MEMORANDUM

TO: Alcoholic Beverage Control Board

FROM: Kristina Serezhenkov, OLE

DATE: March 7, 2022

RE: #6037 Eagles Nest

Requested Action: New application

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 (A) 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.: Evaluate the Tourism Statement for compliance with statutes and regulations.

Background: This is an application for a new Beverage Dispensary – Tourism Duplicate license for licensee Cape Fox Lodge LLC in City of Ketchikan and Ketchikan Gateway Borough.

AS 04.11.400(d)(1)(A) requires that the facility must maintain at least the minimum number of rental rooms required for the population. Staff has determined that the license is compliant with this requirement.

The applicant offers 72 rental rooms without kitchen facilities. This establishment offers a dining facility on the premises.

Attachment: Tourism Statement
AB-00
AB-02
AB-03
Cape Fox Lodge Tourism Statement

Cape Fox Lodge (CFL) is conveniently located in the Heart of downtown Ketchikan Alaska. CFL is a full service resort that boast 72 hotel rooms, banquet facilities for up to 150 people, coffee shop, fitness center, museum, guest laundry facilities and full service restaurant and lounge. We offer a variety of room types from Mountain View King Room to Water View Suites that sleep up to 6 people. None of the rented rooms have kitchen facilities and we do not stock any alcohol in hotel rooms.

We cater to all kinds of out of town guest whether it being business meetings or sport fisherman coming to enjoy the pristine beauty Alaska has to offer. We have close relationships with tour companies and the cruise lines that are in Ketchikan. As a guest of our Lodge you can purchase custom tours and guided fishing trips in our lobby anytime throughout the year.

CFL is owned and operated by Cape Fox Corporation which is headquartered in Saxman Alaska. CFL was built in 1990 and has been under the same ownership since the opening date. CFL’s primary source of revenue comes from the tourism industry all year around.

Please feel free to reach out to us regarding any questions you may have about the Lodge.

Sincerely,

Timothy Lewis
Commercial Business Operations Manager
Cape Fox Corporation
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.

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>Cape Fox Lodge, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary - Tourism/Duplicate</td>
</tr>
<tr>
<td>Statutory Reference:</td>
<td>04.11.400(d)</td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>Eagles Nest</td>
</tr>
<tr>
<td>Premises Address:</td>
<td>800 Venetia Way</td>
</tr>
<tr>
<td>City:</td>
<td>Ketchikan</td>
</tr>
<tr>
<td>State:</td>
<td>AK</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99901</td>
</tr>
<tr>
<td>Local Governing Body:</td>
<td>City Of Ketchikan</td>
</tr>
<tr>
<td>Community Council:</td>
<td>Ketchikan Gateway Borough</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>800 Venetia Way</td>
</tr>
<tr>
<td>City:</td>
<td>Ketchikan</td>
</tr>
<tr>
<td>State:</td>
<td>AK</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99901</td>
</tr>
<tr>
<td>Designated Licensee:</td>
<td>Chris Luchtefeld</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>(301)956-0216</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>(703)686-2326 x112</td>
</tr>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:cluchtefeld@capefoxss.com">cluchtefeld@capefoxss.com</a></td>
</tr>
<tr>
<td>Seasonal License?</td>
<td>☑</td>
</tr>
<tr>
<td>If &quot;Yes&quot;, write your six-month operating period:</td>
<td></td>
</tr>
</tbody>
</table>

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Complete Date:</th>
<th>License Years:</th>
<th>License #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-7-22</td>
<td></td>
<td>16037</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Board Meeting Date:</th>
<th>Transaction #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-12-2022</td>
<td>1603489997</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issue Date:</th>
<th>BRE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4-12-5</td>
</tr>
</tbody>
</table>

[Form AB-00] (rev 10/10/2016)
Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

Section 2 – 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.

Schoenbar Middle School .3 miles by walking

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.

St. Johns Episcopal church, 503 Mission street, Ketchikan Ak 99901 .3 miles walking

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor 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

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

This individual is an:  ☐ applicant  ☐ affiliate

| Name: | Address: | City: | State: | ZIP: |
### 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.

