



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

# MEMORANDUM

TO:	Alc	oholic Beverage Control Board	DATE:	March 29, 2022				
FROM:	Kris	stina Serezhenkov, OLE	RE:	#6040 Homeslice Pizza				
Requested Action:	d	New Restaurant/Eating Place – Public Co	nvenience Sea	sonal license				
Statutory and Regulator 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(g): "The board may approve the issuance or transfer of ownership of a restaurant or eating place license in a municipality without regard to (a) [population limits] of this section if the board finds that issuance or transfer of						
		<ul> <li>the license is necessary for the public convenience."</li> <li>3 AAC 304.335: "(a) The board may issue a restaurant or eating place license under AS 04.11.400(g) upon a showing that <ul> <li>(1) repealed 8/24/2001;</li> <li>(2) there is community support, which must be shown by a petition signed by a majority of the residents 21 years of age or over who reside within one mile of the proposed premises; and <ul> <li>(3) the governing body of the municipality in which the licensed premises are to be located approves the application."</li> </ul> </li> </ul></li></ul>						
		3 AAC 304.115(a): "Petition signatures must be obtained within the 90-day period immediately preceding the submission of the application. After an application has been filed, no additional signatures may be added to the petition, and no signatures may be withdrawn."						
Staff Rec.:	:	Review application for compliance with sta	atutes and regu	llations.				
Seasonal lie body and c residents 2	<b>Background:</b> This application is for a new Restaurant/Eating Place – Public Convenience Seasonal license in the City of Homer. 3 AAC 304.335 requires approval of the local governing body and community support as expressed by a petition signed by a majority of the permanent residents 21 years of age or older who live within one mile of the proposed licensed premises which is located on the Homer Spit.							

The applicant determined the number of signatures required by identifying the number of residences within a mile of the proposed licensed premises through official verification from the City of Homer

that the number of permanent residents 21 years of age or older total 0.

Using the applicant's methods, it was determined that the minimum number of required, valid signatures is 0. Staff has verified that the applicant has provided documentation that 0 signatures are required.

Attachment:	AB-12
	AB-00
	AB-02
	AB-03



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# Alaska Alcoholic Beverage Control Board Form AB-12: Petition

#### What is this form?

Any application for a restaurant / eating place – public convenience (REPC) license or any liquor license application for a premises located in an area with no local governing body must file a petition in accordance with AS 04.11.400(g), AS 04.11.460, 3 AAC 304.115, and/or 3 AAC 304.335. Instructions vary with the type of area in which your proposed premises are located.

Please read the instructions in Section 2 of this form carefully.

A liquor license application for a premises that is within 50 miles of the boundary of a local governing body must submit a petition signed by the majority of the permanent residents residing within one mile of the proposed premises per AS 04.11.460(a).

A liquor license application for a premises that is **50 miles or more** from the boundary of a local governing body must submit a petition signed by **two-thirds** of the **permanent residents** residing within a **five mile radius** of the United States post office nearest to the proposed licensed premises per **AS 04.11.460(b)** 

This form must be submitted to AMCO's main office before any REPC license application or before any liquor license application in an area with no local government will be considered complete. You may include as many pages of signatures as necessary.

	Yes	No
I am applying for a restaurant / eating place – public convenience license, under AS 04.11.400(g).	X	
My proposed premises is outisde, but within 50 miles of the boundary of a local government.	$\square$	X
My proposed premises is 50 miles or more from the boundary of a local government.		X

#### **Section 1 – Establishment Information**

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

Licensee:	VOALCOLLC				
License Type:	Restaurant Eating F	lace Public Co	nvenie	nce-	Seasona
Doing Business As:	Homeslice Pizza	Λ			
Premises Address:	4246 Homer Sr				
City:	Homer	State:	AK	ZIP:	99603
Latitude:	59°	Longitude: 151-45			

[Form AB-12] (rev 07/17/2017)

AMCO Page 1 of 4



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Alaska Alcoholic Beverage Control Board

Form AB-12: Petition

## **Section 4 – Certifications**

This petition is not valid if this page is not complete, signed, and notarized.

I, VOGLCOUL dba Homeslice Pizza, the applicant for a (proposed licensee)
Restaurant Eating Place Public Convenience AS 04.11.400(g) (type of license applied for) (statutory reference)
number of permanent residents 21 years of age or older who live within mile(s) of (one/five)
(proposed premises or nearest US Post Office address) totals (total population), and this petition
totals
I declare under penalty of perjury that this form, including all accompanying schedules and statements, is true, correct, and complete.

