

# 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: October 10, 2023

FROM: Audrey Saylor OLE RE: #175 Arabella

Requested Action:

Transfer of ownership

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 witha dining facility or having kitchen facilities in a majority of its rental rooms and at least a minimum number of rental rooms required according to the population of the incorporated city, unified municipality, or population area established under (a) of this section in which the facility will be located, as follows:
    - (i) 10 rental rooms if the population is less than 1,501;
    - (ii) 20 rental rooms if the population is 1,501 2,500;
    - (iii) 25 rental rooms if the population is 2,501 5,000;
    - (iv) 30 rental rooms if the population is 5,001 15,000;
    - (v) 35 rental rooms if the population is 15,001 25,000;
    - (vi) 40 rental rooms if the population is 25,001 50,000; and
    - (vii) 50 rental rooms if the population is greater than 50,000; or
  - (B) an airport terminal; and"
- (2) the renewal or transfer of ownership of a beverage dispensary or restaurant or eating place license issued under (1) of this subsection if the
  - (A) holder of the license operates a hotel, motel, resort, or similar business relating to the tourist trade that
    - (i) has a dining facility on the licensed premises or kitchen facilities in a majority of its rental rooms; and

- (ii) maintains at least the minimum number of rental rooms that the hotel, motel, resort, or similar business had at the time of initial licensure or that were required at the time of initial licensure; or
- (B) licensed premises are located inside an airport terminal.

**Staff Rec.:** Approve the transfer application with delegation.

**Background:** This is an application to transfer a Beverage Dispensary – Tourism license to Waterfront on Glacier Restaurant LLC in Juneau

AS 04.11.400(d)(2)(A)(ii) requires that the facility must maintain at least the minimum number of rental rooms required at original licensure. Staff has determined that the license is compliant with the room number requirements.

This facility has 49 guest rooms with some kitchen facilities. The licensees run both the hotel and restaurant.

Attachment: Tourism Statement

AB-01 AB-02 AB-03



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-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	1	
Enter information for the lic	ensed establishment or the business seeking to be licensed.		
Doing Business As:	Arabella	License #:	175
License Type:	Beverage Dispensary - Tourism (AS 04.11.40	0(d))	
	Section 2 – Tourism Statement		
2.1. Explain how issuance of	f a liquor license at your establishment has/will encourage tourism.		
Please see attached	statement within this submission		
	was/will be constructed or improved as required by AS 04.11.400(d	)(1):	
Please see attached	statement within this submission		
2.3 Does the licensee or app tourism facility in which	olicant for this liquor license also operate the name this license is located?	YES ✓	NO
2.4 If "no" who operates the	e tourism facility?		
Yes, throug	h Waterfront on Glacier LLC	)	
		AMCC	)
		APR 19	2023



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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?	VES VES	NO
If "yes" answer the following questions:		
How many rooms are available?		
49 Rooms		
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 prepara	ation along
49 Rooms		
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	write "none".	
Restaurant facility		
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 wri	or trips, rental te "none".	equipment for
Leaflets, brochures, booklets, and hand outs of local trips, tours, and other active the hotel, but the property does not offer these items in-house (done through t	tivities are o	displayed at vendors).

AMOO APR 1 9 2023

## Waterfront on Glacier Restaurant LLC

**Tourism Statement** 

1711 Glacier Avenue Juneau, AK 99801 (907)-586-6303

To: Alcohol and Marijuana Control Office

550 W 7th Avenue, suite 1600

Anchorage, AK 99501

**RE: Transfer Application Tourism Statement** 

To the Alaska Alcoholic Beverage Control Board:

This establishment has been operating successfully since 1966 in the same location and is part of Juneau's history. The location is unbeatable, being across from Aurora Harbor and is within walking distance from downtown Juneau, the capital of Alaska.

Issuance of a liquor license at our establishment has/will encourage tourism by allowing visitors to branch out further from the downtown port area to farther reaches of the downtown area, providing views of our harbors, having a themed/scenic lodging, and easy access to the downtown tourism industry.