<table>
<thead>
<tr>
<th>Entity Official</th>
<th>Cape Fox Commercial Services, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>Member</td>
</tr>
<tr>
<td>Phone:</td>
<td>(907)225-5163</td>
</tr>
<tr>
<td>% Owned:</td>
<td>100</td>
</tr>
<tr>
<td>Address:</td>
<td>PO Box 8558</td>
</tr>
<tr>
<td>City:</td>
<td>Ketchikan</td>
</tr>
<tr>
<td>State:</td>
<td>AK</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99901</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entity Official:</th>
<th>Chris Luchtefeld</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>Manager</td>
</tr>
<tr>
<td>Phone:</td>
<td>(907)225-5163</td>
</tr>
<tr>
<td>% Owned:</td>
<td>0</td>
</tr>
<tr>
<td>Address:</td>
<td>PO Box 8558</td>
</tr>
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<td>City:</td>
<td>Ketchikan</td>
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<th>Entity Official:</th>
<th></th>
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<tbody>
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<td>Title(s):</td>
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<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>ZIP:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DOC Entity #:</th>
<th>44877D</th>
<th>AK Formed Date:</th>
<th>11/20/1989</th>
<th>Home State:</th>
<th>AK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Agent:</td>
<td>Crista Thomas</td>
<td>Agent's Phone:</td>
<td>907-225-5163</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agent's Mailing Address:</td>
<td>PO Box 8558</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Ketchikan</td>
<td>State:</td>
<td>AK</td>
<td>ZIP:</td>
<td>99901</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 5 – Other Licenses

Ownership 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?  
Yes  No

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):

<table>
<thead>
<tr>
<th>Case Per License, LLC License</th>
<th>44877D Perforce Distributor - Alcohol Distribution - Non-Alcoholic</th>
<th>Case Per License, LLC License</th>
<th>44877D Perforce Distributor - Package Store - Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Per License, LLC License</td>
<td>44877D Perforce Distributor - Catering License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Per License, LLC License</td>
<td>44877D Perforce Distributor - Catering License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Per License, LLC License</td>
<td>44877D Perforce Distributor - Catering License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Per License, LLC License</td>
<td>44877D Perforce Distributor - Catering License</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

Tim Lewis. He is the Commercial Business Manager for Cape Fox Lodge LLC  
907-792-9471  
tlewis@capafloxlodge.com

[Form AB-00] (rev 10/10/2016)  
AMCO Received 2/18/2022
Section 7 – 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.

EVELYN MARIE MILLS
NOTARY PUBLIC
REGISTRATION #7563314
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
APRIL 30, 2025

Signature of Notary Public

Virginia

Signature of licensee

Chris Luchtefeld
Printed name of licensee

My commission expires: April 30, 2025

Subscribed and sworn to me this 1st day of February, 2022.

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

AMCO Received 2/14/22
February 1, 2022

Eagles Nest
Attn: Timothy Lewis
7139 N. Tongass Hwy
Ketchikan, AK 99901

Re: Plan Review Approval for Eagles Nest
Facility ID: 9349
Permit ID: 12796 AND 12807

Thank you for submitting your Food Establishment Application and Plan Review Application for Eagle’s Nest Food Service and Bar/Tavern located in Ketchikan, Alaska.

This letter serves as the official approval of your plan review application.

This approval is contingent on doing the following:
- Moving the handwash sink so that it is conveniently located between the pizza prep area and the bar area.
- Participating in a Pre-Operational Food Safety Inspection/Virtual Assessment scheduled with our program. Please be in contact with Kaijsa Bellon once the facility is construct. She can be reached at Kaijsa.Bellon@alaska.gov or by calling (907) 228-3348.

You should receive a copy of your Annual Food Establishment Permit in the mail shortly, but until then, this letter serves as your approval for the plan review. A pre-operational inspection from our department is required in order for you to start operating.

The following is a link to resources that address common food safety risk factors that may be helpful for you and your employees: https://dec.alaska.gov/eh/fss/food/resources/risk-factor-resources/

Please notify our office if there are any new significant changes to the facility, if you have new activity, a change in style/location of service, new products, ownership, menu or process changes.

If you have any questions, please do not hesitate to contact one of our Environmental Health Officers overseeing the Ketchikan office:

Kaijsa Bellon / (907) 228-3348 / Kaijsa.Bellon@alaska.gov
Jason Wiard / (907) 465-5163 / Jason.Wiard@alaska.gov

Sincerely,

AMCO Received 2/14/22
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.

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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.

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>Cape Fox Lodge, LLC</th>
<th>License Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary - Tourism/Duplicate</td>
<td></td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>Eagles Nest</td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td>800 Venetia Way</td>
<td></td>
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<tr>
<td>City:</td>
<td>Ketchikan</td>
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<td>State:</td>
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<td></td>
</tr>
<tr>
<td>ZIP:</td>
<td>99901</td>
<td></td>
</tr>
</tbody>
</table>
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.
Cape Fox Lodge dba Eagles Nest
Outdoor/Indoor Serving Security Plan

1. All minors must 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. 4 foot Terx decking 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 Eagles Nest 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 a 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 indicating 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.
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.

