



ALCOHOL & MARIJUANA CONTROL OFFICE 550 West 7th 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:	 this title and may order the director to licenses and permits authorized under AS 04.11.400(d): "The board may app (1) the issuance of a new beverage disp without regard to (a) of this section the tourist trade by encouraging the (A) a hotel, motel, resort, or sim dining facility or having kitc and at least a minimum num population of the incorpora area established under (a) of located, as follows: (i) 10 rental rooms if the p (ii) 20 rental rooms if the p (iv) 30 rental rooms if the p (vi) 40 rental rooms if the p (vii) 50 rental rooms if the p 	prove bensary or restaurant or eating place license if it appears that the issuance willencourage e construction or improvement of ilar business relating to the tourist trade with a hen facilities in a majority of its rental rooms ber of rental rooms required according to the ted city, unified municipality, or population this section in which the facility will be opulation is less than 1,501; population is 1,501 — 2,500; population is 2,501 — 5,000; population is 5,001 — 15,000; population is 25,001 — 50,000; and population is greater than 50,000; or ip of a beverage dispensary or restaurant or 1) of this subsection if the es a hotel, motel, resort, or similar business hat he licensed premises or kitchen facilities in a

(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



Alaska Alcoholic Beverage Control Board

Form AB-37: Tourism Statement

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

This document must be completed and submitted to AMCO's Anchorage office before any tourism license application will be reviewed.

Section 1 – Establishment Information

Enter information for the licensed establishment or the business seeking to be licensed.

Doing Business As:	Tailwind Concessions	License #:	5649
License Type:	Beverage Dispensary-Tourism		

Section 2 – Tourism Statement

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

SEE ATTACHED STATEMENT

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

SEE ATTACHED STATEMENT		
 2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located? 2.4 If "no" who operates the tourism facility? 	YES	NO
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NO

Х

YES

Alaska Alcoholic Beverage Control Board

Form AB-37: Tourism Statement

2.5 Do you offer room rentals to the traveling public?

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 food preparation along with refrigeration and cooking appliance devices, including a microwave)?

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 write "none". 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 or trips, rental equipment for guests, other activities that attract tourists), please describe them. If they are not offered, please write "none".

NONE

AMCO

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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.

JS

JEFFREY SWITZER

Printed name of licensee/affiliate

My A Signatyre of licensee/affiliate

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Alaska Alcoholic Beverage Control Board 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.

Licensee:	Tailwind JNU, LLC		License #: 5649		
License Type:	Beverage Dispensary-Tour	ism	Statutory Reference	:	04.11.400(2)
Doing Business As:	Tailwind Concessions				
Premises Address:	1873 Shell Simmons Drive	Suite 220) Area A	-	
City:	Juneau	State:	AK	ZIP:	99801
Local Governing Body:	City & Borough of Juneau				

Transfer Type:

X Regular transfer

Transfer with security interest

Involuntary retransfer

	OFFICE US	SE ONLY	
Complete Date:	9-6-2022	Transaction #:	100384814
Board Meeting Date:	9-20-2022	License Years:	
issue Date:		Examiner:	KARS

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

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

	Section 2 – Transf	feree Inf	ormation		
Enter information for the <i>new</i>	w applicant and/or location seeking to l	be licensed.			
Licensee:	Tailwind JNU, LLC				
Doing Business As:	Tailwind Concessions				
Premises Address:	1873 Shell Simmons Drive, S	Suite 220			
City:	Juneau	State:	Alaska	ZIP:	99801
Community Council:			.		
Mailing Address:	408 Landmark Drive				
City:	Wilmington	State:	NC	ZIP:	28412
Designated Licensee:	Jeffrey D. Switzer		······		
Contact Phone:	910-343-9881	Business F	Phone:	910-343-98	81
Contact Email:	accounting@tailwindconces	sions.con	n		
Yes Seasonal License?	No X If "Yes", write your si Section 3 – Prem	-		l:	
Premises to be licensed is:	a new building] a propose	d building		
What is the distance of the the outer boundaries of the outer boundaries of the distance of th	t be completed by <u>beverage dispensar</u> ne shortest pedestrian route from the the nearest school grounds? Include th ne shortest pedestrian route from the e nearest church building? Include the	public entrar e unit of mea	nce of the buildin asurement in yo nce of the buildin	ng of your propo ur answer. ng of your propo	sed premises to
[Form AB-01] (rev 2/24/2022)				AM	Page 2 of 7