On the backside of the establishment, there are large windows and balconies overlooking Aurora Bay. The Restaurant and Lounge located on the top floor (second floor) provides Mountain Juneau views. In the upcoming year(s), the facility should improve through the replacement of furniture and an apparel change.

The owners operate the facility for which the liquor license is being applied. We do offer room rentals to the traveling public. We have 49 rooms available, and the units have kitchenettes. We do not stock alcoholic beverages in the guest rooms, but room service is earmarked to be available in the future.

Our facility is not located within an airport terminal. Our establishment does include a dining facility. Many local residents have fond memories of the Restaurant's steaks, Prime Rib, and fresh Alaskan seafood dinners while overlooking The Aurora Bay and Gastineau channel. Aside from tourists, there are many local Juneauites that frequent the establishment.

I, Deverick Jordan, own and operate Waterfront on Glacier Restaurant LLC.



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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.



Deverick Jordan

Printed name of licensee/affiliate

Signature of licensee/affiliate

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Alaska Alcoholic Beverage Control Board

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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 – Trans	feror In	formation			
Enter information for the cu	rrent licensee and licensed establishme	ent.				
Licensee:	CNH Holding, LLC		License #:		175	
License Type:	Beverage Dispensary-To	urism	Statutory Reference:		AS 04.11.400(d)	
Doing Business As:	Breakwater Inn Restaura	nt & Lou	ınge			
Premises Address:	1711 Glacier Ave.					
City:	Juneau	State:	AK	ZIP:	99801	
Local Governing Body:	City & Borough of Junea	u			- Instruction of the second	
Transfer Type:  Regular transfer  Transfer with security interest  Involuntary retransfer						
	OFFICE U					
Complete Date:		Tran	saction #:	169	2560	
Board Meeting Date:		Licen	se Years:			
Issue Date:		Exan	niner:			



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### Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

	Section 2 – Trans	feree In	formation			
Enter information for the <i>ne</i> t	w applicant and/or location seeking to	be licensed.				
Licensee:	Waterfront on Glacier Re	staurant	LLC			
Doing Business As:	Arabella					
Premises Address:	711 Glacier Ave.					
City:	Juneau	State:	AK	ZIP:	99801	
Community Council:	N/A			I again		
Mailing Address:	PO Box 2013					
City:	Colleyville	State:	TX	ZIP:	76034	
Designated Licensee:	Deverick Jordan					
Contact Phone:	907-586-6303	Business	Phone:	907-586-63	803	
Contact Email:	djordan@waterfrontongla	cier.com				
Yes Seasonal License?	No  If "Yes", write your si	x-month op	perating period	d::		
	Section 3 – Prem	ises Info	ormation			
Premises to be licensed is:  an existing facility	a new building	a propose	d building			
What is the distance of th	be completed by <u>beverage dispensar</u> e shortest pedestrian route from the page of the page	public entrar	nce of the buildin	ng of your propos		
<ul> <li>~ 280 Teet</li> <li>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.</li> <li>~2,250 feet</li> </ul>						



Title(s):

Address:

City:

Member

PO Box 2013

Colleyville

Alaska Alcoholic Beverage Control Board

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S	Section 4 – Sole	Proprietor Ownership In	formation
If more space is needed, ple The following information m	ease attach a separate she nust be completed for each	or who is applying for a license. Entitieet with the required information. In licensee and each affiliate (spouse).	es should skip to Section 5.
This individual is an:	applicant affi	liate	
Name:			
Address:		1000	
City:		State:	ZIP:
Name:			
Address:  City:		State:	ZIP:
This section must be comple		Entity Ownership Inform	
f more space is needed, ple If the applicant is a corp the stock in the corpora If the applicant is a limit ownership interest of 10 If the applicant is a part	g for a license. Sole propri ease attach a separate she coration, the following info- tion, and for each preside ted liability organization, to 0% or more, and for each	etors should skip to Section 6. Let with the required information. Dermation must be completed for each Let not not not not not not not not not no	stockholder who owns 10% or more aging officer. apleted for each member with an
Entity Official:	Deverick Jordan		

