

# 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: September 2, 2022

FROM: Kristina Serezhenkov, OLE RE: #5631 & #5649 Tailwind Concessions

Requested Action:

Transfer of controlling interest

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 willencourage the tourist trade by encouraging the construction or improvement of
  - (A) a hotel, motel, resort, or similar business relating to the tourist trade withat 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.:** Consider new license application under AS 04.11.400(d)(2)(B)

**Background:** This is an application to transfer the controlling interest for two Beverage Dispensary – Tourism licenses located in the Juneau Airport Terminal. The change of controlling interest involves the ownership interest transfer from Jeffrey Switzer 50% and Alan Giaquinto 50% to Tailwind Hospitality Inc 100%.

Attachment: Tourism Statement

AB-00 AB-02 AB-03



Tailwind MC, LLC 408 Landmark Drive Wilmington, NC 28412 Ph: 910-343-9881

Fax: 910-401-1174

#### Tailwind JNU LLC Tourism Statement

Tailwind JNU LLC operates the bar and restaurant facility in the Juneau International Airport, owned and operated by the City and Borough of Juneau, for which the liquor licenses are renewing.

To meet the needs of the Pre-Security and Post-Security customers, the dining facilities offer both dine in and grab and go options. Striving for customer satisfaction, Tailwind works hard to structure the drink menus with the best quality drinks and incorporate local spirits in our seasonal drinks when available.

Over the past few years, we have upgraded our kitchen equipment to be able to offer a wider array of food options as well as upgrading the seating, tables, televisions, and security.

We believe that our additions and improvements to the Juneau International Airport's concession program contribute to the overall passenger experience at the airport. Having a comfortable place to stop and enjoy a cocktail, beer or glass of wine with your meal only enhances the tourism experience in Juneau and all of Alaska.

**AMCO** 



Form AB-37: Tourism Statement

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov

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

A new, transfer, or renewal application for a Beverage Dispensary – Tourism or Restaurant/Eating Place – Tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

	Section 1 – Establishment Infor	mation	
nter information for the lie	censed establishment or the business seeking to be licensed		
Doing Business As:	Tailwind Concessions	License #:	5631
License Type:	Beverage Dispensary-Tourism	-	900
	Section 2 – Tourism Statem	ent	
1. Explain how issuance o	f a liquor license at your establishment has/will encourage	tourism.	
SEE ATTACHED S	STATEMENT		
2. Explain how the facility SEE ATTACHED S	was/will be constructed or improved as required by AS 04	J.11.400(d)(1):	
1000		YES	NO
3 Does the licensee or app tourism facility in which	plicant for this liquor license also operate the nthis license is located?	X	
4 If "no" who operates the	e tourism facility?	77.	
		AMCO	)
		JUL 152	UZZ



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Alaska Alcoholic Beverage Control Board

## Form AB-37: Tourism Statement

2.5 Do you offer room rentals to the traveling public?	YES	NO X
If "yes" answer the following questions:		
How many rooms are available?		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for with refrigeration and cooking appliance devices, including a microwave)?	r food prepar	ation along
Do you stock or plan to stock alcoholic beverages in guest rooms?	YES	NO
If "no" is your facility located within an airport terminal?	YES	NO
2.6 If your establishment includes a dining facility, please describe that facility. If it does not please v	vrite "none".	774
Facility offers both dine-in and grab and go options.		
2.7 If additional amenities are available to your guests through your establishment (eg: guided tours guests, other activities that attract tourists), please describe them. If they are not offered, please writ		al equipment for
NONE		
	7.00	

AMCO JUL 15 2022



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#### Alaska Alcoholic Beverage Control Board

### Form AB-37: Tourism Statement

#### **Section 3 - Certification**

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

Initials

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.



JEFFRY SWITZER

Printed name of licensee/affiliate

Signature of licensee/affiliate

AMCO



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### Form AB-01: Transfer License Application

#### Why is this form needed?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

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

#### **Section 1 - Transferor Information** Enter information for the current licensee and licensed establishment. License #: 5631 Licensee: Tailwind JNU. LLC License Type: **Statutory Reference:** AS 04.11.400(d) Beverage Dispensary-Tourism **Doing Business As: Tailwind Concessions Premises Address:** 1873 Shell Simmons Drive, Suite 220 ZIP: State: City: AK 99801 Juneau Local Governing Body: City & Borough of Juneau **Transfer Type:** Regular transfer Transfer with security interest Involuntary retransfer

