s):	Commember	Phone: 907 677 688	% Owned:
Add ress:	P.O. BOX 244324		
City:	ANCH	State: AK	ZIP: 99518
Entity Official:			
Title(s):		Phone:	%Owned:
Address:			
City:		State:	ZIP:
Entity Official:			
Title(s):		Phone:	%Owned:
Address:			
City:		State:	ZIP:

[Form **AB-00**) (rev 10/10/2016) Page 3of 5



Alcohol and Marijuana Control Office $550~\mathrm{W}~7^{th}$ Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

htt ps:// www .commerce.alaska.gov/ web/ amco

Phone: 907.269.0350

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 #:	10093872 AK Formed Date:	10/ 3.0 / Home State:	,4-il.	
Registered Agent:	andrew (Mitton	Agent's Phone: 0:;2,-3{	D	
Agent's MailingAddress:	405 W 36th Are	' ~ /-		
City: Jackney	State:	ZIP: 99503		
Residencyof Agent:			Yes	No
Is your corporation or LI	LC's registered agent an individual residen	of the state of Alaska?		
	Section 5 - Other L	icenses		
Ownership and financial inter	rest in other alcoholic beverage business	∌s :	Yes	No
any other alcoholic beve	eor owner named in this application have any erage business that does business in or is lic lividual(s) hasthefinancial interest, whatthe nse type(s):	ensed in Alaska?	ska,which	·
	Continue C. Author			
	Section 6 - Autho	rization		
Communication with AMCO st	aff:		Yes	No
Does any person other the AMCO staff?	nan a licensee named in this application have	authority to discuss this license with	p)
If "Yes", disclose the name	e of the individual and the reason for this	authorization:		

[Form AB-00](rev10/10/2016)



Alcohol and Marijuana Control Office 550 w ih 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-00: New License Application

Section 7 - Certifications

Read each line below, and then sign your initials in the box to the rightof each statement:	Initials
I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.	uf
I certify that all proposed licensees have been listed with the Division of Corporations.	W
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.	WP
I certify that alllicensees, 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 AS04.21.025, 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.	uj
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	as
hat this application, including all accompanying schedules and statements, is true, correct, and complete. NOTARY Signature of Notary Public Notary Rublic in and for the State of Alaska My commission expires: with o	4, and Fice
Subscribed and sworn to befor e me this $3d$ day of 2	20:2.0.

[Form AB-00) (rev10/10/2016)



Alcohol and Marijuana Control Office 550W7'hAvenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

htt ps://www.commercealaska.gov/web/amco

Phone: 907.269.0350

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 isnot 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.