Petition:

We could not find any permanent residents within a mile radius on the Homer Spit Road.

This area is mostly boardwalks, tourist venues, and restaurants.

Mary Vogl



# AMCO Received 3/24/2022



# Alaska Alcoholic Beverage Control Board Form AB-00: New License Application

#### What is this form?

This new license application form is required for all individuals or entities seeking to apply for a new liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

#### **Section 1 – Establishment and Contact Information**

Enter information for the business seeking to be licensed.

Licensee:	VogLoo LLC
License Type:	Restauvant Eating Place Public Conv. Statutory Reference: AS 04.114
Doing Business As:	Homeslice Pizza
Premises Address:	4246 Homer Spit Road #4
City:	Homer - State: AK ZIP: 99603
Local Governing Body:	Homer
Community Council:	Homee NONE

Mailing Address:	POBox 3350				
City:	Homer	State:	AK	ZIP:	99.603

Designated Licensee:	Maky	VOQL				
Contact Phone:		35 7142	<b>Business Phone:</b>	9074357142		
Contact Email:	Kathy	Kathyvogleyahoo.com				
Ye Seasonal License?		f "Yes", write your	six-month operating pe	riod: May - October		

OFFICE USE ONLY						
Complete Date:	3-29-22	License Years:		License #:	6040	
Board Meeting Date:	4-12-27		Transaction #:	100349331		
Issue Date:			BRE:	A	nco krs	

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

FEB 1 5 2022 Page 1 of 5



# Form AB-00: New License Application

<b>Section 2 – Premises</b>	s Information
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Premises	to	be	licensed	is:

4	an	existing	facility
_	an	enisting	racinty

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.

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.

#### Section 3 – Sole Proprietor Ownership Information

This section must be completed by any <u>sole proprietor</u> who is applying for a license. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate						
Name:						
Address:						
City:			State:		ZIP:	
This individual is an: applicant affiliate						
This individual is an:	pplicant	affiliate				
This individual is an: a	pplicant	affiliate				
	pplicant	affiliate				

AMCC



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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

## **Section 4 – Entity Ownership Information**

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 5.

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

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

Entity Official:	Mary VogL				
Title(s):	Member	Phone:	9074357142	% Owned:	50
Address:	2675 Spruce us	ood t	PR-		
City:	Homer	State:	AK	ZIP: 99	603

Entity Official:	Evan VogL					
Title(s):	Member	Phone:		% Own	ned:	50
Address:	2475 Sprucewood	d DR.	•			
City:	Homek	State:	AK	ZIP:	99	603

Entity Official:			
Title(s):	Phone:	% Owr	ned:
Address:			
City:	State:	ZIP:	

Entity Official:			
Title(s):	Phone:	% Own	ed:
Address:			
City:	State:	ZIP:	

AMCO



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.