Form AB-01: Transfer License Application

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Phone:

State:

907-586-6303

TX

ZIP:

% Owned:

100

76034



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### Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

Entity Official:	Eleora Holding	s, Inc.						
Title(s):	Manager		Phon	e: 907-586-6	303	% Owned:	0	
Address:	PO Box 2013						.l.	
City:	Colleyville		State	: TX	7	ZIP: 76	034	
Entity Official:		Ţ					T-11-2	
Title(s):			Phon	e:	9	% Owned:		
Address:								
City:			State	:	7	ZIP:		
Fasin Official								-
Entity Official:		ſ			1			
Title(s):			Phon	e:	9	% Owned:		
Address:								
City:			State	:	Z	ZIP:		
nis subsection must be comp anding with the Alaska Divis laska. DOC Entity #:	pleted by any applicant sion of Corporations (D 10218849	t that is a corpo OOC) and have a AK Formed	a registe	or LLC. Corporations a red agent who is an i	and LLCs are individual re Home St	sident of th	e stat	good e of
Registered Agent:	Paracorp Inco	rporated		Agent's Phone:	gent's Phone: 907-272-37			
Agent's Mailing Address:	PO Box 33735	5						
City:	Juneau	State:		AK	ZIP:	99	303	
esidency of Agent:						Y	es	No
Is your corporation or Ll	LC's registered agent a	n individual res	ident of	the state of Alaska?		[.	/	Г



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### Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

nership 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?		,
f "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in A icense number(s) and license type(s):	Maska, wh	ich
	A	
Section 7 – Authorization		
	Yes	No
	Yes	No.
munication with AMCO staff:  Does any person other than a licensee named in this application have authority to discuss this license with	Yes	No.
Does any person other than a licensee named in this application have authority to discuss this license 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



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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.