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any <u>sole proprietor</u> who is applying for a license. Entities should skip to Section 5. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an:	applicant	affiliate				
Name:				······		
Address:						
City:			State:		ZIP:	
This individual is an:	applicant	affiliate				
Name:		/				
Address:					in no sentate tert	
City:			State:		ZIP:	
	/					

Section 5 - 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 6.

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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner* with an interest of 10% or more, and for each general partner.

Entity Official:	Tailwind Hospitality, Inc.				
Title(s):	Member	Phone:	910-343-9881	% Owr	ned: 100%
Address:	408 Landmark Drive				
City:	Wilmington	State:	NC	ZIP:	28412

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

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:	Jeffrey Switzer					
Title(s):	Affiliate	Phone:	910-343-9881	% Owi	ned:	0%
Address:	14110 E. Caley Place)				
City:	Centennial	State:	со	ZIP:	80	111

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

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

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.

DOC Entity #:	10076234	AK Formed Date:	1/18/2018	Home State:	North Carolina
Registered Agent:	CT Corporation System		Agent's Phone:	907-885-3201	
Agent's Mailing Address: 9360 Glacier HWY, Ste. 202					
City:	Juneau	State: AK		ZIP:	99801

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?

X

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

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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 A license number(s) and license type(s): Tailwind JNU, LLC is a current licensee under license number 5649 and 5631. Jeffre is an officer of Tailwind JNU, LLC. Both are BDL-Tourism is	ey Switze	er

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.		
AMCO		
<u>50L 152</u>	022	



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 transfero

Jeffrey Switzer Printed name of transferor

Subscribed and sworn to before me this 13 day of MAY , 20 22 .

Signature of Notary Public

Notary Public in and for the State of <u>NORTH</u> CAROLINA

My commission expires: 6 25 2025

SARAH MCDADE NOTARY PUBLIC New Hanover County North Carolina My Commission Expires

Signature of transferor

Jeffrey Switzer Printed name of transferor

Subscribed and sworn to before me t	his <u>13</u> day of <u>MAY</u>	, 20 22 .
E	Jun Ille	
	Signa	ture of Notary Public

SARAH MCDADE NOTARY PUBLIC New Hanover County North Carolina My Commission Expires

Notary Public in and for the State of NORTH CAROLINA

My commission expires: 6 25/2025

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



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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

Alan Giaguinto Subscribed and sworn to before me this the day of AUGUST 2022. Printed name of transferor "Multinun Notary Public in and for the State of NOHh Capilina My commission expires: 12/01/2023 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: _____

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

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 – Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:	Initials
l certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.	JS
I certify that all proposed licensees have been listed with the Division of Corporations.	JS
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.	JS
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.	JS
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	JS
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.	JS
SARAH MCDADE NOTARY PUBLIC New Hanover County North Carolina My Commission Expires Signature of Notary Public	
Jeffrey Switzer Notary Public in and for the State of NORTH CAROLINA	
Printed name My commission expires: 6/25/2025	•
Subscribed and sworn to before me this <u>13</u> day of <u>MAY</u>	20 <u>27</u> .
[Form AB-01] (rev 2/24/2022)	age 7 of 7

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Alaska Alcoholic Beverage Control Board 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.