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?       Image: Comparison of CLC's registered agent an individual resident of the state of Alaska?         Description 5 - Other Licenses       Section 5 - Other Licenses         Dwnership and financial interest in other alcoholic beverage businesses:       Yes         Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business in or is licensed in Alaska?       Image: Comparison of LlC's mathematical 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):         Image: Def Comparison of the Matrix the type of business is, and if licensed in Alaska, which license number(s) and license type(s):         Image: Def Comparison of the Matrix the type of business is, and if licensed in Alaska, which license number(s) and license type(s):         Image: Def Comparison of the Matrix the type of business is, and if licensed in Alaska, which license number(s) and license type(s):         Image: Def Comparison of the Matrix the type of the Merwhid Restaury and the type of business is, and if license with AMCO staff:         Image: Def Comparison of the individual and the reason for this authorization:         Image: Def Comparison of the individual and the reason for this authorization:							
Agent's Mailing Address:       PO Box 3350         City:       Homele         State:       Ak         ZIP:       99403         tesidency of Agent:       Yes         Is your corporation or LLC's registered agent an individual resident of the state of Alaska?       Image: Comparison or LLC's registered agent an individual resident of the state of Alaska?         Dwnership and financial interest in other alcoholic beverage businesses:       Yes         Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business in or is licensed in Alaska?       Image: Comparison of LC's registered agent an individual resident of the type of business is, and if licensed in Alaska, which license number(s) and license type(s):         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):         EVA:n + Makey WogL are owners of Little Merwind Restaurant.         Section 6 - Authorization         Communication with AMCO staff:       Yes         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:	DOC Entity #:	10112776	AK Formed Date:	8292019	Home State:	AK	
Agent's Mailing Address:       PO Box 3350         City:       Homele       State:       Ak       ZIP:       99.003         Residency of Agent:       Yes       No         Is your corporation or LLC's registered agent an individual resident of the state of Alaska?       Image: Constraint of the state of Alaska?       Image: Constraint of the state of Alaska?       Image: Constraint of the state of Alaska?         Dwnership and financial interest in other alcoholic beverage businesses:       Yes       No         Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?       Image: Constraint of the state of 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):       RefR-Public Conv. # 32.10         EVAnn + MARY VogL Are OWNERS of Liffle Merwind Restauryant.       Section 6 - Authorization         Communication with AMCO staff:       Yes       No         Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?       Yes       No         If "Yes", disclose the name of the individual and the reason for this authorization:       AMCO       AMCO	Registered Agent:	Mary V	DQL	Agent's Phone:	907-43	5-71	12
tesidency of Agent:       Yes       No         Is your corporation or LLC's registered agent an individual resident of the state of Alaska?       Image: Comparison of LLC's registered agent an individual resident of the state of Alaska?       Image: Comparison of LLC's registered agent an individual resident of the state of Alaska?       Image: Comparison of LLC's registered agent an individual resident of the state of Alaska?       Image: Comparison of LLC's registered agent an individual resident of the state of Alaska?       Image: Comparison of LLC's registered agent an individual resident of the state of Alaska?       Image: Comparison of LLC's registered agent an individual (see the state of Alaska?       No         Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?       Image: Comparison of LLC's registered agent an individual (see the state of Alaska?       Image: Comparison of LLC's registered agent an individual (see the state of the state of alaska?       Image: Comparison of LLC's registered agent an individual (see the state of Alaska?       Image: Comparison of LLC's registered agent and the reson of this authorization       Image: Comparison of LLC's registered agent an individual and the reason for this authorization:       Image: Comparison of LLC's registered agent an individual and the reason for this authorization:       Image: Comparison of the individual and the reason for this authorization:       Image: Comparison of the individual and the reason for this authorization:       Image: Comparison of the individual and the reason for this authorization:       Image: Comparison of the individual and t	Agent's Mailing Address:						
Is your corporation or LLC's registered agent an individual resident of the state of Alaska?       Image: Comparison of CLC's registered agent an individual resident of the state of Alaska?         Description 5 - Other Licenses       Section 5 - Other Licenses         Dwnership and financial interest in other alcoholic beverage businesses:       Yes         Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business in or is licensed in Alaska?       Image: Comparison of LlC's mathematical 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):         Image: Comparison of LLC's Public Conv. # 3210         EVan # Maky WogL are ownees of Liffle Merwhid Restaurant.         Section 6 - Authorization         Communication with AMCO staff:       Yes         Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?       Image: Communication         If "Yes", disclose the name of the individual and the reason for this authorization:       AMCO	City:	Homer	State: AK		ZIP:	991	103
Section 5 - Other Licenses         Dwnership and financial interest in other alcoholic beverage businesses:       Yes       No         Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?       Image: Comparison of Comparison	Residency of Agent:					Yes	No
Downership and financial interest in other alcoholic beverage businesses:       Yes       No         Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?       Image: Comparison of the individual and the reason for this authorization:         Yes       Mo         Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?       Yes         If "Yes", disclose the name of the individual and the reason for this authorization:       Image: Comparison of the individual and the reason for this authorization:	Is your corporation or LLC's registered agent an individual resident of the state of Alaska?						
Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?       Image: Complexity of the second se		Sect	ion 5 – Other L	icenses			
any other alcoholic beverage business that does business in or is licensed in Alaska?	Ownership and financial intere	est in other alcoholic b	everage businesses:			Yes	No
license number(s) and license type(s):         DER-Public Conv. # 3210         EVan # Mapy VogL are owners of Liffle Merwaid Restaurant.         Section 6 - Authorization         Communication with AMCO staff:         Yes No         Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?         If "Yes", disclose the name of the individual and the reason for this authorization:	• • • • • • • • • • • • • • • • • • • •				ncial interest in	У	
RER-Public Conv. # 3210         Evan + Maky VogL are owners of Little Merwaid Restaurant.         Section 6 - Authorization         Communication with AMCO staff:         Yes         No         Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?         If "Yes", disclose the name of the individual and the reason for this authorization:			ncial interest, what the	type of business is, a	nd if licensed in Al	aska, whi	ch
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:       Image: Communication of the individual and the reason for this authorization:	Evan + Mary 1	RER-Publ	ic conv. #	3210 le Mermaid	Restauran	t.	
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:		Sec	tion 6 – Author	ization			
AMCO staff?	Communication with AMCO sta	aff:				Yes	No
AMCO		nan a licensee named	in this application have	authority to discuss t	his license with		X
	If "Yes", disclose the name	of the individual and 1	the reason for this auth	orization:			
					AACO		
FEB 1 5 2022	[Form AB-00] (rev 10/10/2016)					Pag	e 4 of 5



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#### Alaska Alcoholic Beverage Control Board

# Form AB-00: New License Application

#### **Section 7 – Certifications**

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

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

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 licensee

rinted name of licensee

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



Signature of Notary Public

Notary Public in and for the State of

My commission expires: \_\_\_\_

Subscribed and sworn to before me this

AMCC

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

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

Yes No

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the secon
page of this form.

