

# Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE 550 West 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

#### **MEMORANDUM**

TO: Alcoholic Beverage Control Board DATE: March 7, 2022

FROM: Kristina Serezhenkov, OLE 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 witha 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



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

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

### Form AB-00: New License Application

#### What is this form?

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

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

#### Section 1 - Establishment and Contact Information Enter information for the business seeking to be licensed. Licensee: Cape Fox Lodge, LLC License Type: Beverage Dispensary - Tourism/Duplicate **Statutory Reference:** 04.11.400(d) **Doing Business As: Eagles Nest Premises Address:** 800 Venetia Way City: Ketchikan State: ZIP: AK 99901 **Local Governing Body:** City Of Ketchikan **Community Council:** Ketchikan Gateway Borough **Mailing Address:** 800 Venetia Way City: Ketchikan State: AK ZIP: 99901 **Designated Licensee:** Chris Luchtefeld Contact Phone: **Business Phone:** (301)956-0216 (703)686-2326 x112 **Contact Email:** cluchtefeld@capefoxss.com Yes Seasonal License? If "Yes", write your six-month operating period: \_ **OFFICE USE ONLY** Complete Date: License Years: License #: 3-7-22 0037 **Board Meeting Date:** 4-12-2022 Transaction #: 10034899 Issue Date: BRE:



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### Alaska Alcoholic Beverage Control Board

### Form AB-00: New License Application

				Charles and Section Committee of		
	Se	ection 2 – P	remises Info	ormation		
emises to be licensed is:						
an existing facility	<b>√</b> an	new building	a propose	ed building		
e next two questions mu	st be completed	by <u>beverage dis</u>	pensary (including	tourism) and <u>packag</u>	ge store applicants	only:
What is the distance of the outer boundaries of	he shortest ped the nearest sch	estrian route fro ool grounds? Incl	m the public entra ude the unit of me	nce of the building o asurement in your a	of your proposed pr inswer.	emises to
Schoenbar Mid	dle School	.3 miles by	/ walking			
What is the distance of t						emises to
St. Johns Episco	opal church	, 503 Missi	on street,Ket	chikan Ak 999	001 .3 miles v	valking
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nis section must be complemore space is needed, pleme following information mais individual is an:  Name:  Address:	eted by any <u>sole</u> ase attach a sep ust be complete applicant	proprietor who parate sheet with ad for each license affiliate	is applying for a lic the required infor ee and each affiliate	ense. Entities should mation.	d skip to Section 4.	



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#### Alaska Alcoholic Beverage Control Board

### Form AB-00: New License Application

### **Section 4 - Entity Ownership Information**

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

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

- If the applicant is a <u>corporation</u>, the following information must be completed for each *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 <u>limited liability organization</u>, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.

If the applicant is a parti with an interest of 10%	nership, including a <u>limited partnership</u> or more, and for each general partner.	<b>2</b> , the followi	ng information must be co	mpleted fo	or eac	h <i>partner</i>
Entity Official:	Cape Fox Commercial Se	ervices, L	.LC			
Title(s):	Member	Phone:	(907)225-5163	% Own	ed:	100
Address:	PO Box 8558					
City:	Ketchikan	State:	AK	ZIP:	999	01
Entity Official:	Chris Luchtefeld					
Title(s):	Manager	Phone:	(907)225-5163	% Own	ed:	0
Address:	PO Box 8558					
City:	Ketchikan	State:	AK	ZIP:	999	901
Entity Official:						
Title(s):		Phone:		% Own	ed:	
Address:						
City:		State:		ZIP:		
			1			
Entity Official:						
Title(s):		Phone:		% Own	ed:	
Address:						•
City:		State:		ZIP:		
					L	



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

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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.