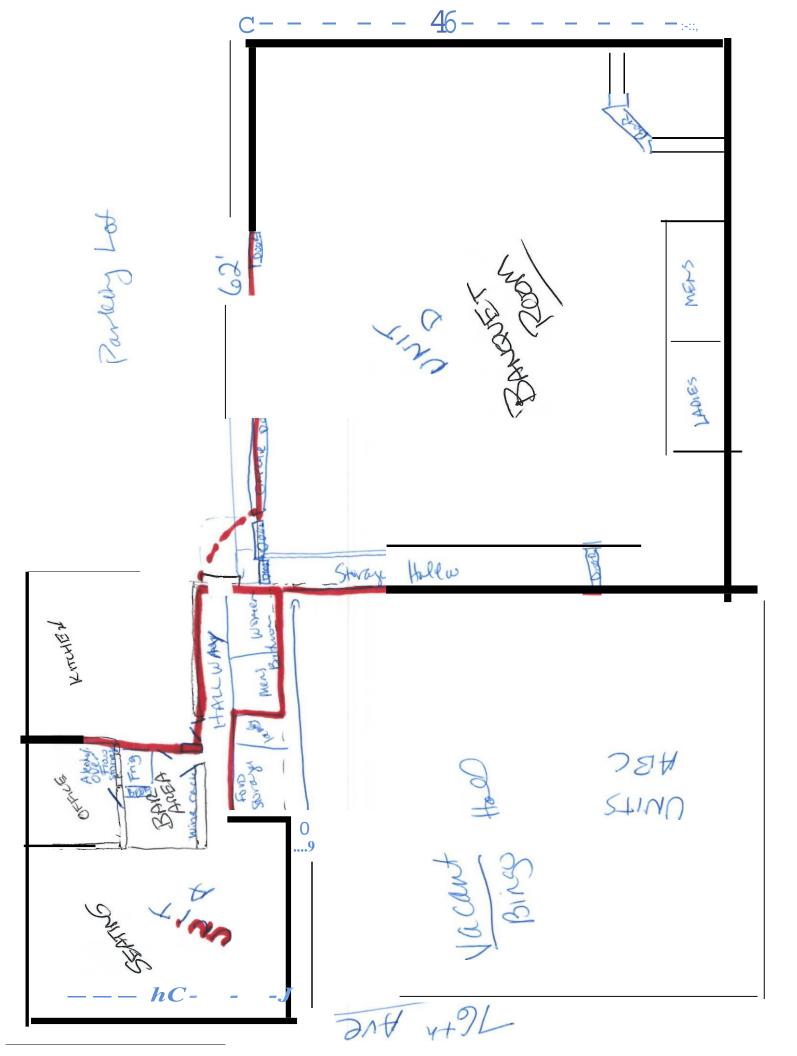
	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.		

Section 1 - Establishment Information

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

Licensee:	_ <u>fni</u> , <u>f</u>	<u>License Number</u> :	
License Type:	Restrarant carry Place		
Doing Business As:	Main Evert		
Premises Address:	1041 E76th Are Whit A	+D	
City:	prehore	State: Arc	ZIP:

[Form AB-02) (rev 06/24/2016) Page 1 of 2





Municipality of Anchorage

P.O. Box 196650 Anchorage, Alaska 99519-6650 Telephone: (907) 343-4316 Fax: (907) 249-7533 www.muni.org/clerklicensing

Office of the Municipal Clerk Licensing

June 9, 2020

Ms. Carrie Craig Alaska Alcohol and Marijuana Control Office 550 W 7th Ave. Ste. 1600 Anchorage, Alaska 99501

RE: Anchorage Assembly Action on Liquor Licenses

Dear Ms. Craig:

The Anchorage Municipal Assembly at its regular meeting on June 2, 2020 took the following final actions:

PROTEST

New Liquor License

• Brewery

Zip Kombucha LL#5902 -AR 2020-178

Pending approval of special land use permit as required by AMC 21.03.040C.4.a., by the Assembly. -Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the June 2, 2020 Assembly Meeting.

Restaurant/Eating Place

Main Event LL#5891 - AR 2020-179

Pending approval of special land use permit as required by AMC 21.03.040C.4.b., by the Director of the Planning Department.

-Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the June 2, 2020 Assembly Meeting.

Club

Anchorage Elks Lodge #2826 LL#5236 - AR 2020-180

Pending approval of special land use permit as required by AMC 21.03.040C.4.a., by the Assembly .-Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the June 2, 2020 Assembly Meeting.

If you require additional information or if I can be of any assistance, please call me.

Cordially,



CC: Zip Kombucha, LLC - Via Email
Main Event Services, LLC - Via Email
Anchorage Elks Lodge #2826 - Via Email



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

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

Phone: 907.269.0350

Form AB-03: Restaurant Designation Permit Application

What is this form?

Enter information for licensed establishment

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 - 3 AAC 304.795 as bona fide restaurant, hotel, or eating place for purposes of AS 04.16.0IO(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 304.725, 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 at ated in the Municipality of Anchorage) must accompany this form. Applicants should review AS 04.16.049-AS **Q**. 1 6.052 and 3 AAC 304.715 - 3 AAC 304.795. All fields of this form must be completed. The required \$SO permit fee may be made by credit card, check, or money order.