## Section 1 – Establishment Information

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

Licensee:	VOGLOOLLC	License Number:	
License Type:	Refaurant EatingPlace Public Conver	nience - Seaso	nal
Doing Business As:	Home Slice Pitta		
Premises Address:	4246 Homer Spit	Road #4	
City:	Homer	State: AK_	ZIP: 99,603

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Alaska Alcoholic Beverage Control Board

# Form AB-02: Premises Diagram

#### Section 2 – Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



## Voglco LLC Dba Homeslice Pizza Outdoor/Indoor Serving Security Plan

- 1. All minors much be accompanied by an adult (age over 21) while in the restricted area when any alcohol is being served/sold/consumed.
- 2. All new patrons are carded upon ordering alcohol.
- 3. All staff is trained in the identification of fake IDs.
- 4. A wood and net fence of 36 inch tall is around the outdoor servicing area.
- 5. Underaged persons will be monitored closely by our professionally trained alcohol servers.
- 6. Proper egress from the outdoor service area will always remain unobstructed.
- 7. ABC mandated posters as required by law are posted inside Homeslice Pizza and at the entrances of the outdoor seating area.
- 8. All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED BEYOND THE OUTDOOR SEATING AREA.
- 9. Keeping outdoor seating area viable without any increased risk to minors exposed to alcohol WILL continue to be part of our training for our staff.
- 10. All safety related operations for our current liquor service will additionally be enforced in the new service area.
- 11. Proper signage at points of entry indication no minors without a parent or legal guardian will be posted.
- 12. All servers will closely monitor that only the guests that have been carded will have alcoholic beverages.
- 13. Our top priority continues in providing safety for all guests regarding the service of alcoholic beverages.
- 14. Servers will be present in the outdoor area to monitor consumption.



# 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.

Licensee:	Vogloo UC		
License Type:	Restaurant Eating Place Pub. Conv.	License Number:	
Doing Business As:	Homeslice Pizza	0-2200-1222	
Premises Address:	4246 Homer Spit Road	#4	
City:	Homer,	State: AL	ZIP: 99603
Contact Name:	Mary Vegi	Contact Phone:	9074357142