Hyun O Chi—Mott  Printed name of transferor  Subscribed and sworn to before me this that of April 2027  Signature of Notary Public. State of Toxas Comm. Expires 01-06-2027  Notary ID 134130581  My commission expires O Color India  Signature of Notary Public in and for the State of Texas Office of transferor  Hyun O Chi—Mott  Signature of transferor  Hyun O Chi—Mott  Printed name of transferor  Subscribed and sworn to before me this that of Texas  Signature of Notary Public.  Signature of Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Signature of Notary Public  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas	application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.
Signature of transferor  Hyun O Chi—Mott  Printed name of transferor  Subscribed and sworn to before me this day of Ana Jackson  Notary Public. State of Texas  Notary Public in and for the State of Texas  My commission expires (1) (6) (30.9)  Ana Jackson  Hyun O Chi—Mott  Printed name of transferor  Hyun O Chi—Mott  Printed name of transferor  Subscribed and sworn to before me this day of April 20.33.  Ana Jackson  Signature of Notary Public.  Signature of Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  My commission expires: All 30.37	Hyun O ChiMott
Subscribed and sworn to before me this that of Analy Public State of Texas Notary Public, State of Texas Notary Described and sworn to before me this that of Texas Notary Public in and for the State of Texas My commission expires Ol OC 13037  Hyun O Chimott Signature of transferor Hyun O Chimott Printed name of transferor Subscribed and sworn to before me this that day of Analy Public State of Texas Comm. Expires Ol-06-2027 Notary ID 134130581  Notary Public in and for the State of Texas Notary ID 134130581  Notary Public in and for the State of Texas Notary ID 134130581  Notary Public in and for the State of Texas Notary ID 134130581  Notary Public in and for the State of Texas Notary ID 134130581  Notary Public in and for the State of Texas Notary ID 134130581  Notary Public in and for the State of Texas Notary ID 134130581  Notary Public in and for the State of Texas Notary ID 134130581	
Subscribed and sworn to before me this day of	Hyun O Chi-Mott
ANA JACKSON  ANA JACKSON  Notary Public, State of Texas  Comm. Expires 01-06-2027  Notary ID 134130581  Notary Public in and for the State of Texas  My commission expires OLC( 30-37)  My commission expires OLC( 30-37)  My commission expires OLC( 30-37)  ANA JACKSON  Signature of Notary Public  Signature of Notary Public  ANA JACKSON  Signature of Notary Public  Signature of Notary Public  Notary Public, State of Texas  Notary Public, State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  My commission expires: OLC( 30-37)  Notary Public in and for the State of Texas  My commission expires: OLC( 30-37)  My commission expires: OLC( 30-37)	Printed name of transferor  Subscribed and sworn to before me this to day of 2011
ANA JACKSON Notary Public, State of Texas Comm. Expires 01-06-2027 Notary ID 134130581  My commission expires (1) (2) (303)  My commission expires (1) (303)  Signature of Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  My commission expires (1) (303)  My commission expires (1) (303)  My commission expires (1) (303)	
ANA JACKSON  Notary Public, State of Texas  Comm. Expires 01-06-2027  Notary ID 134130581  ANA JACKSON  Signature of Notary Public in and for the State of Texas  My commission expires: My commission expires	ANA JACKSON  Notary Public, State of Texas  Comm. Expires 01-06-2027  Notary ID 134130581
Signature of transferor  Hyun O Chi – Mott  Printed name of transferor  Subscribed and sworn to before me this day of April 20 23.  ANA JACKSON  Signature of Notary Public  Notary Public, State of Texas  Comm. Expires 01-06-2027  Notary ID 134130581  Notary Public in and for the State of Texas  My commission expires: Duly 2027	online notarization
Hyun O Chi – Mott  Printed name of transferor  Subscribed and sworn to before me this day of April 20 23.  Notary Public, State of Texas Comm. Expires 01-06-2027 Notary ID 134130581  Notary Public in and for the State of Texas My commission expires: My	
Subscribed and sworn to before me this day of APA JACKSON  ANA JACKSON  Signature of Notary Public  Notary Public, State of Texas  Notary ID 134130581  Notary Public in and for the State of Texas  My commission expires: My commis	
Subscribed and sworn to before me this day of	Hyun O Chi-Mott
Notary Public, State of Texas Comm. Expires 01-06-2027 Notary ID 134130581  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  My commission expires:  My commission expires:	Printed name of transferor  Subscribed and sworn to before me this day of day of 20 23.
Notary Public, State of Texas Comm. Expires 01-06-2027 Notary ID 134130581  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  My commission expires:  My commission expires:	Signature of Notary Public
This notarial act was	Notary Public, State of Texas Comm. Expires 01-06-2027
online notarization	This horagial act was
	online notarization

[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

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.



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.



ANA JACKSON Notary Public, State of Texas Comm. Expires 01-06-2027 Notary ID 134130581

Signature of Notary Public

Signature of transferee

Notary Public in and for the State of 10 × a 5

Printed name Waterfront on Glacier Restaurant (40)

By: Eleona Holdings, Inc., its Marse

By: Deverant Tordan, President Subscribed and sworn to before me this day of April

My commission expires: Orobe 303

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Anchorage, AK 99501

#### 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 second page 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:	License	Number:		
License Type:				
Doing Business As:				
Premises Address:				
City:	State:		ZIP:	