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>Cape Fox Lodge, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary - Tourism/Duplicate</td>
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<tr>
<td>City:</td>
<td>Ketchikan</td>
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<tr>
<td>State:</td>
<td>AK</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99901</td>
</tr>
<tr>
<td>Contact Name:</td>
<td>Tim Lewis</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>907-782-9471</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.

| OFFICE USE ONLY |
|-----------------|----------------|
| Transaction #:  |                 |
| Initials:       | 00348997        |
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.)

Underage guest will be allowed to sit at tables to dine not at a bar. Underage employees will not have access to the Liquor room or be able to pour drinks. Underage employees are in the Kitchen or at the checkout stand only.

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.

All of our employees will be TAPS certified. When a manager is not present all alcohol will be locked up. Minors will still have a minors TAPS card but they will not be allowed in the areas alcohol is stored for storage or service. Minors will be permitted behind the bar and will not be allowed to serve alcohol.

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: 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)  

AMCO Received 2/14/22
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:

Monday - Sunday 8am - 2am

Section 6 – Entertainment & Service

Review AS 04.11.100(g)(2)

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

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:

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AMCO Received 2/14/22
Section 7 – Certification 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]

Printed name of licensee

[Signature of Notary Public]

Notary Public in and for the State of Virginia.

My commission expires: April 30, 2025

Subscribed and sworn to before me this 1st day of February, 2025.

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
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:

__________________________________________________________

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Pizza

Old World-Mozzarella, Red Sauce, Romano Cheese & Oregano Blend, Fresh Basil

Arugula And Prosciutto- Mozzarella, Red Sauce, Arugula, Roasted Garlic, Parmesan, Prosciutto Ham, Capers, RC/O BLEN

Pizza Bianca- Mozzarella, Lemon Basil Thyme Ricotta, Olive Oil, RC/O Blend, Prosciutto Ham, Fresh Basil

Meat Lovers- Mozzarella, Red sauce, Variety Salami, Pepperoni, Italian Sausage, Prosciutto Ham, RC/O Blend

Pepperoni – Mozzarella, Red Sauce, Pepperoni, RC/O Blend

Mediterranean – Mozzarella, Red Sauce, Sundried Tomato & Olive Compote, Mushrooms, Onions, Artichoke, Lemon Garlic Garbanzo beans, Capers, Pepperoncini

Vodka Scudera - Mozzarella, Vodka Sauce, Prosciutto Ham, Peas, Mushrooms

Four Cheese- Red Sauce, Mozzarella, Romano, Asiago, Ricotta, and fresh Herbs

Calzones- All Served With Red Sauce

Married Man’s Delight- Mozzarella, Italian Reindeer Sausage, Cured Salami, Roasted Garlic, Rough Chopped Basil

The Nest – Onions, Artichokes, Sundried Tomato & Olive Compote, Ricotta blend, Mozzarella, Prosciutto, Rough Chopped Basil

Little Italy - Mozzarella, Pepperoni, Basil, Oregano & Romano Cheese Blend, Olive oil

All Cheese- Ricotta, Mozzarella, Romano, Asiago, Parmesan, olive oil, Rough Chopped Basil

Anti Pizza

Bread And Oil – Served with Sundried Tomato & Olive Compote, Lemon Basil Thyme Ricotta

Asiago & Artichoke Dip- Hot Dip out of the Oven Served in A Hot Skillet w/ Romano & Olive Oil Flatbread


Caesar Salad w/ Anchovies & Romano Flatbread

Antipasto Salad – Arugula, Romaine Hearts, Salami, Romano Cheese, Mozzarella Balls, Lemon Garlic Garbanzo Beans, Sundried Tomato & Olive Compote, pepperoncini, Roasted Garlic, Romano Flatbread

Desserts

Cannoli Siciliani – Crispy Cannoli filled with a Rich Cream and Shaved Chocolate

Limoncello Ricotta Cake- Lemon and Ricotta Cheese Cake Baked in Stone Oven

AMCO Received 2/18/2022
Tiramisu – Classic Dish Made of Brick Oven Lady Fingers, Mascarpone Cream, Rum, and Coffee

Apple & Walnut Roll – Tender apples, brown sugar, Cinnamon, Walnuts wrapped in Our handmade dough

**CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH, OR EGGS MAY INCREASE RISK OF FOODBORNE ILLNESS ESPECIALLY IF YOU HAVE CERTAIN MEDICAL CONDITIONS**