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:	56:49	
License Type:	Beverage Dispensary-Tourism				
Doing Business As:	Tailwind Concessions				
Premises Address:	1873 Shell Simmons Drive, Suite 220 🖌	Area	A		
City:	Juneau	State:	AK	ZIP:	99801

[Form AB-02] (rev 2/28/2022)

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Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Section 2 – Detailed Premises Diagram

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

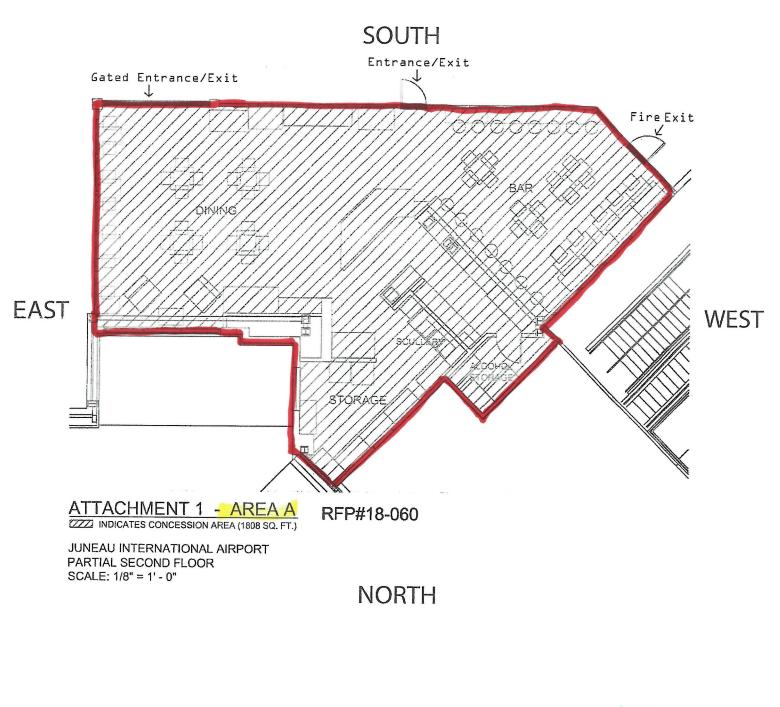
SEE ATTACHED

AMCO

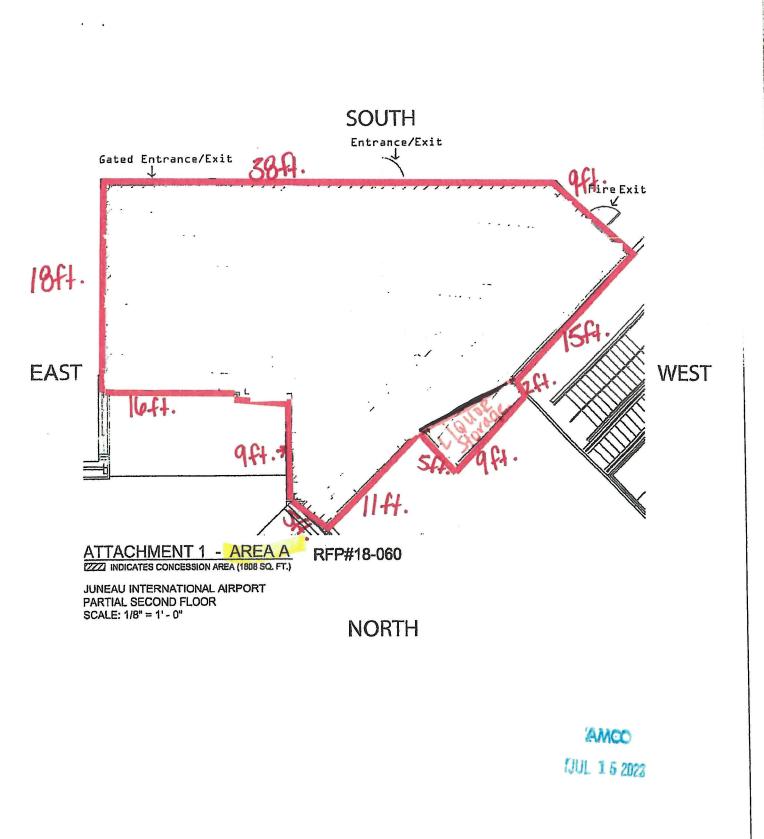
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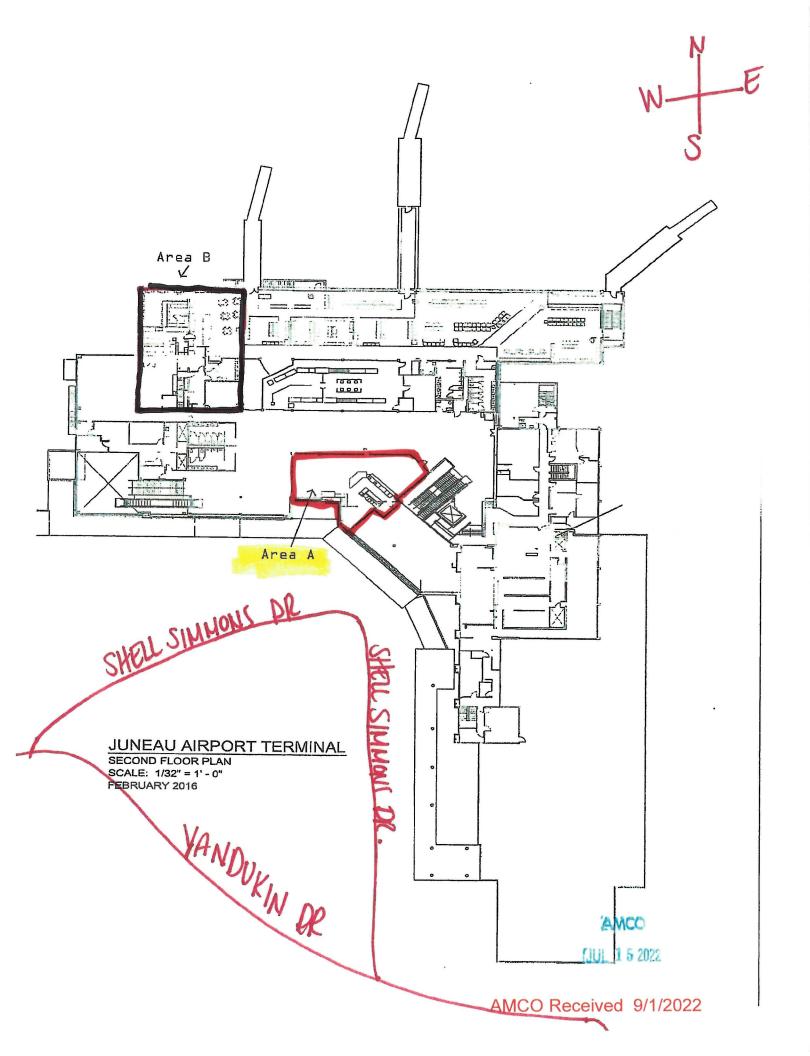
[Form AB-02] (rev 2/28/2022)