## **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)
~~~	SumP area acquiation	crosuip nears.	/ 0 0 10.010(0)

2. Children by persons 16 – 20 years of age: AS 04.16.049(a)(2)

3. K Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)

Employment for persons 16 or 17 years of age: AS 04.16.049(c)

NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

OFFICE USE ONLY						
Transaction #:	Initials:	10034933				
[Form AB-03] (rev 4/16/2019		AMCO	Page 1 of 5			
		FEB 1 5 2022				



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https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

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.)

Minors will only be allowed in designated diving areas and for workspace. Hiring policies are that eligible of age staff betap trained.

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.



From: Latitux.voal To: Alcohol Lucanseno..CED.ABC (CED sponsored) Subject: Re: #6040 dba Homesice Puza Incomplete Application Notice: Follow Date: Wednesday, March 23, 2022 11:35:28 AM Attachments: AddCO-mone access statement space

content is safe

Voglco LLC DBA Homeslice Pizza Alcohol Storage/Minor Access statement Alcohol storage at Homeslice Pizza will be as follows: Incoming orders will be received by a trained, over 21 years old staff member.

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the

Alcohol in use will be in the form of beer kegs and taps and bottles of wine. Both of these will be attended by an of age, trained staff member while the business is open at all times.

When the business is closed or at any other time while a trained of age staff member is away, all alcohol will be in a locked area noted in the included diagram, only owners and of age trained staff members will have access to the key to the locked area/ cabinet.

Minors will not be allowed in the alcohol storage area unaccompanied.



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> Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board



#### **Section 5 – Hours of Operation**

Review AS 04.16.010(c).

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

7 days a week 11 am - 11 pm

#### **Section 6 – Entertainment & Service**

Review AS 04.11.100(g)(2)

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

If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occ	ur:
------------------------------------------------------------------------------------------------------------	-----

Food and beverage service offered or anticipated is:

table service

buffet service

X counter service

other

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

No

Yes



Form AB-03: Restaurant Designation Permit Application

Section 7 – Certifications and Approvals				
Read each line below, and then sign your initia	ls in the box to the right of each statement:	Initials		
There are tables or counters at my establishme	nt for consuming food in a dining area on the premises.	MXD		
	pected menu, listing the meals to be offered to patrons. Id and prepared by the licensee at the licensed premises.	litm		
I certify that the license for which I am requesti golf course, or restaurant or eating place license	ng designation is either a beverage dispensary, club, recreational site, e.	with		
I have included with this application a copy of the field of the copy of the c		mith		
I declare under penalty of perjury that this form, correct, and complete. <u>MMUK.VOG</u> Signature of licensee <u>MARY K.VDG</u> Printed name of licensee	including all attachments and accompanying schedules and statements, NOTARY PUBLIC Notary Public in and for the State of My commission expires:5-6	is true,  		
Subscrib	ed and sworn to before me this $44h$ day of $Feb$	20_22		
Local Government Review (to be completed by	an appropriate local government official): Approved	Denied		
Signature of local government official	Date			
Printed name of local government official	Title			
[Form AB-03] (rev 4/16/2019	FEB 1 5 2022	Page 4 of 5		



# 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:			



Homeslice Pizza Menin

Calzone \$12 : Veggie (maybe a cartoon bubble saying veg) Pesto, spinach, artichoke hearts, cream cheese, mushrooms, mozzarella, feta

Stromboli \$12 : Meaty Red sauce, Italian sausage, pepperoni, Canadian bacon, mozzarella

#### SPECIALTY PIZZAS 12" \$18 GF crust add \$4

Homeslice: Pepperoni, mushroom, cream cheese, artichoke hearts, red sauce

Italian: Pepperoni, Italian sausage, black olives, feta, red sauce

Fab 4: Pepperoni, mushroom, grilled onion, Italian sausage, red sauce

Farm: Grilled chicken, spinach, Canadian bacon, cream cheese, red and pesto swirl

Thai Chicken: Grilled chicken, spinach, carrot, onion, peanut satay sauce

Margarita: EVOO, garlic, tomato, basil, salt n pepper

Smokey Chicken: Grilled chicken, grilled onion, bacon, jalapeno, bbq and red swirl

Spicy roni: Pepperoni, jalapeno, banana peppers, garlic, red sauce

Meatball Parmesan: Beef Meatballs, cream cheese, artichoke hearts, red and pesto swirl, topped with fresh tomatoes

Hawaiian: Canadian bacon, pineapple, smoked bacon bits, red sauce

**Tiger King**: Chicken, Italian sausage, Jalapeños, grilled onion, ranch and sriracha

Mediterranean: Artichoke hearts, black olives, feta, roasted red peppers, banana peppers, red and pesto swirl fresh tomatoes

AMCO

FEB 1 5 2022

## SALADS all with organic local greens \$12

Garden: cucumbers, carrots, tomatoes, ranch Greek: artichoke hearts, black olives, feta, tomatoes, cucumbers, banana peppers, artichoke hearts Caesar: croutons, parmesan

## **BASKETS AND FRIES**

Local Fresh Halibut, fries, tartar \$

Wild Patagonian Prawns, fries, or cocktail sauce \$

Cup o' Fries \$

## <u>SPAGHETTI</u>

Noodles and Sauce \$5 Add Meatballs \$2 Add Mozzarella \$2 Add Garlic Bread \$2 Full Monty \$10

#### PHILLYS on a Philly bread roll

Sautéed mushrooms, onions, white american cheese Steak \$12 Chicken \$13 Impossible Burger \$14

Meatball Sub: \$11 7 balls, white american cheese, red sauce, Philly roll

Nathan's Hot Dog: \$6 1/4#, on a pretzel roll

AMCO

FEB 1 5 2022



# Alaska Food Code 2022 Establishment Permit

Division of Environmental Health Food Safety & Sanitation Program

Permit Number:	12027
Issued to:	VOGLCO LLC
For:	Homeslice Pizza
For Operation of:	FF-6 Deli/Takeout/Drive-in Food Service
Located at:	4246 Homer Spit RD Homer, AK 99603

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date: **December 31, 2022** 

Program Manager:

Rimpuly 887

# If you have questions or concerns regarding safe food handling practices call toll free:



(in Anchorage call 334-2560)



FEB 1 5 2022