Section 1 - Establishment Information

Enter information for ficers	sed establishment.		
licensee:	Main Event Services LLC		
license Type:	Restaurant Eater Place	LicenseNumber:	
Doing Business As:	Main Event		
Premises Address:	1041 EZGt. Dec. Unit A+	.D	
City:	Inchase	State:	ZIP: f'f
Contact Name:	BIM Fischer	Contact Phone:	ff'fD//2-

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 AS04.16.0I 0(c) or AS04.16.049, and for the request of the following designation(s) (check all that apply):

- 1. **IBDiningafter standard closing hours:** AS 04.16.0IO(c)
- 2. **ffi** Dining by persons 16- 20 years of age: AS 04.16.049(a)(2)
- Diningbypersons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- 4. ployment 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 USEON	ILY
Transaction#:	Initials:	

[Form **AB-03**)(rev4/16/2019 Page 1 of 5



Alcohol and Marijuana Control Office 550 W 7th |\IJenue, Suite 16\|\\| Anchorage, AK 99501

alcohol.licensing@alaska.gov

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

Phone: 907.269.0350

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 diningor 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.)

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.

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during businesshours?



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.

[Form **AB-03**)(rev 4/16/2019 PageZofS



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

alcohol.licensing@alaska.gov

htt ps://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Form AB-03: Restaurant Designation Permit Application

Section 5 - Hours of Operation	
Review AS 04.16.0I0(c).	
Enter all hours that your establishment intends to be open. Include variances in weekend/weekdayhours, and indicate	<u>am/pn</u>
O\\< 1N.h 1 1\-2	
¥'-\J .J.C;", \ available for reptal from	
Sur'\ - \\ Pm'"\- Arn	
Section 6 - Entertainment & Service	
Review AS04.II.100(g)(2)	N
Areany forms of entertainment offeredor 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 may occur:	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
Food and beverage service offered or anticipated is:	
$G2j$ tableservice buffet service counter service $oldsymbol{D}$ other	
f "other", describe the manner of food and beverage service offered or anticipated:	

[Form AB-03) {rev 4/16/2019 Page 3 of S



Alcohol and MarijuanaControl Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohd.licensing@atta.gov
https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

		
Sec	ction 7 - Certifications and Approvals	
Read each-line below, and then sign yo	our initialsin the box to the right of each statement:	Initials
There are tables or counters at my esta	ablishment for consuming food in a dining area on the premises.	We
	or an expected menu, listing the meals to be off ered to patrons. ularly sold and prepared by the licensee at the licensed premises.	W
I certify that the license for which I am regolf course, or restaurant or eating place	equesting designation is either a beverage dispensary, club, recreational site, celicense.	WE
(AB-03 applications that accom	copy of the most recent AB-02 or AB-14 for the prem ises to be permitted. In a new or transfer license application will ditional copy of their premises diagram.)	W
I declare under penalty of perjury that the correct, and complete. Signature of licensee	his form, including all attachments and accompanying schedules and statem	ents, is true,
	<a; and="" for="" in="" l\cn="-p-√f" lic="" of<="" p="" state="" td="" the="" u9="" †lb=""><td>\- }</td></a;>	\- }
Print ed name of licensee	My commission expires: $\mathbf{if} - \mathbf{L}$)'	<u>-√-h.</u> -
	Subscribed and sworn to before me this 3r day of (1).J.Af/	<u>. 20.: 2</u>
Local Government Review (to be con	mpleted by an appropriate local government official): Approved	d Denied
Signature of Notary Bublic	Dat e	
Figure of Notary Public Priment official	al Title	