	OFFICE	USE ONLY	
Complete Date:	96-2022	Transaction #:	100384822
Board Meeting Date:	9-20-202	License Years:	22-23
Issue Date:		Examiner:	ILMS

[Form AB-01] (rev 2/24/2022)

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#### Section 2 Transferoe Information

Form AB-01: Transfer License Application

	Section 2 – Fran	nsteree in	tormation		
nter information for the <i>ne</i>	w applicant and/or location seeking	to be licensed.			
Licensee:	Tailwind JNU, LLC				
Doing Business As:	Tailwind Concessions				
Premises Address:	1873 Shell Simmons Drive	e, Suite 220			
City:	Juneau	State:	Alaska	ZIP:	99801
Community Council:					
0.0 11 0.11					
Mailing Address:	408 Landmark Drive				
City:	Wilmington	State:	NC	ZIP:	28412
Designated Licensee:	Jeffrey D. Switzer	***************************************			
Contact Phone:	910-343-9881	Business	Phone:	910-343-988	1
Contact Email:	accounting@tailwindcond	cessions.co	m	1	5
easonal License?	X If "Yes", write you  Section 3 – Pre			d:	
remises to be licensed is:				Ά.	MCO
remises to be licensed is:					MICC
X an existing facility	a new building	a propose	ed building	JUL	1 5 2022
ha nort two questions mus	st be completed by <u>beverage dispen</u>	.com. (in alcedina	******************		
			-		
	he shortest pedestrian route from t the nearest school grounds? Include				d premises t
1 Mile		34400			
	he shortest pedestrian route from t	<del>-</del>			d premises t
1 Mile					



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Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

S	ection 4 – Sole Propriet	or Owne	rchin Informatic	<b>\</b>		
This section must be completed in the section must be completed in the section must be completed in the section must be completed.	eted by any <u>sole proprietor</u> who is apparate sheet with the sust be completed for each licensee an	plying for a li	cense. Entities should skip rmation.		n 5.	
This individual is an:	applicant affiliate					
Name:						
Address:						10.00
City:		State:		ZIP:		388
This individual is an: a	applicant affiliate					
Address:	/					
City:		State:		ZIP:		
If the applicant is a <a href="mailto:pertnership">pertnership</a> , that is a <a href="mailto:pertnership">pertnership</a> . If the applicant is a <a href="mailto:limite">limite</a> <a href="mailto:ownership">ownership</a> interest of 10.  If the applicant is a <a href="mailto:pertnership">partnership</a> .	Section 5 – Entity Over ted by any entity, including a corporation a license. Sole proprietors should use attach a separate sheet with the repraction, the following information mustion, and for each president, vice-presided liability organization, the following of more, and for each manager.  ership, including a limited partnership or more, and for each general partnership or more, and for each general partnership.	tion, limited skip to Section equired information information information in the following, the following.	liability company (LLC), pa on 6. mation. ed for each stockholder w ry, and managing officer. must be completed for each	<b>ho owns 1</b> ch <b>membe</b>	.0% or r with	<i>more</i> of
Entity Official:	Tailwind Hospitality, Inc.					
Title(s):	Member	Phone:	910-343-9881	% Own	ed:	100%
Address:	408 Landmark Drive					100 /0
City:	Wilmington	State:	NC	ZIP:	284	112



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### Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

Entity Official:	Jeffrey Switzer		4					
Title(s):	Affiliate		Phone	e: 910-343-98	381	% Owned	0%	)
Address:	14110 E. Caley F	Place						
City:	Centennial		State:	СО		ZIP: 8	0111	
Entity Official:						•		
Title(s):			Phone	e:		% Owned		
Address:			I		L			
City:			State:			ZIP:		
Entity Official:								
Title(s):			Phone	2:		% Owned:		
Address:								
City:			State:			ZIP:		
This subsection must be comp standing with the Alaska Divis Alaska.								
DOC Entity #:	10076234	AK Formed	Date:	1/18/2018	Home St	tate: No	rth Car	olina
Registered Agent:	CT Corporation	System		Agent's Phone:	907-885	-3201		
Agent's Mailing Address:	9360 Glacier H\		)2					
City:	Juneau	State: AK			ZIP:	9	9801	
Residency of Agent:							Yes	No
ls your corporation or LL	.C's registered agent a	n individual res	sident of	the state of Alaska?		[	X	



