MEMORANDUM

TO: Alcoholic Beverage Control Board    DATE: December 29, 2021

FROM: Kristina Serezhenkov, OLE    RE: #5442 The Sitka Hotel

Requested Action: Transfer of ownership with a dba name change.

Statutory and Regulatory 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 04.11.400(d): “The board may approve (1) the issuance of a new beverage dispensary or restaurant or eating place license without regard to (a) of this section if it appears that the issuance will encourage the tourist trade by encouraging the construction or improvement of (A) a hotel, motel, resort, or similar business relating to the tourist trade with a dining facility or having kitchen facilities in a majority of its rental rooms and at least a minimum number of rental rooms required according to the population of the incorporated city, unified municipality, or population area established under (a) of this section in which the facility will be located, as follows:

(i) 10 rental rooms if the population is less than 1,501;
(ii) 20 rental rooms if the population is 1,501 — 2,500;
(iii) 25 rental rooms if the population is 2,501 — 5,000;
(iv) 30 rental rooms if the population is 5,001 — 15,000;
(v) 35 rental rooms if the population is 15,001 — 25,000;
(vi) 40 rental rooms if the population is 25,001 — 50,000; and
(vii) 50 rental rooms if the population is greater than 50,000; or

(B) an airport terminal; and”

(2) the renewal or transfer of ownership of a beverage dispensary or restaurant or eating place license issued under (1) of this subsection if the holder of the license operates a hotel, motel, resort, or similar business relating to the tourist trade that (i) has a dining facility on the licensed premises or kitchen facilities in a majority of its rental rooms; and
(ii) maintains at least the minimum number of rental rooms that the hotel, motel, resort, or similar business had at the time of initial licensure or that were required at the time of initial licensure; or (B) licensed premises are located inside an airport terminal.

**Staff Rec.:** Approve the transfer with delegation.

**Background:** This is an application to transfer the ownership of a Beverage Dispensary – Tourism license to The Sitka Hotel, LLC in the City and Borough of Sitka.

AS 04.11.400(d)(2)(A)(ii) requires that the facility must maintain at least the minimum number of rental rooms required at original licensure. Staff has determined that the license is compliant with the room number requirements.

The applicant offers 44 rental rooms 22 of which offer kitchen facilities. This establishment offers its own dining facility, including a bar.

**Attachment:** Tourism Statement
AB-00
AB-02
AB-03
Alaska Alcoholic Beverage Control Board

Tourism Statement

A new, transfer, or renewal application for a beverage dispensary – tourism or restaurant / eating place – tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

This document must be submitted to AMCO’s main office before any tourism license application will be reviewed.

Section 1 – Establishment Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

<table>
<thead>
<tr>
<th>Doing Business As:</th>
<th>The Sitka Hotel</th>
<th>License #:</th>
<th>5442</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary - Tourism</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 2 – Tourism Statement

2.1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.

Have a liquor license benefits tourism by offering tourists a place to eat and relax in downtown Sitka with hotel amenities nearby

2.2. Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1):

The Sitka Hotel has undergone renovations since September 2015 and will continue to be maintained by the new owners

2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

Yes [X] No [ ]

2.4 If “no” who operates the tourism facility?

[ ]

2.5 Do you offer room rentals to the traveling public?

If “yes” answer the following questions:

How many rooms are available?

44

How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)?

16 rooms include microwave and mini fridge; 22 rooms have a separate sink, microwave and refrigerator

Do you stock or plan to stock alcoholic beverages in guest rooms?

If “no” is your facility located within an airport terminal?

2.6 If your establishment includes a dining facility, please describe that facility. If it does not please write “none”.

The Sitka Hotel has its own dining facility, including a bar

2.7 If additional amenities are available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists), please describe them. If they are not offered, please write “none”.

There is a concierge service available to the hotel guests, but no additional amenities at this time.
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.