[Form AB-02] (rev 2/28/2022) Page 1 of 2



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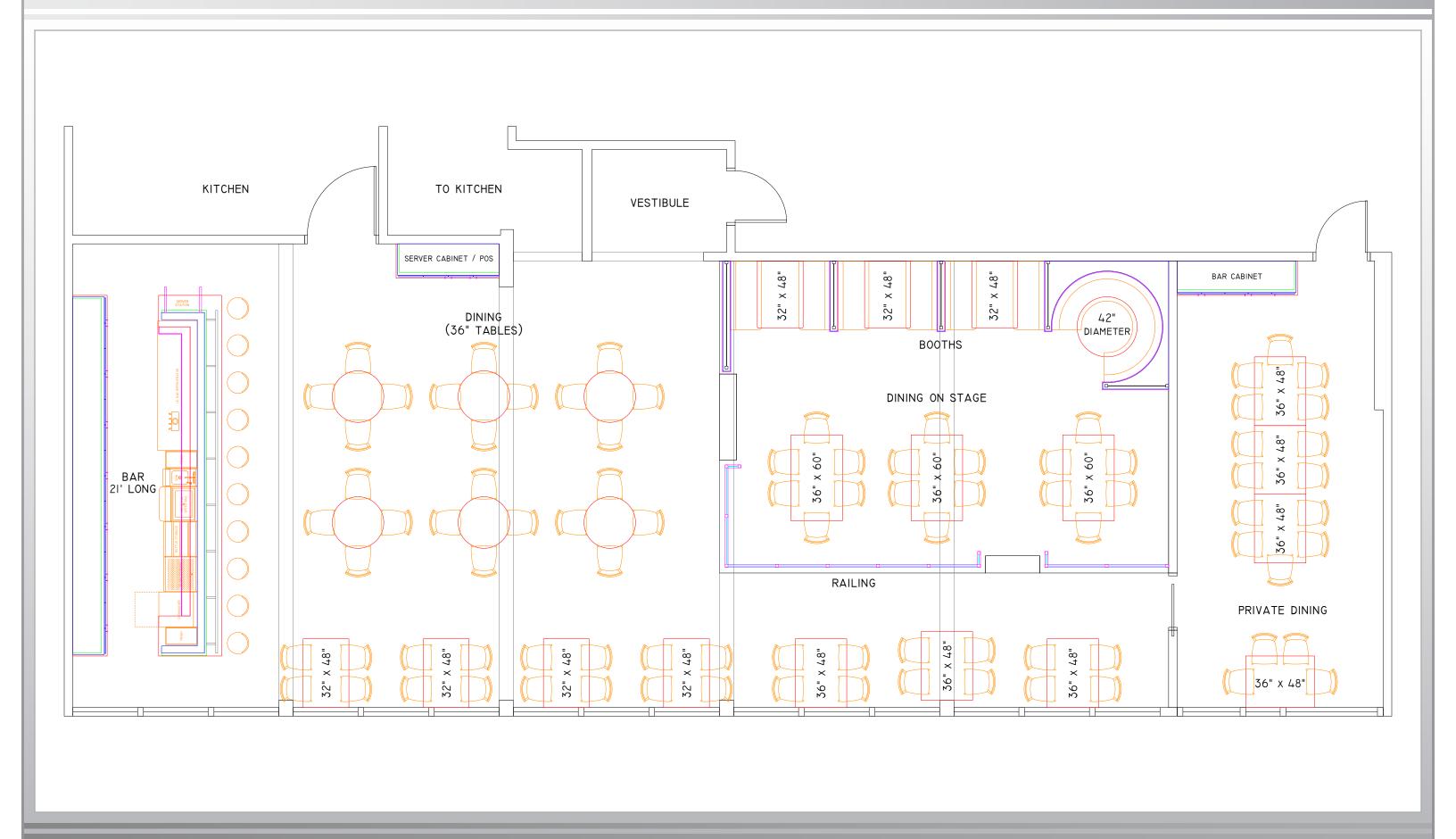
#### **Alaska Alcoholic Beverage Control Board**

### 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.

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





alc

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> erce.alaska.gov/web/amco Phone: 907.269.0350

#### 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.

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

Enter information for licensed establishment.