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### Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

Section 6 – Other Licenses		
Ownership and financial interest in other alcoholic beverage businesses:	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?	Х	
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Ala license number(s) and license type(s):	ska, whi	ch
Tailwind JNU, LLC is a current licensee under license number 5649 and 5631. Jeffrey is an efficer of Tailwind JNU, LLC. Portuing the State BDL- To affiliate	/ Switz ~いつら	er m
Section 7 – Authorization  Communication with AMCO staff:	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	X	
If "Yes", disclose the name of the individual and the reason for this authorization:  Ashley Sadler, Licensing Specialist with GrayRobinson, P.A.		
AMCC		
fnn 152	022	

\*Ppding:



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Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

### **Section 8 - Transferor Certifications**

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

that I, as the current licensee (either the sole proprietor or the	nts a <b>controlling interest</b> of the current licensee. I additionally certify controlling interest of the currently licensed entity) have examined this information on this application to be true, correct, and complete.
Signature of transferor	
Jeffrey Switzer	
Printed name of transferor	
Subscribed and sworn to	before me this 13 day of MAY , 20 22 .
SARAH MCDADE  NOTARY PUBLIC  New Hanover County  North Carolina	Signature of Notary Public
My Commission Expires	Notary Public in and for the State of <u>NORTH</u> CAROUNA.
	My commission expires: 6 25 2025
Signature of Vansferor	
Jeffrey Switzer	
Printed name of transferor	before mothin 17 day of MAII
SARAH MCDADE  NOTARY PUBLIC  New Hanover County  North Carolina  My Commission Expires	Signature of Notary Public
	Notary Public in and for the State of NORTH CAROLINA
	My commission expires: 6 25 2025

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[JUL 1 5 2022



ALAN Mark GLAQUINTO

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#### Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

#### **Section 8 - Transferor Certifications**

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Signature of transferor State of Texas Collin County Alan mark giaquinto Printed name of transferor Subscribed and sworn to before me this 13th day of ,20 22 . Ginger Morgan Signature of Notary Public ID NUMBER 132529334 COMMISSION EXPIRES Notary Public in and for the State of June 19, 2024 My commission expires: \_\_\_\_06/19/2024 Notarized online using audio-video communication Signature of transferor Printed name of transferor Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_. Signature of Notary Public Notary Public in and for the State of \_\_\_\_\_\_. My commission expires:



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Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

#### **Section 9 - Transferee Certifications**

	ne right of each statement: Initia
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 Div	rision of Corporations.
I certify that I understand that providing a false statement on thi for rejection or denial of this application or revocation of any lice	
I certify that all licensees, agents, and employees who sell or ser patron will complete an approved alcohol server education cour serving alcoholic beverages, will carry or have available to show certifying completion of approved alcohol server education cour	se, if required by AS 04.21.025, and, while selling or a current course card or a photocopy of the card
I agree to provide all information required by the Alcoholic Beve	rage Control Board in support of this application.
I hereby certify that I am the person herein named and subscribing application, and I know the full content thereof. I declare that also other documents submitted are true and correct. I understand the response in this application, or any attachment, or documents to denying or revoking a license/permit. I further understand that if 11.56.210 to falsify an application and commit the crime of unsw	of the information contained herein, and evidence or nat any falsification or misrepresentation of any item or support this application, is sufficient grounds for t is a Class A misdemeanor under Alaska Statute
	And a state of the
SARAH MCD. NOTARY PUB New Hanover Co North Carolir My Commission E	LIC bunty () () ()
NOTARY PUB New Hanover Co North Carolir My Commission E	LIC punty la spires Signature of Notary Public
NOTARY PUB New Hanover Co North Carolin My Commission E	LIC bunty () () ()
NOTARY PUB New Hanover Co North Carolir My Commission E  Signature of transferee  Jeffrey Switzer Printed name	Signature of Notary Public  Notary Public in and for the State of North CAROLINA



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### Form AB-02: Premises Diagram

#### Why is this form needed?

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 may not be 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 Anchorage 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.	X	

#### **Section 1 - Establishment Information**

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

Licensee:	Tailwind JNU, LLC	License	Number:	5631	
License Type:	Beverage Dispensary-Tourism				
Doing Business As:	Tailwind Concessions				
Premises Address:	1873 Shell Simmons Drive, Suite 220	Area	_ B		
City:	Juneau	State:	AK	ZIP:	99801