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>Sitka Jet Center, Inc.</th>
<th>License #:</th>
<th>5442</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary - Tourism</td>
<td>Statutory Reference:</td>
<td>04.11.400(d)</td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>Sitka Hotel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td>118 Lincoln Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Sitka</td>
<td>State:</td>
<td>Alaska</td>
</tr>
<tr>
<td>Local Governing Body:</td>
<td>Bourough and City of Stika</td>
<td>ZIP:</td>
<td>99835</td>
</tr>
</tbody>
</table>

Transfer Type:

☑ Regular transfer
☐ Transfer with security interest
☐ Involuntary retransfer

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Complete Date:</th>
<th>Transaction #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-29-2021</td>
<td>100309232</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Board Meeting Date:</th>
<th>License Years:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-18-2022</td>
<td></td>
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</table>

<table>
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<tr>
<th>Issue Date:</th>
<th>BRE:</th>
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<tbody>
<tr>
<td></td>
<td>KRS</td>
</tr>
</tbody>
</table>
Section 2 – Transferee Information

Enter information for the new applicant and/or location seeking to be licensed.

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>The Sitka Hotel, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing Business As:</td>
<td>The Sikta Hotel</td>
</tr>
<tr>
<td>Premises Address:</td>
<td>118 Lincoln Street</td>
</tr>
<tr>
<td>City:</td>
<td>Sitka</td>
</tr>
<tr>
<td>State:</td>
<td>Alaska</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99835</td>
</tr>
<tr>
<td>Community Council:</td>
<td></td>
</tr>
</tbody>
</table>

| Mailing Address:   | PO Box 672049                                             |
| City:              | Chugiak                                                   |
| State:             | Alaska                                                    |
| ZIP:               | 99567                                                     |

<table>
<thead>
<tr>
<th>Designated Licensee</th>
<th>John Emmi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone:</td>
<td>(907) 229-7135</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>(907) 229-7135</td>
</tr>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:akjohnemmi@gmail.com">akjohnemmi@gmail.com</a></td>
</tr>
</tbody>
</table>

Seasonal License? □ No ☑ If "Yes", write your six-month operating period: ____________

Section 3 – Premises Information

Premises to be licensed is:

☑ an existing facility  ☐ a new building  ☐ a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

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

469 feet

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

499 feet

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

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

This individual is an: [ ] applicant  [ ] affiliate

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

This individual is an: [ ] applicant  [ ] affiliate

### Section 5 – Entity Ownership Information

This section must be completed by any **entity**, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a **corporation**, the following information must be completed for each **stockholder who owns 10% or more of the stock in the corporation**, and for each **president, vice-president, secretary, and managing officer**.
- If the applicant is a **limited liability organization**, the following information must be completed for each **member with an ownership interest of 10% or more**, and for each **manager**.
- If the applicant is a **partnership**, including a **limited partnership**, the following information must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

<table>
<thead>
<tr>
<th>Entity Official:</th>
<th>John Emmi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>Member</td>
</tr>
<tr>
<td>Phone:</td>
<td>(907) 229-7135</td>
</tr>
<tr>
<td>% Owned:</td>
<td>100</td>
</tr>
<tr>
<td>Address:</td>
<td>PO Box 672049</td>
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<tr>
<td>City:</td>
<td>Chugiak</td>
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<tr>
<td>State:</td>
<td>Alaska</td>
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<tr>
<td>ZIP:</td>
<td>99567</td>
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</table>
## Form AB-01: Transfer License Application

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<th>% Owned:</th>
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<td>ZIP:</td>
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</table>

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.

