



# Municipality of Anchorage

P.O. Box 196650 Anchorage, Alaska 99519-6650 Telephone: (907) 343-4316 Fax: (907) 249-7533 [www.muni.org/clerklicensing](http://www.muni.org/clerklicensing)

## Office of the Municipal Clerk Licensing

July 31, 2024

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

RE: Anchorage Assembly Action on Alcohol Licenses

Dear Ms. Craig:

The Anchorage Municipal Assembly at its regular meeting on **July 30, 2024** took the following final actions:

### **WAIVE OF PROTEST**

#### **Renewal License - AM 585-2024**

- **Beverage Dispensary**  
Odd Man Rush Brewing, #3807  
The Crazy Horse, #720  
Darwin's Theory, #987  
Buckaroo Club, #185  
**Beverage Dispensary - Tourism**  
Alaska Lounge, #5707
- **Restaurant/Eating Place**  
Rustic Goat, #5234  
MyThai Restaurant, #5275
- **Club**  
V.F.W. Post #9978, 1203

#### **New License - AM 585-2024**

- **Sporting Activity/Event**  
Divots, #6197

#### **Transfer License - AM 623-2024**

- **Package Store**  
AK Wine Grotto, #4732

### **PROTEST**

#### **Renewal License**

- **Restaurant/Eating Place**  
Jamico's Pizzeria & Mexican Restaurant, #5444 – AR 2024-223  
Pending certification from the Anchorage Fire Department has been received.  
-Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the July 30, 2024 Assembly Meeting.

#### **New License**

- **Restaurant/Eating Place**  
Midnight Sun Brewing Company, #15051 – AR 2024-222

Pending certifications from the Anchorage Health Department and Land Use Enforcement have been received and a special land use permit has been approved by the assembly.

-Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the July 30, 2024 Assembly Meeting

#### Transfer License

- **Beverage Dispensary**

**King Crab Bar & Grill, #3607 – AR 2024-221**

Pending certifications from the Anchorage Health Department and the Building Safety Official have been received.

-Per 3 AAC 304.145(d) the applicant was given the opportunity to defend their application by public hearing at the July 30, 2024 Assembly Meeting.

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

Cordially,

**Spano,** Digitally signed  
by Spano, Liza M.  
Date: 2024.07.31  
10:33:23 -08'00'  
**Liza M.**

Liza Spano  
Business License Assistant

CC: Francis McLaughlin, Current Planning  
Above listed licensees.



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:	MAK Investors, LLC.	License #:	3607
License Type:	Beverage Dispensary	Statutory Reference:	04.11.090
Doing Business As:	MAK Investors		
Premises Address:	NONE		
City:	Anchorage	State:	Alaska
Local Governing Body:	Anchorage Assembly		

### Transfer Type:

- ☒ Regular transfer  
☐ Transfer with security interest  
☐ Involuntary retransfer

### OFFICE USE ONLY

Complete Date:	5/28/24	Transaction #:	Pending correction
Board Meeting Date:	6/24/24	License Years:	
Issue Date:		Examiner:	JOAN W



Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

### Section 2 – Transferee Information

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

Licensee:	AAR LLC				
Doing Business As:	King Crab Bar + Grill				
Premises Address:	509 West 3rd Avenue				
City:	Anchorage	State:	Alaska	ZIP:	99501
Community Council:	Downtown				

Mailing Address:	P O Box 111846				
City:	Anchorage	State:	Alaska	ZIP:	99511

Designated Licensee:	Abraham Gallo			
Contact Phone:	90-444-4929	Business Phone:		
Contact Email:	gallostk@gmail.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.

1 mile or more

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.