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Form AB-02: Premises Diagram

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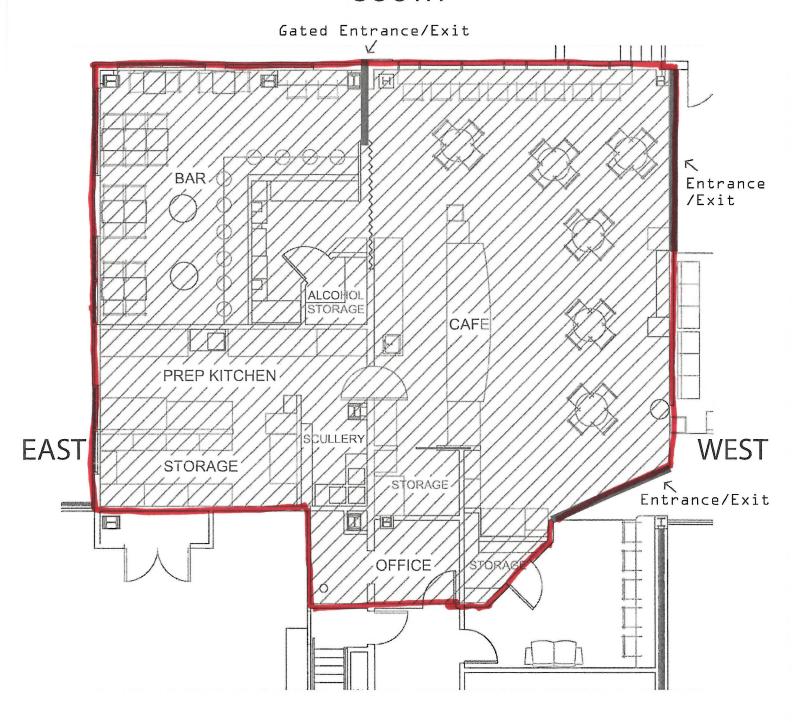
### **Section 2 - Detailed Premises Diagram**

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.

SEE ATTACHED

**AMCO**[JUL 1 5 2022

## SOUTH



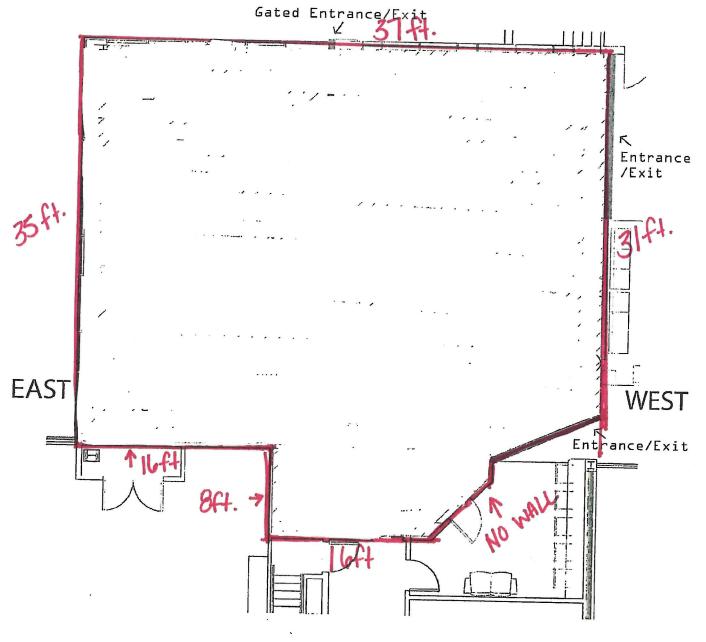
ATTACHMENT 1 - AREA B RFP#18-060

INDICATES CONCESSION AREA (2203 SQ. FT.)