Licensee:	Waterfront on Glacier Restaurant LLC			
License Type:	Beverage Dispensary-Tourism License Number: 175			
Doing Business As:	Arabella			
Premises Address:	1711 Glacier Ave.			
City:	Juneau State: AK ZIP: 99801			99801
Contact Name:	Deverick Jordan			

### **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.	<b>√</b> Din	ing after standard closing hours: AS 0	4.16.010(c)					
2.	<b>√</b> Dini	Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)						
3.	<b>√</b> Dini	Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)						
l.	Employment for any persons under 21 years of age: AS 04.16.049(c)  NOTE: Under AS 04.16.049(d), a Department of Labor and Workforce Development work permit is not required to employ a person 18 - 20 years of age.							
	OFFICE USE ONLY							
Tr	ansaction #:	100592569	Initials:					



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

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

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

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#### 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 designate	ed in
Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitcher	n.)

Minors that are dining will not be allowed to be seated at the bar (only in dining area); they will only be granted access to the tables in the restaurant. Any employee that is under the age of 21 will not sell, serve, deliver, or dispense alcoholic beverages.

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

All patrons will be required to show proper government-issued identification before being served any type of alcohol. All staff is required to have alcohol training that covers all basis pertaining to serving minors. Minors will not be allowed to be seated at the bar.

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

Yes	No
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:

Initials

I have attached a copy of the current food service permit for this premises OR the plan review approval.



\*Please note, if a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.



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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 indi	cate am/	′pm:
Monday-Sunday 11am-3pm and 5pm-11pm.		
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:		
ood and beverage service offered or anticipated is:		
table service buffet service counter service other		
f "other", describe the manner of food and beverage service offered or anticipated:	VI. 4.1.	
Room service is intended to be available in the future.		

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Section 7 – Certifications and Approvals					
Read each line below, and then sign your initial	ls in the box to the right of each statement:		Initials		
There are tables or counters at my establishmen	nt for consuming food in a dining area on the prem	ilses.	A		
I have included with this form a menu, or an exp This menu includes entrées that are regularly so	pected menu, listing the meals to be offered to pat old and prepared by the licensee at the licensed pr	rons. emises.	A		
I certify that the license for which I am requesting golf course, or restaurant or eating place license	ng designation is either a beverage dispensary, clul e.	o, recreational site,	A		
I have included with this application a copy of th	ne most recent AB-02 or AB-14 for the premises to	be permitted.	70		
(AB-03 applications that accompany a ne not be required to submit an additional c		,			
complete application, and I know the full conte and evidence or other documents submitted ar misrepresentation of any item or response in the application, is sufficient grounds for denying or	med and subscribing to this application and that I hent thereof. I declare that all of the information concert true and correct. I understand that any falsification is application, or any attachment, or documents the revoking a license/permit. I further understand the confalsify an application and commit the crime of understand the confalsify and application and commit the crime of understand the crime of under	itained herein, on or o support this at it is a Class A			
	$\Omega$ $\Omega$				
Deverick Jordan	Jean Joh				
Printed name of licensee	Signature of licensee	<del></del>			
Local Government Review (to be completed by	an appropriate local government official):	Approved	Denied		
Signature of local government official	Date				
Printed name of local government official	Title				
		AMCO			



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## Form AB-03: Restaurant Designation Permit Application

Signature of AMCO Enforcement Supervisor  Date  Enforcement Recommendations:  Approved Denied  Signature of AMCO Director Review:  Approved Denied  Date  Limitations:	AMCO Enforcement Review:	Enforcement Recommendation	n: Approve	Deny
Date  Enforcement Recommendations:  AMCO Director Review:  Approved Denied  Signature of AMCO Director  Printed name of AMCO Director  Date  Limitations:		*		
AMCO Director Review:  Approved Denied  Signature of AMCO Director  Date  Limitations:	Signature of AMCO Enforcement Supervisor	Printed name of AMCO Enforcement Supervisor		IJ
AMCO Director Review: Approved Denied  Signature of AMCO Director  Printed name of AMCO Director  Date  Limitations:	Date			
Signature of AMCO Director  Printed name of AMCO Director  Date  Limitations:	Enforcement Recommendations:			
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Date  Limitations:			, ipproved	Defined
Date  Limitations:			_ ∐	Ш
Limitations:	Signature of AMCO Director	Printed name of AMCO Director		
Limitations:				
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AMCO			AMCO	