Greater than 1000 feet



Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

### 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

Name:					
Address:					
City:		State:		ZIP:	99501

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	

### 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*.

Entity Official:	Abraham Gallo				
Title(s):	Member, Manager	Phone:	907-771-6060	% Owned:	100
Address:	PO Box 111846				
City:	Anch	State:	AK	ZIP:	99511



Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

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

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

Entity Official:					
Title(s):		Phone:		% Owned:	
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 #:	10250344	AK Formed Date:	11/7/2023	Home State:	AK
Registered Agent:	Abraham Bello	Agent's Phone:	907 444 9929		
Agent's Mailing Address:	PO Box 11846				
City:	Anch	State:	AK	ZIP:	99511

Residency of Agent:

Yes No

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

☒ ☐





## 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?



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):

3- Gallo's Restaurants (Beverage Dispensary) Arctic 2833, Old Seward 3572  
1- Mahattans Grill (beverage dispensary) 0814 Fbks 4314  
1- Burrito King (beverage dispensary) 4109

### 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?



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

Matthew Fink 907-244-4194  
Renee Johnston 907-771-6062  
Alonso Romo 907-306-0829



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.



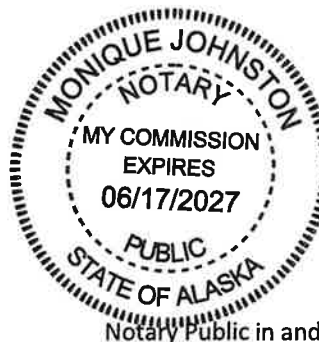
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to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



Abraham Gello  
Signature of transferee  
Abraham Gello  
Printed name

Monique Johnston  
Signature of Notary Public  
Alaska  
Notary Public in and for the State of

My commission expires: June 17, 2027

Subscribed and sworn to before me this 7th day of November, 2023.





Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board CONTROL OFFICE  
STATE OF ALASKA  
**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

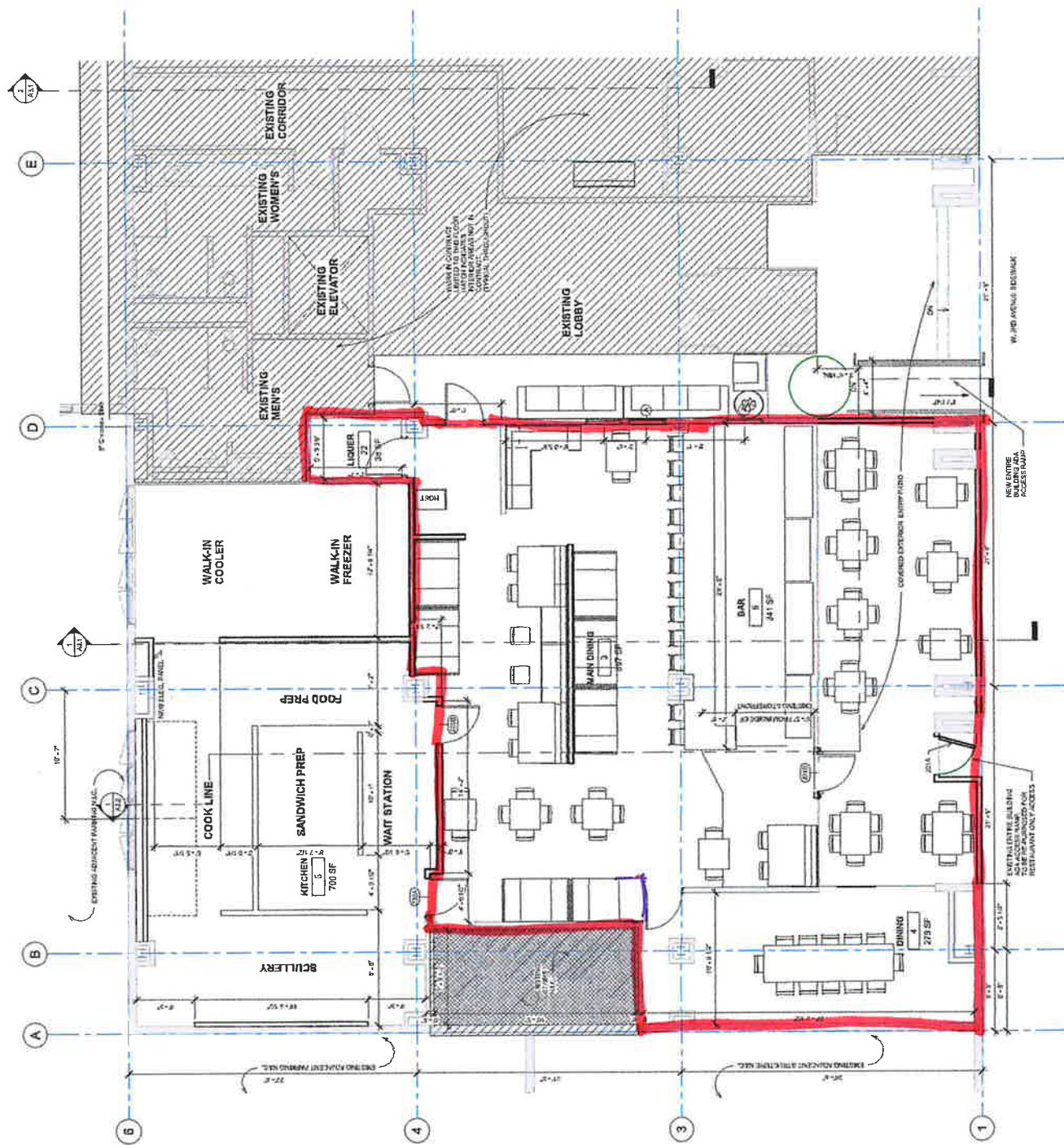
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.