JUNEAU INTERNATIONAL AIRPORT PARTIAL SECOND FLOOR SCALE: 1/8" = 1' - 0"

AMCO FJUL 1 5 2022

## SOUTH

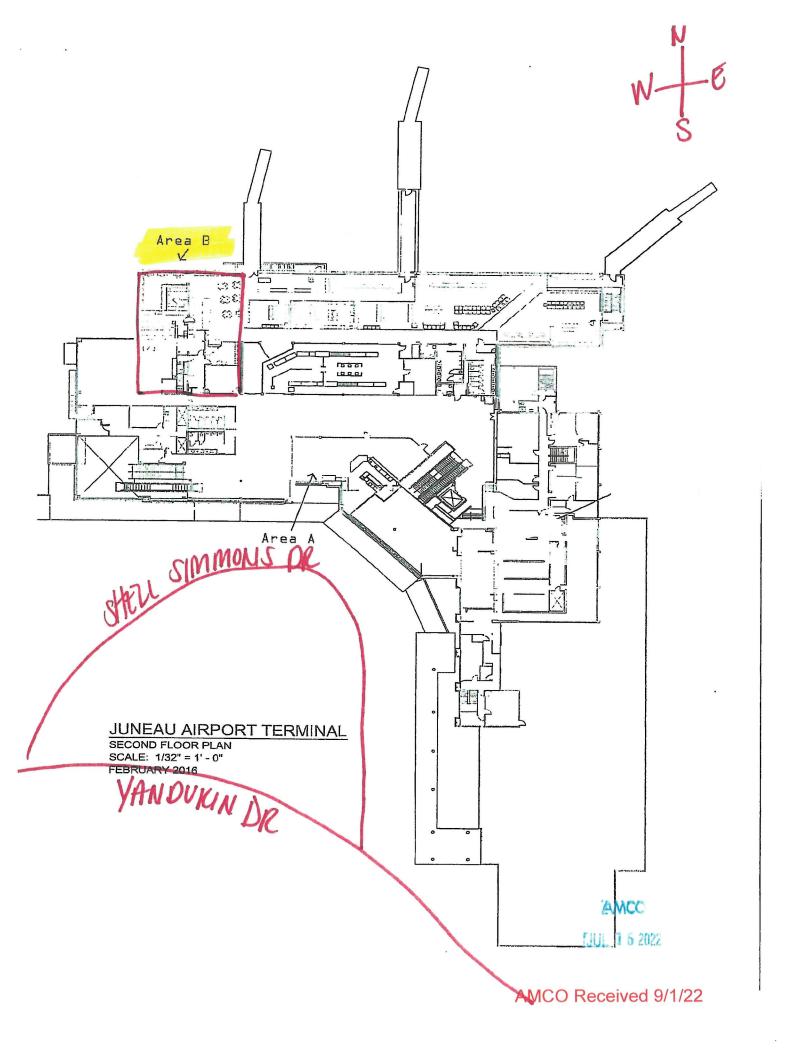


ATTACHMENT 1 - AREA B RFP#18-060 INDICATES CONCESSION AREA (2203 SQ. FT.)

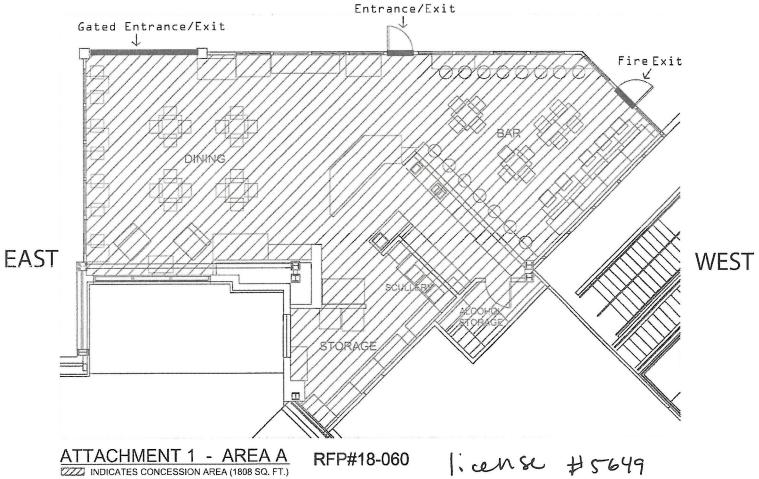
JUNEAU INTERNATIONAL AIRPORT PARTIAL SECOND FLOOR SCALE: 1/8" = 1' - 0"

CAMED

**NORTH** 



## **SOUTH**



1: cense # 5649

JUNEAU INTERNATIONAL AIRPORT PARTIAL SECOND FLOOR SCALE: 1/8" = 1' - 0"

**NORTH** 

AMCO JUL 1 5 2022



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## Form AB-03: Restaurant Designation Permit Application

License Number:

AK

Area

State:

5631

ZIP:

AMCO Received 9/1/22

99801

#### Why is this form needed?

Enter information for licensed establishment.