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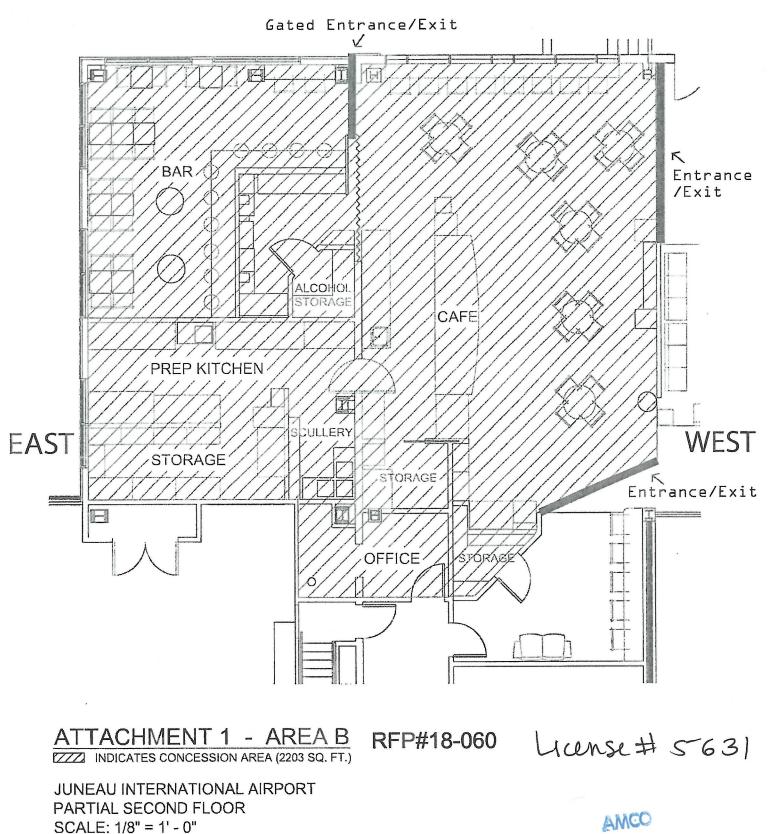


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SOUTH



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NORTH



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Why is this form needed?

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.

Enter information for licer	sed establishment.				
Licensee:	Tailwind JNU, LLC				
License Type:	Beverage Dispensary-Tourism	License	Number:	5649	
Doing Business As:	Tailwind Concessions				
Premises Address:	1873 Shell Simmons Drive, Suite 220	Area	A		
City:	Juneau	State:	AK	ZIP:	99801
Contact Name:	City & Borough of Juneau	Contact	Phone:		

Section 1 – Establishment Information

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)
- Dining by persons 16 20 years of age: AS 04.16.049(a)(2)
- 3. X 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 O	NLY	
Transaction #:	100384814	Initials:	(BB	

[Form AB-03] (rev 2/24/2022)

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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 in Area A 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.

s an owner, manager, or assistant manager who is 21 years of age or older always present on the premise	25
luring business hours?	

res	N
X	1

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.

ni	ti	a	s	
J	S	;		

*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)

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JUL 1 5 2022



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

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

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:

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)

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

Yes	No
	\square

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
 CODIC SCIVICE

buffet service

$\overline{\mathbf{V}}$	

counter service

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

[Form AB-03] (rev 2/24/2022)

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other



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 initia	s in the box to the right of ea	ch statement:		Initials
There are tables or counters at my establishme	nt for consuming food in a dir	ing area on the premises.		JS
l have included with this form a menu, or an ex This menu includes entrées that are regularly so				JS
I certify that the license for which I am requesting off course, or restaurant or eating place license		erage dispensary, club, rec	reational site,	JS
I have included with this application a copy of th (AB-03 applications that accompany a ne not be required to submit an additional of	w or transfer license applicati	on will	ermitted.	JS
I hereby certify that I am the person herein nar complete application, and I know the full conte and evidence or other documents submitted ar misrepresentation of any item or response in th application, is sufficient grounds for denying or misdemeanor under Alaska Statute 11.56.210 t falsification.	nt thereof. I declare that all o e true and correct. I understa nis application, or any attachr revoking a license/permit. I f	f the information containe nd that any falsification of nent, or documents to sup urther understand that it i	ed herein, port this s a Class A	JS
JEFFREY SWITZER Printed name of licensee	Signature of licensee	Jity-		
Local Government Review (to be completed by	an appropriate local governm	ent official):	Approved	Denied
Signature of local government official	Date	_		
Printed name of local government official	Title			
[Form AB-03] (rev 2/24/2022)		AM	co	Page 4 of 5
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Alaska Alcoholic Beverage Control Board