AMCO APR 1 9 2023



### Alaska Food Code 2023 Establishment Permit

Division of Environmental Health Food Safety & Sanitation Program

Permit Number:

14077

Issued to:

WATERFRONT ON GLACIER, LLC

For:

Breakwater Inn Bar

For Operation of:

FN-4 Tavern/Bar

Located at:

1711 Glacier AVE 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, 2023

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. APR 1 9 2023 WATERFRONT ON GLACIER, LLC 1711 Glacier AVE Juneau, AK 99801

YOUR PERMIT IS PRINTED ON THE REVERSE SIDE OF THIS PAGE.

AMCO APR 1 9 2023



### Alaska Food Code 2023 Establishment Permit

Division of Environmental Health Food Safety & Sanitation Program

Permit Number:

14076

Issued to:

WATERFRONT ON GLACIER, LLC

For:

**Breakwater Restaurant** 

For Operation of:

FF-1 Food Service

Located at:

1711 Glacier AVE 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, 2023

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

WATERFRONT ON GLACIER, LLC 1711 Glacier AVE Juneau, AK 99801

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## <u>Menu</u>

#### Pinzimonio Platter

(Italian Veggie)

pickled and roasted seasonal veggies, carrots sticks, zucchini, roasted garlic, with choice of traditional vinaigrette or cracked pepper buttermilk ranch dipping sauces - \$12

add British Cheeses -\$10 (Stilton, Double Gloucester, Irish Cheddar, White Stilton with Cranberries)

#### Cheese and Fruit Platter

3 British cheeses with seasonally fresh fruit and served with honey and spiced yogurt dipping sauce -\$15

#### **Deep Fried Monte Cristo**

A different take on this classic sandwich, sourdough bread, stone ground mustard, black forest ham, cheddar cheese, oven roasted turkey, swiss cheese, Japanese mayo, in a tempura batter and quickly fried. Lightly dusted with powdered sugar and served with raspberry preserves on a bed of waffle fries -\$20

#### Drunken Shrimp Cocktail\*

8 Alaskan caught Jumbo shrimp poached in Alaskan Smoked Porter and old bay, chilled and served with cracked pepper, horseradish cocktail sauce on ice -\$17

#### Shrimp Bao Bun\*

2 Bao buns, with shrimp poached in Alaskan Smoked Porter and old bay, mint leaves, daikon and cabbage with sliced jalapeños, red chili sauce served with a charred lime wedge -\$15 add Bao \$5

#### Tempura Veggie Skewer

6 skewers of Fresh zucchini, mushroom, peppers, and onion in a light tempura batter quickly fried and served with house sweet and spicy dipping sauce -\$12

#### Fruit Skewer with Spiced Yogurt

6 skewers of fresh seasonal fruit with house spiced yogurt dipping sauce -\$12

#### The Bahn Mi Hot Dog

Bun, hot link, shredded carrots, Daikon, and cabbage with sliced jalapeños and sweet chili sauce - \$10

#### Build Your Own Hot Dog

Warm Bun, Nathan's famous frank and your choice of mustard, ketchup, dill relish or chopped onions on top. - \$8

#### House Made Churros

A basket of homemade churros served with Caramel dipping sauce - \$6

<u>Sides</u>

\$6

<u>Beverages</u>

\$3

Spicy Curly Fries Waffle Fries Herbed Sweet Potato Waffle Fries Soft Pretzel w/Cheese

Coke, Diet Coke, Dr. Pepper, Root Beer, Sprite, Cranberry, Orange & Ice Tea

> AMCO LAPR 1 9 2023

<sup>\*</sup>Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness