MEMORANDUM

TO: Alcoholic Beverage Control Board

FROM: Kristina Serezhenkov, OLE

DATE: June 8, 2022

RE: #5772 Northern China Restaurant

AS 04.11.480(a) A local governing body may protest the issuance, renewal, relocation, or transfer to another person of a license by sending the board and the applicant a protest and the reasons for the protest within 60 days of receipt from the board of notice of filing of the application. A protest received after the 60-day period may not be accepted by the board, and in no event may a protest cause the board to reconsider an approved renewal, relocation, or transfer. The local governing body may protest the continued operation of a license during the second year of the biennial license period by sending the board and the licensee a protest and the reasons for the protest by January 31 of the second year of the license. The procedures for action on a protest of continued operation of a license are the same as the procedures for action on a protest of a renewal application. The board shall consider a protest and testimony received at a hearing conducted under AS 04.11.510(b)(2) or (4) when it considers the application or continued operation, and the protest and the record of the hearing conducted under AS 04.11.510(b)(2) or (4) shall be kept as part of the board’s permanent record of its review. If an application or continued operation is protested, the board shall deny the application or continued operation unless the board finds that the protest is arbitrary, capricious, and unreasonable.

AS 04.11.510(b)(1): “if an application is denied, the notice of denial shall be furnished the applicant immediately in writing stating the reason for the denial in clear and concise language; the notice of denial must inform the applicant that the applicant is entitled to an informal conference with either the director or the board, and that, if not satisfied by the informal conference, the applicant is then entitled to a formal hearing conducted by the office of administrative hearings (AS 44.64.010); if the applicant requests a formal hearing, the office of administrative hearings shall adhere to AS 44.62.330 — 44.62.630 (Administrative Procedure Act); all interested persons may be heard at the hearing and unless waived by the applicant and the board, the formal hearing shall be held in the area for which the application is requested”

3 AAC 304.145(h) “The board may uphold a protest of an application or continued operation with a single abeyance period not to exceed 180 days if the local governing body indicates that the protest is subject to rescission and that it will be withdrawn if the applicant meets conditions set by the local governing body. If the local governing body notifies the board within the period of the abeyance that the protest has been removed, the application or continued operation is approved when all other applicable requirements have been met. If the local governing body has not notified the board within the period of the abeyance that it has removed the protest, the application or continued operation is denied. The period of abeyance may not be extended or renewed.”
**Background:** This transfer of ownership application was deemed complete on April 21, 2022. On June 8, 2022, the Municipality of Anchorage protested the transfer application pending certification from the Anchorage Fire Department and payment in full of taxes owed to the Municipality.

**Staff Recommendation:** Consider the Municipality of Anchorage protest and determine if the protest is arbitrary, capricious and unreasonable. If the protest is deemed not to be arbitrary, capricious and unreasonable then deny the application with a 180-day abeyance.

**Attachment:**
Municipality of Anchorage Protest
AB-01
AB-02
AB-03
June 8, 2022

Ms. Carrie Craig
Alaska Alcohol and Marijuana Control Office
550 W 7th Ave. Ste. 1600
Anchorage, Alaska 99501

RE: Anchorage Assembly Action on Liquor Licenses

Dear Ms. Craig:

The Anchorage Municipal Assembly at its regular meeting on June 7, 2022, took the following actions:

**WAIVE OF PROTEST**

**Renewal Liquor License – AM 325-2022**
- **Beverage Dispensary License:**
  McGinleys Alaskan Pub, LL#4545;
- **Restaurant/Eating Place License:**
  The Writer’s Block Bookstore & Café, LL#5610;
  Guido’s Pizza, LL#2636;
- **Package Store License:**
  Crush, LL#4779;
  Crush Bottle Shop, LL#4820;
- **Wholesale-General License:**
  The Odom Corporation, LL#5714

**PROTEST**

**Transfer Liquor License**
- **Restaurant/Eating Place**
  Northern China Restaurant, LL#5772 – AR 2022-188
  Pending certification from the Anchorage Fire Department and payment in full of taxes owed to the Municipality.
  -Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the June 7, 2022 Assembly Meeting.

**New Liquor License**
- **Brewpub**
  Aviator, LL#6043 – AR 2022-189
  Pending approval by the Assembly of a special land use permit.
  -Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the June 7, 2022 Assembly Meeting.

If you require additional information or if I can be of any assistance, please contact me.
Cordially,

Mandy Honest

Mandy Honest
Business License Official

CC: Ryan Yelle, Current Planning
Above listed licensees.
What is this form?

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 main 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.