			T		T	
DOC Entity #:	44877D	AK Formed Date:	11/20/1989	Home State:	AK	
Registered Agent:	Crista Thomas	S	Agent's Phone:	907-225-51	63	
Agent's Mailing Address:	PO Box 8558					
City:	Ketchikan	State:	AK	ZIP:	9990	
Residency of Agent:						No
ls your corporation or LL	C's registered agent a	n individual resident of	the state of Alaska?		<b>✓</b>	
	Sect	ion 5 – Other L	icenses			
Ownership and financial intere	st in other alcoholic k	peverage 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?					
If "Yes", disclose which indi license number(s) and licen	vidual(s) has the fina se type(s):	ncial interest, what the	type of business is, a	and if licensed in A	laska, whi	ch
Cape Fox Lodge, LLC License # 2948Beverage Dispension- Cape Fox Lodge, LLC License # 80 Package Stare Cape Fox Lodge, LLC License # 718 Beverage Dispension- Cape Fox Lodge, LLC License # 4142 Restaurant or Eating I Cape Fox Lodge, LLC License # 840 Package Dispension- Cape Fox Lodge, LLC License # 5500 Beverage Dispension- Cape Fox Lodge, LLC License # 5500 Beverage Dispension- Cape Fox Lodge, LLC License # 5500 Beverage Dispension-	Tourism Beverage Dispensary # Package Store #4057 N Restaurant/Eating Plac	V213 dha Bar Harbor Ale House. o DRA, e 74142 № DBA ting Place 26033 dba The Whistle Stop				
	Sec	tion 6 – Author	rization			
Communication with AMCO sta	aff:				Yes	No
Does any person other the AMCO staff?	nan a licensee named	in this application have	authority to discuss t	this license with	<b>√</b>	
If "Yes", disclose the name of	of the individual and	the reason for this auth	norization:			
Tim Lewis, He is the Commercia 907-782-9471 tlewis@capefoxlodge.com						

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



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

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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.	W
I certify that all proposed licensees have been listed with the Division of Corporations.	4
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.	6
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.	4
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	4
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 30 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 Notary Public in and for the State of Virginia	04, and
My commission expires: April 30,	2025
Subscribed and sworn to before me this 1st day of February,	20 <u>22</u> .



### Department of Environmental Conservation

DIVISION OF ENVIRONMENTAL HEALTH FOOD SAFETY & SANITATION PROGRAM

PO Box 111800 Juneau, Alaska 99811-1800 Main: 907.465.5163 Fax: 907.465.5362 www.dec.alaska.gov/eh/fss

becky.fletcher@alaska.gov

February 1, 2022

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

Re: Plan Review Approval for Eagles Nest

Permit ID: 12796 AND 12807

Facility ID: 9349

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 <a href="Maijsa.Bellon@alaska.gov">Kaijsa.Bellon@alaska.gov</a> 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: <a href="https://dec.alaska.gov/eh/fss/food/resources/risk-factor-resources/">https://dec.alaska.gov/eh/fss/food/resources/risk-factor-resources/</a>

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 / <u>Kaijsa.Bellon@alaska.gov</u> Jason Wiard / (907) 465-5163 / <u>Jason.Wiard@alaska.gov</u>

Sincerely,

Becky Fletcher

Environmental Health Officer II



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

Phone: 907.269.0350

### Alaska Alcoholic Beverage Control Board

### Form AB-02: Premises Diagram

#### What is this form?

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

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

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

	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.	1	

#### Section 1 - Establishment Information

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

Licensee:	Cape Fox Lodge, LLC	License	Number:		
License Type:	Beverage Dispensary - Tourism/Dup	licate			
Doing Business As:	Eagles Nest				
Premises Address:	800 Venetia Way				
City:	Ketchikan	State:	AK	ZIP:	99901

[Form AB-02] (rev 06/24/2016)



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

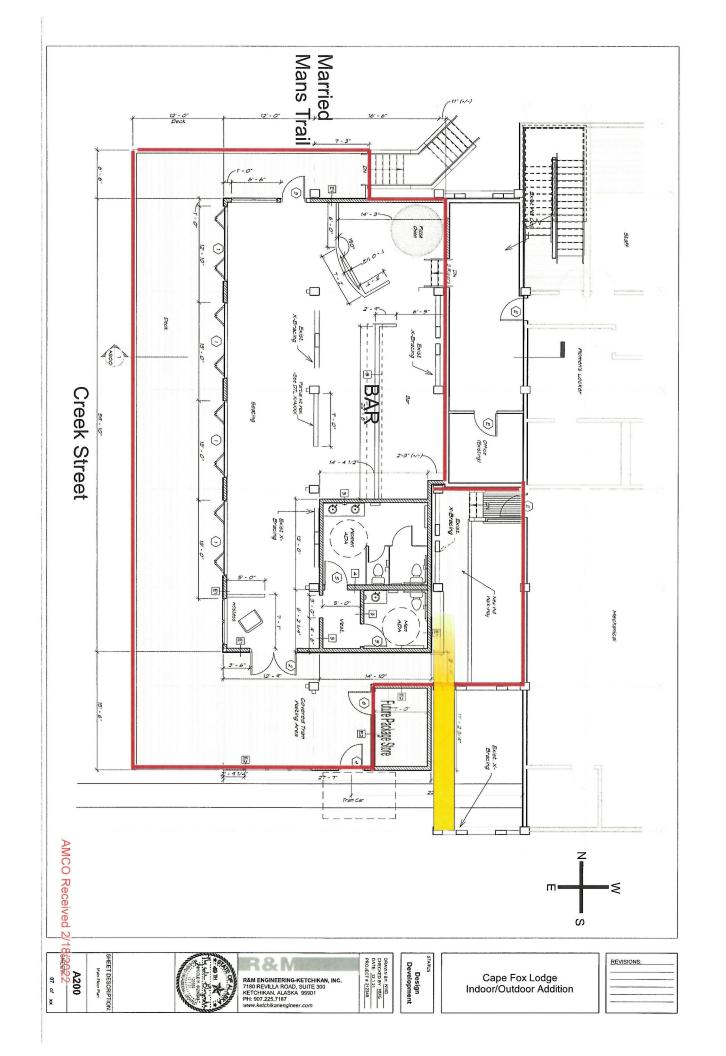
Phone: 907.269.0350

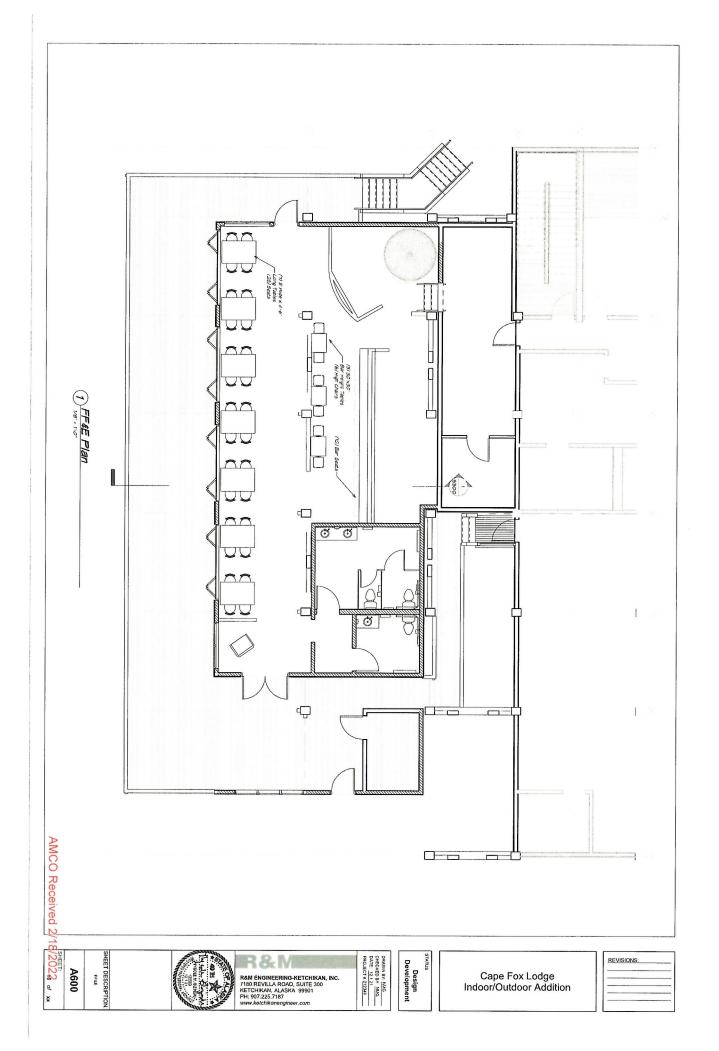
### Alaska Alcoholic Beverage Control Board

### 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.





AMCO Received 12/6/21



## 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.



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

### Alaska Alcoholic Beverage Control Board

### Form AB-03: Restaurant Designation Permit Application

#### What is this form?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A menu or expected menu listing the meals, including entrees prepared onsite and offered to patrons, and copy of the DEC Food Service Permit (or corresponding DHHS documentation for licenses located in the Municipality of Anchorage) must accompany this form. Applicants should review AS 04.16.049 - AS 04.16.052 and 3 AAC 304.715 - 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

Licensee:	Cape Fox Lodge, LLC				
License Type:	Beverage Dispensary - Tourism/Duplicate	License	Number:		
Doing Business As:	Eagles Nest				
Premises Address:	800 Venetia Way				
City:	Ketchikan	State:	AK	ZIP:	99901
Contact Name:	Tim Lewis	Contac	t Phone:	907-7	782-9471
04.16.010(c) or AS 0	Section 2 – Type of Designation as a bona fide restaurant, 4.16.049, and for the request of the following designation as a bona fide restaurant, 4.16.049, and for the request of the following designation.	, hotel, o	r eating pla	ce for pu	irposes of y):
04.16.010(c) or AS 0	ne request of designation as a bona fide restaurant	, hotel, o	r eating pla	ice for pu that appl	rposes of
O4.16.010(c) or AS O	ne request of designation as a bona fide restaurant, 4.16.049, and for the request of the following desig	, hotel, o	r eating pla	ce for pu	irposes of y):
Dining after  Dining by pe	ne request of designation as a bona fide restaurant, 4.16.049, and for the request of the following designs standard closing hours: AS 04.16.010(c)	, hotel, o	r eating pla (check all	that appl	y):
Dining after  Dining by pe  Dining by pe  Employment	te request of designation as a bona fide restaurant, 4.16.049, and for the request of the following designs standard closing hours: AS 04.16.010(c) rsons 16 – 20 years of age: AS 04.16.049(a)(2)	, hotel, or gnation(s)	r eating pla (check all over the ag	that appl	y): AS 04.16.049
Dining after  Dining by pe  Dining by pe  Employment	the request of designation as a bona fide restaurant, 4.16.049, and for the request of the following designs standard closing hours: AS 04.16.010(c)  The result of the request of the following designs at the following des	, hotel, or gnation(s)	r eating pla (check all over the ag	that appl	y): AS 04.16.049



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Phone: 907.269.0350

### Alaska Alcoholic Beverage Control Board

### Form AB-03: Restaurant Designation Permit Application

Toming of Restaurant Designation Fermit 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 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. Under age 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:
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



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v.commerce.alaska.gov/web/amco Phone: 907.269.0350

### Alaska Alcoholic Beverage Control Board

## Form AB-03: Restaurant Designation Permit Application

Review AS 04.16.010(c).  Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and inc  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	dicate am/	/pm:
Monday - Sunday 8am - 2am  Section 6 - Entertainment & Service  Review AS 04.11.100(g)(2)	dicate am/	/pm:
Section 6 – Entertainment & Service  Review AS 04.11.100(g)(2)		
Review AS 04.11.100(g)(2)		
Are any forms of entertainment offered or available within the licensed business or	Yes	No
within the proposed licensed premises?		1
If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur:		
ood and beverage service offered or anticipated is:		
table service buffet service counter service other		
"other", describe the manner of food and beverage service offered or anticipated:		
	-	



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### 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:	Initials
There are tables or counters at my establishment fo	or consuming food in a dining area on the premises.	4
I have included with this form a menu, or an expecte This menu includes entrees that are regularly sold ar	ed menu, listing the meals to be offered to patrons. nd prepared by the licensee at the licensed premises.	CR
I certify that the license for which I am requesting degolf course, or restaurant or eating place license.	esignation is either a beverage dispensary, club, recreational site,	62
I have included with this application a copy of the m (AB-03 applications that accompany a new or not be required to submit an additional copy		6
Signature of licensee  Chris Luchtefeld  Printed name of licensee	uding all attachments and accompanying schedules and statements, in EVELYN MARIE MILLS NOTARY PUBLIC REGISTRATION # 7563314 MMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES APRIL 30, 2025 Notary Public in and for the State of	
Local Government Review (to be completed by an a		Denied
Signature of local government official	Date	
Printed name of local government official	Title	



Alaska Alcoholic Beverage Control Board

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

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

Phone: 907.269.0350

## Form AB-03: Restaurant Designation Permit Application

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
		7.pproved	Defiled
Signature of AMCO Director	Printed name of AMCO Director	_	
Date			
Limitations:			

#### <u>Pizza</u>

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 BLEND

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 B

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

**Antipasto Platter**- Daily Loaf Bread, Flatbread, Cured Salami, Variety Meat, Sundried Tomato & Olive Compote, Mozzarella Balls, Lemon Basil Thyme Ricotta, Lemon Garlic Garbanzo Beans, Sundried Tomatoes, Roasted Garlic Served on a Large Trav

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

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 FOODBOURNE ILLNESS ESPECIALLY IF YOU HAVE CERTAIN MEDICAL CONDITIONS