Tailwind JNU, LLC

Tailwind Concessions

Juneau

Beverage Dispensary-Tourism

1873 Shell Simmons Drive, Suite 220

Licensee:

City:

License Type:

**Doing Business As:** 

**Premises Address:** 

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 entrées prepared on-site 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

Contact	Name:	City & Borough of June	eau	Contact Phone:		
		Section 2 – Type	of Designat	ion Requested		
This appli AS 04.16.0	cation is for the 010(c) or AS 04.	e request of designation as a 16.049, and for the request	bona fide restaur of the following d	ant, hotel, or eating place lesignation(s) (check all t	ce for purpose hat apply):	es of
1.	Dining after s	tandard closing hours: AS 04	4.16.010(c)			
2.	Dining by pers	sons <b>16 – 20</b> years of age: A	S 04.16.049(a)(2)			
з. Х	Dining by per	sons under the age of 16 year	ars, accompanied	by a person over the ago	e of 21: AS 04	.16.049(a)(3)
4.		for persons 16 or 17 years o AS 04.16.049(d), this permit			years of age.	
			OFFICE USE ONLY			
Transactio	on #: \ \ \	0389895	Initials:	Mys		
[Form AB-03	] (rev 2/24/2022)			A	MCO	Page 1 of 5
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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 have access to the dining area.  Minors are not permitted behind the bar (employees or customers) and minor customers are not permitted to sit at the bar (only dining room seating). The liquor storage area is locked and only of age employees are permitted access to the keys for stocking.  Minor employees are not permitted to handle alcohol
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.
Servers ID all customers and only serve those with proper proof of age identification.
All servers will be adults who have valid TAP/TIPS cards. All alcohol is safely stored.
Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?
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.  JS
*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 2/24/2022) AMCC Page 2 of 5

JUL 1 5 2022



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 Phone: 907.269.0350

## Form AB-03: Restaurant Designation Permit Application

#### Section 5 - Hours of Operation

dection 5 - Flours of Operation	
Review AS 04.16.010(c).	
nter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and	d indicate am/nm·
	marcate any prin.
4am - 2am	
Open 7 days a week from 4 a.m 2 a.m. Operating hours are 4 a.m 30 minutes after the last departure (currently 8	:30 p.m).
Section 6 – Entertainment & Service Review AS 04.11.100(g)(2)	
	Yes No
Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?	
f "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur	
ood and beverage service offered or anticipated is:	
od and beverage service offered of anticipated is:	
table service buffet service counter service other	
other, describe the manner of food and beverage service offered or anticipated:	
'ALLES	
rm AB-03] (rev 2/24/2022)	Page 3 of 5

JUL 1 5 2022



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## 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	for consuming food in a dining area on the premise	es.	JS		
I have included with this form a menu, or an expe This menu includes entrées that are regularly sol	ected menu, listing the meals to be offered to patro d and prepared by the licensee at the licensed prer	ns. nises.	JS		
I certify that the license for which I am requesting golf course, or restaurant or eating place license.	g designation is either a beverage dispensary, club,	recreational site,	JS		
I have included with this application a copy of the (AB-03 applications that accompany a new not be required to submit an additional co		e permitted.	JS		
I hereby certify that I am the person herein name complete application, and I know the full content and evidence or other documents submitted are misrepresentation of any item or response in this application, is sufficient grounds for denying or response.	ed and subscribing to this application and that I have thereof. I declare that all of the information contact true and correct. I understand that any falsification is application, or any attachment, or documents to sevoking a license/permit. I further understand that falsify an application and commit the crime of unsu	ined herein, oor support this it is a Class A	JS		
JEFFREY SWITZER Printed name of licensee	Signature of Mensee	_			
Local Government Review (to be completed by a	n appropriate local government official):	Approved	Denied		
Signature of local government official	Date	AMCO			
Printed name of local government official	Title	_			



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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
Signature of AMCO Director	Printed name of AMCO Director		
Date			
Limitations:		****	
		AMCO	
		JUL 152	2022



Division of Environmental Health Food Safety & Sanitation Program

Permit Number:

9049

Issued to:

JEFFERY SWITZER

For:

Tailwind Post-Security Bar

For Operation of:

FN-4 Tavern/Bar

Located at:

1873 Shell Simmons DR Juneau, AK 99801

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:

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

1-87-SAFE-FOOD

(in Anchorage call 334-2560)



AMCO

JUL 15 2022



Division of Environmental Health Food Safety & Sanitation Program

Permit Number:

9048

Issued to:

JEFFERY SWITZER

For:

Tailwind Post-Security Food

For Operation of:

FF-6 Deli/Takeout/Drive-in Food Service

Located at:

1873 Shell Simmons DR Juneau, AK 99801

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:

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1-87-SAFE-FOOD

(in Anchorage call 334-2560)



AMCO

JUL 15 2022



# **Breakfast**

Served ALL Day

Bagel w/ Gream Cheese \$3.79

Plain, Blueberry, Everything or Cinnamon Raisin

SW Guacamole Toast \$5.59 (1) \$9.09 (2)

Toasted Wheatberry Bread topped with Guacamole



Single Breakfast Sandwich \$7.39

Scrambled Egg Patty, Bacon, Sausage OR Ham, and American Cheese on an English Muffin or Biscuit

Breakfast Burrito \$8.19

Scrambled Eggs, Bacon, Sausage OR Ham, Roasted Red Peppers and Cheddar Cheese in a Flour Tortilla with a side of Salsa

# Handhelds

### **Hamburger \$11.79**

Ground Beef Patty, Lettuce, Tomato, Onion and Pickle on a Brioche Bun - ADD Cheese \$1 - ADD Bacon \$2

### **Grilled Ham and Cheese \$12.29**

Sliced Ham and Your Choice of American, Swiss, Pepper Jack, Cheddar or Provolone Cheese on Toasted Wheatberry Bread

### JNU CLUB \$12.49

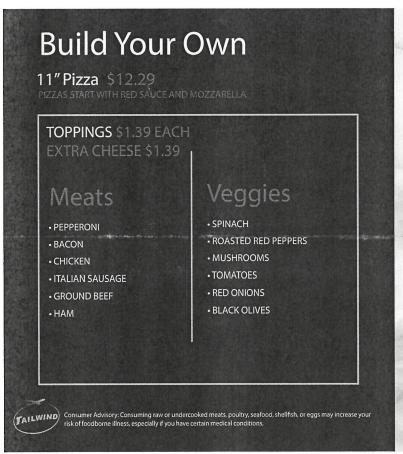
Sliced Turkey and Ham, Bacon, Pepper Jack Cheese, Lettuce, and Tomato on Toasted Wheatberry Bread

### Cali Turkey \$12.49

Turkey, Swiss Cheese, Lettuce, Tomato, and Guacamole served on a Croissant.

Consumer Advisory: Consuming raw or undercooked meats, poultry, scafood, shelffish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.





# **Specialty Pizzas**

BEILMING

**ALL PIZZAS ARE 11"** 

Meat Lover \$16.59

Red Sauce, Mozzarella Cheese, Pepperoni, Italian Sausage, Bacon, Ground Beef and Ham

Veggie \$15.49

Red Sauce, Mozzarella Cheese, Spinach, Roasted Red Peppers, Red Onions, Tomatoes and Mushrooms

Deluxe \$16.59

Red Sauce, Mozzarella Cheese, Pepperoni, Italian Sausage, Roasted Red Peppers, Mushrooms, Black Olives and Onions

Bacon BBQ \$16.59

BBQ Sauce Base, Mozzarella and Cheddar Cheese, Diced Chicken Breast, Bacon, Red Onions

AMCO JUL 15 2022



Division of Environmental Health Food Safety & Sanitation Program

Permit Number:

9046

Issued to:

TAILWIND JNU, LLC

For:

Tailwind Pre-Security Food

For Operation of:

FF-6 Deli/Takeout/Drive-in Food Service

Located at:

1873 Shell Simmons DR Juneau, AK 99801

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**Expiration Date:** 

December 31, 2022

Program Manager:

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

1-87-SAFE-FOOD





Division of Environmental Health Food Safety & Sanitation Program

Permit Number: 9047

Issued to: TAILWIND JNU, LLC

For: Tailwind Pre-Security Bar

For Operation of: FN-4 Tavern/Bar

Located at: 1873 Shell Simmons DR Juneau, AK 99801

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1-87-SAFE-FOOD





Division of Environmental Health Food Safety & Sanitation Program

Permit Number:

9048

Issued to:

TAILWIND JNU, LLC

For:

**Tailwind Post-Security Food** 

For Operation of:

FF-6 Deli/Takeout/Drive-in Food Service

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