<table>
<thead>
<tr>
<th>DOC Entity #:</th>
<th>10173059</th>
<th>AK Formed Date:</th>
<th>9/7/2021</th>
<th>Home State:</th>
<th>Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Agent:</td>
<td>Darryl Thompson</td>
<td>Agent’s Phone:</td>
<td>(907) 272-9322</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agent’s Mailing Address:</td>
<td>880 N Street, Suite 101</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Anchorage</td>
<td>State:</td>
<td>Alaska</td>
<td>ZIP:</td>
<td>99501</td>
</tr>
</tbody>
</table>

Residency of Agent: [ ] Yes  [ ] No

Is your corporation or LLC’s registered agent an individual resident of the state of Alaska? [ ] Yes  [ ] No
Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes  No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

☑  ☐

If “Yes”, disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

John Emmi (Twins, Inc.) The Pool Room, License # 4419, Beverage Dispensary - Tourism
John Emmi (Twins, Inc.) The Grill, License # 4733, Beverage Dispensary
John Emmi (Triplets, Inc.) Locals, License # 5180, Beverage Dispensary - Tourism
John Emmi (JL Sitka, Inc.) Westmark Sitka Hotel, License # 1031, Beverage Dispensary - Tourism

Section 7 – Authorization

Communication with AMCO staff:

Yes  No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

☑  ☐

If “Yes”, disclose the name of the individual and the reason for this authorization:

Darryl Thompson, Attorney
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
Robert Petrie
Printed name of transferor

Subscribed and sworn to before me this 29 day of September, 2021.

Signature of Notary Public
Matthew G. Love
Commission Expires: 5/23/23
Notary Public in and for the State of Alaska

Signature of transferor
Debbie Petrie
Printed name of transferor

Subscribed and sworn to before me this 29 day of September, 2021.

Signature of Notary Public
Matthew G. Love
Commission Expires: 5/23/23
Notary Public in and for the State of Alaska

[Form AB-01] (rev 10/10/2016)
Section 9 – Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

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 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.

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 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.

Signature of transferee

John Emmi

Printed name

Subscribed and sworn to before me this 24 day of September 2021

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 10/23/2023

AMCO Received 11/12/21
What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The second page of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO’s main office before any license application will be considered complete.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

---

Section 1 – Establishment Information

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

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>The Sitka Hotel, LLC</th>
<th>License Number:</th>
<th>5442</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary-Tourism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>The Sitka Hotel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td>118 Lincoln Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Sitka</td>
<td>State:</td>
<td>Alaska</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ZIP:</td>
<td>99835</td>
</tr>
</tbody>
</table>

[Form AB-02] (rev 06/24/2016)
Explore St. Michael's Orthodox Cathedral

via Lincoln St
1 min
409 ft

Details

Send directions to your phone

Options

Sitka Hotel, 118 Lincoln St, Sitka, AK 99835
St. Michael's Orthodox Cathedral, 2401 Lincoln St

Add destination

Leave now

Received 11/12/21
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

<table>
<thead>
<tr>
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<th>The Sitka Hotel, LLC</th>
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<tr>
<td>State:</td>
<td>Alaska</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99835</td>
</tr>
<tr>
<td>Contact Name:</td>
<td>John Emmi</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>(907) 229-7135</td>
</tr>
</tbody>
</table>

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. □ 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)
4. □ 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.
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.)

See attached security plan

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.

See attached security plan

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  

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 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)  

AMCO Received 11/12/21
Sitka Hotel, LLC

Security Plan

To ensure that restricted persons, including minors will not be served or consume alcohol on the premises, Sitka Hotel, LLC, will do the following:

- Check IDs for every member purchasing alcohol
- Underage persons will be monitored closely by the professionally trained alcohol servers
- All servers will closely monitor that only the guests that have been carded will have alcohol beverages
- All staff is trained to identify fake IDs
- ABC mandated posters as required by law are posted inside the business and at the entrances of the outdoor seating area
- All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED OUTDOORS
- Alcohol WILL continue to be a part of our training for our staff.
- Providing safety for all guests regarding the service of alcoholic beverages
Section 5 – Hours of Operation

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

All year:
Every day of week: Breakfast 8:00 am - 12:00 pm; Dinner 5:00 pm - 9:00 pm.
May - September; Lunch optional hours through 2:00 pm

Section 6 – Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?

Yes ☐ No ☑

If “Yes”, describe the entertainment offered or available and the hours in which the entertainment may occur:

Food and beverage service offered or anticipated is:

☑ table service ☐ buffet service ☐ counter service ☐ other

If “other”, describe the manner of food and beverage service offered or anticipated:

See menu attached
Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 7 – Certifications and Approvals

Read each line below, and then sign your initials in the box to the right of each statement:

There are tables or counters at my establishment for consuming food in a dining area on the premises.

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons. This menu includes entrees that are regularly sold and prepared by the licensee at the licensed premises.

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted. (AB-03 applications that accompany a new or transfer license application will not be required to submit an additional copy of their premises diagram.)

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

[Signature of licensee]
John Emmi

[Signature of Notary Public]

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 10/23/2023

Subscribed and sworn to before me this 24 day of September, 2021.

Local Government Review (to be completed by an appropriate local government official):

[Signature of local government official]

[Date]

Printed name of local government official

Title

[Form AB-03] (rev 4/16/2019) Page 4 of 5

AMCO Received 11/12/21
Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review: ____________________________  Enforcement Recommendation: ____________________________  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:


AMCO Received 11/12/21
STARTERS

Soup of the Day
Ask your server 15

House Salad
Spring Mix, Tomato, Peppers, Onion, Croutons 15

Chicken 24, Calamari 26, Shrimp 28

Caesar Salad
Romaine, Parmesan, Croutons 15
Chicken 24, Calamari 26, Shrimp 28

Spinach Artichoke Dip
Three Cheese, Toasted Pita 16

Bacon Wrapped Scallops
Two Skewers with Three on Each 25

Shrimp Skewers
Six Shrimp, Teriyaki Glazed 20

Fried Calamari
Fire-dusted Spicy Batter, Olympia Sauce 16

Salmon Bites
Beer Battered, Olympia Sauce 17

Pork Belly Tacos
Pico, Pickled Carrots, Cabbage 18

Shrimp Stuffed Portabella Mushroom
Manchego Cheese, Poblano Sauce 23

ENTRÉES

Alfredo Pappardelle
Wide noodles served with fresh garlic bread
Primavera 21, Chicken 25, Shrimp 29

Fish and Chips
Served with choice of chips or fries
Rockfish 25, Halibut 31

Herb Crusted Halibut
Served with choice of two sides 40

Rib Eye Steak
12 oz, served with choice of two sides 45
Add bacon-wrapped scallops 60

Salmon Citrus Beurre Blanc
White Wine, Butter, Lemon served with choice of two sides 40

Duck Marsala Pasta
Mushrooms, Prosciutto and Parmesan 28

Cheeseburger 18
Served with Lettuce, Tomato, Onion and choice of Cheddar, Swiss, American or Blue Cheese
Jalapenos, Mushrooms, Caramelized Onions, Bacon, Avocado, Fried Egg can be added for $1 each

SIDES

Coconut Rice 5
Roasted Red Bell Pepper Risotto 5
Loaded Mashed Potatoes 5
Broccolini, Carrot and Asparagus Medley 5

French Fries 5
Homemade Potato Chips 5
Caesar or House Side Salad 8
Cup of Soup 8

AMCO Received 11/12/21
State of Alaska
Department of Environmental Conservation
EH Food Safety and Sanitation Program
555 Cordova St, 5th Floor
Anchorage, Alaska 99501

Facility ID: 8692
Business Code: 41KQ-NHLX
MANGIARE LLC
407 Lincoln ST STE 201
Sitka, AK 99835

2022 Renewal Application for Food Service Establishment
Invoice

Establishment Information (if any information has changed, update information on renewal application).
Note: A new application is required for change in the business address or ownership. New application forms can be found online at http://doc.alaska.gov/ch/fss/forms or by contacting the Permit Coordinator at 907-269-6289.

Establishment Name: MANGIARE BAR
Owner's Name: MANGIARE LLC
Business Email (Please verify, will be used to email permit if requested): mangiarellc@gmail.com
Physical Address: 118 Lincoln ST
Sitka, AK 99835

[Table]

<table>
<thead>
<tr>
<th>Permit ID</th>
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<th>Permit Type</th>
<th>Permit Name</th>
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<td>12/31/2021</td>
<td>FN-4 Tavern/Bar</td>
<td>MANGIARE BAR</td>
<td>$280.00</td>
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Total Amount Due $280.00

If ownership has changed since last permit issued, please email DEC.FSSPermit@alaska.gov or call 907-269-6289. This renewal can be completed through our online portal at https://adeq.safefoodinspection.com/Login.aspx.

The balance due is the 2022 annual fee for the food establishment permits listed below. Payment is due by the permit expiration date shown in the table below. Payments received will first be applied against any existing balance due, if any. Failure to pay these fees will result in enforcement action, including closure of your establishment, and may subject you to legal action under AS 17.20.305 or 46.03.790, or a civil action to collect the amount due to the state.

For quicker processing, pay online by credit card at: https://adeq.safefoodinspection.com/Login.aspx.

If you are mailing in payment, please send to the following address: you may pay for multiple permits with a single check. Please include the "Program ID" numbers shown for each permit on your check or include a copy of this form.

DEC - Food Safety and Sanitation Program
555 Cordova St, 5th Floor
Anchorage, Alaska 99501

If you have questions or concerns regarding safe food handling practices call toll free 1-877-SAFE-FOOD (In Anchorage call 907-334-2560).
State of Alaska
Department of Environmental Conservation
EH Food Safety and Sanitation Program
555 Cordova St, 5th Floor
Anchorage, Alaska 99501

Facility ID: 8698
Business Code: 41KQ-LF5F

MANGIARE LLC
407 Lincoln ST STE 201
Sitka, AK 99835

2022 Renewal Application for Food Service Establishment Invoice

If ownership has changed since last permit issued, please email DEC.FSSPermit@alaska.gov or call 907-269-6289. This renewal can be completed through our online portal at https://adec.safefoodinspection.com/Login.aspx.

Establishment Information (If any information has changed, update information on renewal application).

Note: A new application is required for change in the business address or ownership. New application forms can be found online at http://dec.alaska.gov/ch/fss/forms or by contacting the Permit Coordinator at 907-269-6289.

Establishment Name: MANGIARE
Owner's Name: MANGIARE LLC
Business Email (Please verify, will be used to email permit if requested): mangiarellc@gmail.com

Business Phone Number: 907-747-0053
Alternative Or Cell Phone: 817-829-0282

Physical Address: 118 Lincoln ST
Sitka, AK 99835

The balance due is the 2022 annual fee for the food establishment permits listed below. Payment is due by the permit expiration date shown in the table below. Payments received will first be applied against any existing balance due. If any. Failure to pay these fees will result in enforcement action, including closure of your establishment, and may subject you to legal action under AS 17.20.305 or 46.03.790, or a civil action to collect the amount due to the state.

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<td>FF-1 Food Service</td>
<td>MANGIARE</td>
<td>$490.00</td>
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Total Amount Due: $490.00

If you have questions, your business is no longer in operation, you have changes to your operation, or you feel you may have difficulty paying these fees on time, please email DEC.FSSPermit@alaska.gov or call 907-269-6289.

For quicker processing, pay online by credit card at: https://adec.safefoodinspection.com/Login.aspx.

If you are mailing in payment, please send to the following address; you may pay for multiple permits with a single check. Please include the "Program ID" numbers shown for each permit on your check or include a copy of this form.

DEC - Food Safety and Sanitation Program
555 Cordova St, 5th Floor
Anchorage, Alaska 99501

If you have questions or concerns regarding safe food handling practices call toll free: 1-877:SAFE-FOOD (in Anchorage call 907-334-2560)

AMCO
DEC 23 2021
### Facility Portal

#### Add existing business:
- **Business Code**: [Add]

Filter by Business Name: 
- **Show All**

#### MANGIARE - 8698 - (1) - ☑

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#### MANGIARE BAR - 8699 - (1) - ☑

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