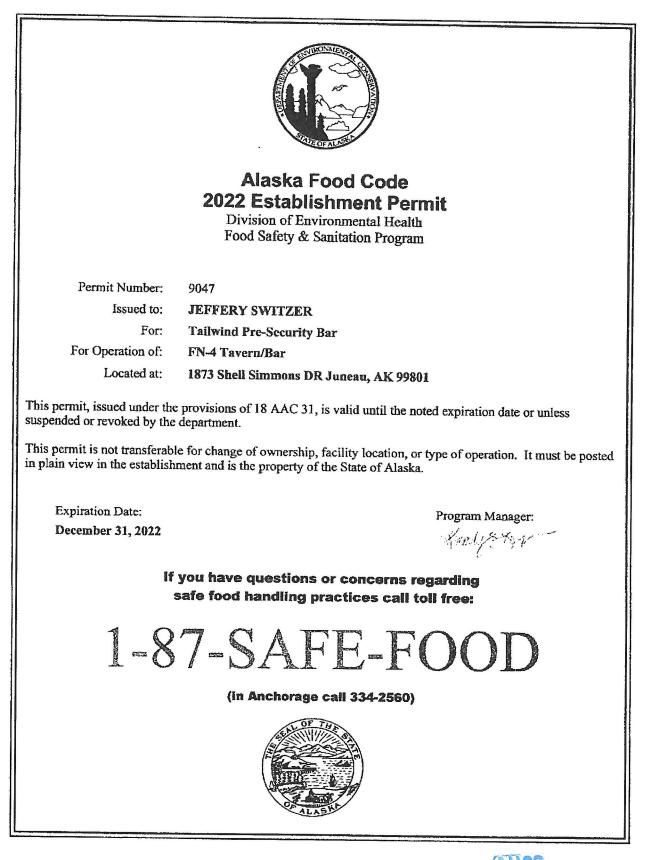
Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:	Enforcement Recommendation	: Approve	Deny
Signature of AMCO Enforcement Supervisor	Printed name of AMCO Enforcement Supervisor	_ L_	
Date			
Enforcement Recommendations:			
AMCO Director Review:		Approved	Denied
ignature of AMCO Director	Printed name of AMCO Director		
Date			
imitations:			
form AB-03] (rev 2/24/2022)	1	MCO	

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Alaska Food Code 2022 Establishment Permit Division of Environmental Health		
	Food Safety & Sanitation Program	
Permit Number:	9046	
Issued to:	JEFFERY SWITZER	
For:	Tailwind Pre-Security Food	
For Operation of:	FF-6 Deli/Takeout/Drive-in Food Scrvice	
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:	Program Manager:	
December 31, 2022	And proton	
If you have questions or concerns regarding safe food handling practices call toll free:		
1-8	7-SAFE-FOOD	
(in Anchorage call 334-2560)		
	AMCO	

QUL 15 2022



AMCO [JUL 1 5 2022





Bagel w/ Cream Cheese \$3.79

Plain, Blueberry, Everything or Cinnamon Raisin

SW Guacamole Teast \$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

Breakiast 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, sealood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.



AMCO

Build Your Own

11" Pizza \$12.29

PIZZAS START WITH RED SAUCE AND MOZZARELLA

TOPPINGS \$1.39 EACH EXTRA CHEESE \$1.39

Meats

- PEPPERONI
- BACON
- CHICKEN
- ITALIAN SAUSAGE
- GROUND BEEF
- HAM

Veggies

- SPINACH
- ROASTED RED PEPPERS
- MUSHROOMS
- TOMATOES
- RED ONIONS

(TAILWIND) Consumer Advisory: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

BLACK OLIVES

Specialty Pizzas

ALL PIZZAS ARE 11"

Meat Lover \$16.59

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

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