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>Moon K Hwang</th>
<th>License #:</th>
<th>S772</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Restaurant/Eating Place</td>
<td>Statutory Reference:</td>
<td>04.11.100</td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>Northern China Restaurant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td>353 Muldoon Rd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Anchorage</td>
<td>State:</td>
<td>Alaska</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ZIP:</td>
<td>99504</td>
</tr>
<tr>
<td>Local Governing Body:</td>
<td>Municipality of Anchorage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY

| Complete Date: | 4-21-22 | Transaction #: | 10 033 247 |
| Board Meeting Date: | 6-28-22 | License Years: | 21-22 |
| Issue Date: | BRE: | 678 |
Section 2 – Transferee Information

Enter information for the new applicant and/or location seeking to be licensed.

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>SP LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing Business As:</td>
<td>Northern China Restaurant</td>
</tr>
<tr>
<td>Premises Address:</td>
<td>353 Muldoon Rd</td>
</tr>
<tr>
<td>City:</td>
<td>Anchorage</td>
</tr>
<tr>
<td>State:</td>
<td>Alaska</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99504</td>
</tr>
<tr>
<td>Community Council:</td>
<td>North East</td>
</tr>
</tbody>
</table>

Mailing Address: 353 Muldoon Rd

City: Anchorage

State: Alaska

ZIP: 99504

Designated Licensee: Melinda Kittivaphan

Contact Phone: 907-903-4878

Business Phone: 907-337-1912

Contact Email: KittyCaramelly@yahoo.com

Seasonal License? Yes ☑ No ☐

If “Yes”, write your six-month operating period: __________________________

Section 3 – Premises Information

Premises to be licensed is:

☑ an existing facility ☐ a new building ☐ a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

AMCO
### Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor 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

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

This individual is an: [ ] applicant [ ] affiliate

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

### Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

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

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

<table>
<thead>
<tr>
<th>Entity Official:</th>
<th>Melinda Kinhaphanh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>manager/member</td>
</tr>
<tr>
<td>Phone:</td>
<td>907-903-4516</td>
</tr>
<tr>
<td>% Owned:</td>
<td>100%</td>
</tr>
<tr>
<td>Address:</td>
<td>353 Muldoon Pd</td>
</tr>
<tr>
<td>City:</td>
<td>Anchorage</td>
</tr>
<tr>
<td>State:</td>
<td>Alaska</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99504</td>
</tr>
</tbody>
</table>
### Form AB-01: Transfer License Application

<table>
<thead>
<tr>
<th>Entity Official:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title(s):</strong></td>
<td><strong>Phone:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td><strong>State:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entity Official:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title(s):</strong></td>
<td><strong>Phone:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td><strong>State:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entity Official:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title(s):</strong></td>
<td><strong>Phone:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td><strong>State:</strong></td>
</tr>
</tbody>
</table>

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

<table>
<thead>
<tr>
<th>DOC Entity #:</th>
<th>AK Formed Date:</th>
<th>Home State:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10184181</td>
<td>01/12/2022</td>
<td>Alaska</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Agent:</th>
<th>Agent’s Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melinda Kittivaphanh</td>
<td>907-903-4878</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agent’s Mailing Address:</th>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>353 Muldoon Rd</td>
<td>Anchorage</td>
<td>Alaska</td>
<td>99504</td>
</tr>
</tbody>
</table>

**Residency of Agent:**

- [ ] Yes
- [x] No

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

[ ] Yes [ ] No

If “Yes”, disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

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?

[ ] Yes [ ] No

If “Yes”, disclose the name of the individual and the reason for this authorization:
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

MOON K HWANG
Printed name of transferor

Subscribed and sworn to before me this 21 day of January, 2022.

Signature of Notary Public

RICHARD R. HANSEN
Notary Public
State of Alaska
My Commission Expires Aug 17, 2025

Notary Public in and for the State of Alaska.

My commission expires: 02/17/2025

Signature of transferor

NA

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: ____________________

AMCC
Section 9 – Transferee Certifications

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

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

I certify that all proposed licensees have been listed with the Division of Corporations.

I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.

Signature of transferee
Melinda Kittredge

Printed name

Subscribed and sworn to before me this 21 day of January, 2022.

Signature of Notary Public

Notary Public in and for the State of Canada
My commission expires: 08/17/2025

[Form AB-01] (rev 10/10/2016)
Form AB-02: Premises Diagram

What is this form?