[Form AB-03) (rev4/16/2019



Alcohol and Marijuana Control Office 550 **W** 7th Avenue, Suite 1600 Anchorage, AK99501

alcohol.licensing@alaskagov htt ps:/ / www .commerce.alaska.gov/web/ amco

Phone: 907.269.0350

Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:	Enforcement Recommendat ion:	Approve	Deny
		_	
Signature of AMCO Enforcement Supervisor	Printed name of AMCOEnforcement Supervisor		Ш
Date			
Enforcement Recommendations:			
AMCO Director Review:		Approved	Denied
		Ш	Ш
Signature of AMCO Director	Printed name of AMCODirector		
Date			
limitations:			

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

FROM OUR "FUN" MENU LOADED TACONACHOBAR



Nacho Bar

Comesw ithmultiple types and flavors of chipsas well as toppings. Optional flow ing Nacho Cheese Fountain. \$19 per person. Add Carne Asada Steak or Chicken for \$3.00ea per person

Build a Burger Bar

Comes with Fresh Kaiser rolls, topping bar and our famous Garlic Fries. \$15.00**Per** person

Baked Potato Bar

Big Idaho bakerw itha loaded potato topping bar \$13.00 **Per** person

MashedPotato Bar

Garlic Mashed Potatoes with a loaded potato topping bar

\$13.00 **Per person**

Build a Sand ich/Wrap Bar

Multiple types of breads and wraps ith full assorth ent of eats, cheeses and egetables to create your favorite sand ich. Comes with Chips.

\$13.00 Per person

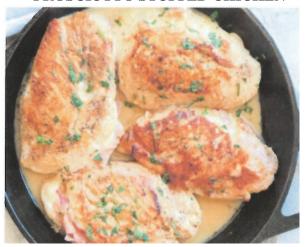
Pasta Bar

Fettuccine, Spaghetti and Rigatoni Noodlessv ith your choice of Garlic Crean
Alfred.oSauce or Meat Ma rinara. Comes with House Caesar Salad and Garlic

Knots

\$13.00 Per person

FROM OUR "POPULAR" MENU PROSCIUTTO STUFFED CHICKEN



Prosciutto Stuffed Chicken

Prosciuttoand Mozzarella Stuffed Chicken, lightly breaded and panfried and then baked and surrounded by our House Garlic Cream Sauce Comesw ith Caesar Saladand Garlic Knots. \$24.00 Per Person

Island Chicken

Hav aiian stylen arinated, BBQ Chicken. Comesw ith White Rice, Garlic Knots and fresh Strawberry, Garden Salad. \$21**Per** person

Chicken Marsala

Juicy Chicken, braisedin Marsala Wine and Garlic Cream Sauce Servest ith Rigatoni Pasta, Caesar Salad and Garlic Knots. \$25.00Per person

Prime Rib Dinner

Served with Ga rlic Mashed Potatoes, Steamed Veggies, Saladand Garlic Knots. $\$36.00 Per\ person$

Cajun Shrimp Fettuccine

Cajun Fettuccine Pasta toppedv ith Blackened Shnin p. Servedv ith Caesar Salad and Garlic Knots. \$26.00 Per person

London Broil Steak

Servedintenderslicesof mediumcooked:oast topped withaBearnaise Sauce.

Servedw ith your choice of Salad, Garlic Mashed Potatoes and Garlic Knots.

\$22.00**Per**person

FROM OUR "BBQ" MENU BBQ MENU



Big BBQ

Brisket, Pulled Pork,Island Chicken,Baked Bean Casserole,Corn Bread, Coleslaw,Mac and Cheese and your choiceofsalad.Mexican Street Corn Salad \$46.00 **per** person.

Brisket and Island Chicken

Brisket, Island Chicken, Baked Bean Casserole, Corn Bmd, Y!ac and Cheese and Caesar Salad.

S37Perperson

Island Chicken BBQ

Island BBQ Chicken, Garlic Knots. Steamed Veggies and Caesar Salad.