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

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

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

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

Section 1 – Establishment Information

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

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>SP LLC</th>
<th>License Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Restaurant/Eating Place</td>
<td></td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>Northern China Restaurant</td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td>353 Muldoan Rd</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Anchorage</td>
<td>State: Ak</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ZIP: 99504</td>
</tr>
</tbody>
</table>
Section 2 – Detailed Premises Diagram

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

Section 1 – Establishment Information

Enter information for licensed establishment.

| Licensee:       | SP LLC |
| License Type:   | Restaurant/Eating Place |
| Doing Business As: | Northern China Restaurant |
| Premises Address: | 353 Maldoon Rd |
| City:           | Anchorage |
| State:          | AK |
| ZIP:            | 99504 |
| Contact Name:   | Melissa Lehtivaphanh |
| Contact Phone:  | 907-903-4878 |

Section 2 – Type of Designation Requested

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

1. [ ] Dining after standard closing hours: AS 04.16.010(c)
2. [✓] Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
3. [✓] Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
4. [✓] Employment for persons 16 or 17 years of age: AS 04.16.049(c)

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

[Form AB-03] (rev 4/16/2019)
Section 3 – Minor Access

Review AS 04.16.049(a)(2); AS 04.16.049(a)(3); AS 04.16.049(c)

List where within the premises minors are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minors will only be allowed in the dining area, except for employees. Employees 16-20 will be allowed in the dining and kitchen area.

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.

Employees ages 16-20 may not serve alcohol. Under age employees may clear tables of and wash dishes of empty or partially emptied alcoholic containers. Any remaining alcohol is immediately dumped into waste drain or waste container. Employees age 16-20 must be supervised by an employee that is 21 years or older and TAPAS certified when performing these duties. Employees must physically check ID of anyone ordering an alcoholic beverage that does not appear to be well over the age of 21.

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?

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.
Section 5 – Hours of Operation

Review AS 04.16.010(c).

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

Monday – Friday 11 AM – 10 PM
Saturday 12 PM – 9:30 PM
Sunday – Closed

Section 6 – Entertainment & Service

Review AS 04.11.100(g)(2)

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

Yes ☐ No ☑

If “Yes”, describe the entertainment offered or available and the hours in which the entertainment may occur:

Food and beverage service offered or anticipated is:

☑ table service ☐ buffet service ☐ counter service ☐ other

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


Section 7 – Certifications and Approvals

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

There are tables or counters at my establishment for consuming food in a dining area on the premises.

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons. This menu includes entrees that are regularly sold and prepared by the licensee at the licensed premises.

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted. (AB-03 applications that accompany a new or transfer license application will not be required to submit an additional copy of their premises diagram.)

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 6/26/2024

Subscribed and sworn to before me this 4th day of March, 2022.

Local Government Review (to be completed by an appropriate local government official):

Signature of local government official

Printed name of local government official

Date

Title
**Form AB-03: Restaurant Designation Permit Application**

<table>
<thead>
<tr>
<th>AMCO Enforcement Review:</th>
<th>Enforcement Recommendation:</th>
<th>Approve</th>
<th>Deny</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>___________________________</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Signature of AMCO Enforcement Supervisor

Printed name of AMCO Enforcement Supervisor

Date

**Enforcement Recommendations:**

<table>
<thead>
<tr>
<th>AMCO Director Review:</th>
<th>Approved</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Signature of AMCO Director

Printed name of AMCO Director

Date

**Limitations:**

---

[Form AB-03] (rev 4/16/2019) Page 5 of 5
**APPLICATION FOR HEALTH PERMIT**

**Facility Name:** Northern China Restaurant  
**Owner's Name(s):** SP LLC  
**If Change of Owner, Previous Facility Name:** Same  
**Name of Person To Contact:** Melissa Kittvaphanh  
**Site Address:** 353 Muldoon Rd Anchorage  
**Mailing Address:** 353 Muldoon Rd Anchorage  
**State:** Alaska  
**Zip:** 99504  
**Manager Certificate #:** Melissa Kittvaphanh 2141351u  
**Certificate Expiration Date:** 01/18/2022  
**Operating Days/Hours:** Mon - Fri: 11am - 10pm  
Sat - Sun: 12pm - 2am sun - 11pm  
**Seating Capacity:** 73

### IF TEMPORARY FOOD, PROVIDE THE FOLLOWING

<table>
<thead>
<tr>
<th>Event &amp; Location</th>
<th>Date(s)</th>
<th>Hrs. of Operation</th>
<th>Approved Kitchen/Commissary</th>
<th>Time of Food Prep At Kitchen</th>
</tr>
</thead>
</table>

**Foods To Be Served**

### IF PEST CONTROL, PROVIDE THE FOLLOWING

- Pesticide applicant will comply with insurance requirements in AMC 15.75
- Equipment to be used • Pesticides/Chemicals used & method of application • Description of area(s) where application occurs
- Copy of liability insurance policy

I certify that I am familiar with applicable Anchorage Municipal Code of Ordinances and that the above described establishment will be operated and maintained in accordance with said Ordinances.

**Applicant's Signature:** [Signature]  
**Date:** 01/18/2022

**Fees:**
- Permit: 66.00  
- Change of Owner: 150  
- Late Fee: 0  
- Other: 0  
**Total:** 810

**Department Comments:** Feb 1st  
**Payment Type:**  
**Check #:**  
**Cash Register Receipt:**  
**Date Received:**

**Approved (MOA):** [Signature]  
**Date Approved:** MAR 7, 2022