\$23 Per person

 $Big\ Idaho\ bakers \textit{v}\ ith\ a\ loaded\ potato: opping\ bar$

\$13.00 Per person

BBQ Teriyaki Salmon

 $BBQ'dS weet \ and Savory Salmon, \ Caesar Salad, \ Garlic Knots and \ Steamed$ $Veggies \ \$29 \ Perperson$

Smoked Pulled Pork

Generous amounts of Freshly Smoked Puled Pork served on Garlic Knot Slider bread or KaiserRolls. Servet ith Colesta, Corn Breadand your choice of salad.

\$19.00Per person



Department of Environm1ental Conservation

DIVISION OF ENVIRONMENTAL HEALTH FOOD SAFETY & SANITATION PROGRAM

5\5 Cordova :Si:e,:::-1
1\p,:·ho-rcigt'-, AK 9950!<26\7
f\oln: 907.26:/,}SOI
fax: 707.26?}51 O

wvr1-.1.clec almko.gov/e No ;:cni,lhompson:fialmka.gov

September 25th, 2019

Main Event Services A1TN: Bill & 1<:imbedy Fischer PO Box 244324 Anchorage, AK 99524

Re: Plan Review for The Loaded Grill By Main Event - Facility: 8043, Program (Permit): 10437

Dear Mr. & Mrs. Fischer:

Thank you for submitting your Food Establishment Application and Plan Review Application for The Loaded Grill by Main Event located at 1041 E 76tl• Ave Anchorage, AK 99518.

This letter serves as the official approval of your plan review application. Before operation the 2019 annual fee is due. When paid, you should expect to receive a copy of your Food Establishment Permit in the mail and be able to operate. An opening inspection from our Department will not be required in order for you to st,irt operating.

You are approved based on the materials you have provided to ADEC. This approval is subject to provisions of the Alaska Food Code, 18 AAC 31. Ensure that all equipment is in working order and that visible, accurate thermometers are in use inside refrigerated equipment.

Here is a link that has resources that may be helpful for you and your facility, which address common food safety risk factors: <a href="http://dcc.ah1!il<Jb.!l£...>v/Oh/£ssi'.risk-factor-resource.s">http://dcc.ah1!il<Jb.!l£...>v/Oh/£ssi'.risk-factor-resource.s. Please notify our office if there are any significant changes to the facility, style of service, location of se,vice, ownership, or menu changes.

If you have any questions please do not hesitate to contact one of our Environmental Health Officers in the Anchorage office: EHO Noelani Thompson (907-334-5919), Noel:tni.tho111p5wlfil:iliIB.!m.tm, or EHO Lizzy Buckingham (907-269-7505), !i,:zv.bu\::L\iJJg!mJ11@al:i.

Sincerely,

Noelani Thompson

Environmental Health Officer

STATE OF ALASKA Division of Environmental Health			In	voice #2279
REMIT TO: Environmental Conservation Environmental Health 555 Cordova Street Anchorage, AK 9950I		CALENDAR 2019		
7 menorage, 7 mc 99301			Facility#:	_
CONTACT NAME:	Kimberly Fischer	ADDRESS:	PO Box 244324	
DBA:	Main Event Catering	CITY:	Anchorage	
PHONE:	2Q7-844-0!13	STATE,ZIP:	AK 29524	1-
FSSContactName:	Noelani Thompson		TOTAL FEES	
Phone:	907-334-5219	ANNUAL FE	Œ	<u>\$645</u> 00
APPLICANT: IMPORTANT 1. Make check payable to: State of Alaska 2. Reference invoice number and facility number on your check.		Less 50% Dis	Less 50% Discount	
		SUBTOTAL	SUBTOTAL	
		PLAN REVI	PLAN REVIEW FEE	
Date Payment Received:		CHANGE OF	CHANGE OF OWNERSHIP FEE	
PAID: AMOUNTDUE:	\$0.00 \$322.50	OTHER: Notes - Starti	ng after Oct 1st.	\$OJI(
NOTE: Payment due by 9/25/2019 2:02:02 PM. Plan review will not begin until payment is received.		TOTAL FEE	TOTAL FEES	
Date Issued:	9/25[2019			