**Section 1 – Establishment Information**

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

Licensee:	A&R LLC	License Number:	3607		
License Type:	BEVERAGE DISPENSARY				
Doing Business As:	King Crab Bar + Grill				
Premises Address:	509 West 3rd Ave				
City:	ANCHORAGE	State:	AK	ZIP:	99501





Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

## Alaska Alcoholic Beverage Control Board Restaurant Endorsement Application

The new endorsement application form is required to apply for a restaurant endorsement to support your underlying license or pending license application. Applicants should review and become familiar with AS 04.09.450, Title 04 of Alaska Statutes and Chapter 305 of the Alaska Administrative Code. This form must be completed and submitted along with all other required forms and documents before any endorsement application will be considered complete and placed in the queue for our licensing examiners review.

### Section 1 – Establishment and Contact Information

Enter information for the **current** licensee and licensed establish.

Licensee:	A&R, LLC	License #:	3607
License Type:	Beverage Dispensary	Doing Business As:	King Crab Bar & Grill
Licensee Mailing Address:	PO Box 111846 Anchorage AK 99511		
Full Premises Address:	509 West 3rd Ave		
City:	Anchorage	State:	AK
		ZIP:	99501
Local Governing Body:		Email:	gallostk@gmail.com

### Section 2 – Endorsement Requested

Restaurant Endorsement:	AS 04.09.450. A restaurant endorsement authorizes the holder of a beverage dispensary license, fair license, golf course license, sporting activity or event license, club license, outdoor recreation lodge license, destination resort license, or beverage dispensary tourism license. The biennial fee for a restaurant endorsement is \$200 with a \$25 application fee.
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An application for a restaurant endorsement must specify the establishment or portion of the establishment that constitutes a bona fide restaurant, that there is supervision on the premises adequate to reasonably ensure that a person under 21 years of age will not obtain alcoholic beverages. This **endorsement** application is for the request of a 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):

- ☒ Dining after standard closing hours: AS 04.16.010(c)
- ☒ Dining by persons 16 – 20 years of age: AS 04.16.049(a)
- ☒ Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)
- ☒ 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.

### Section 3 – Minor Access

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

Be specific in your 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 employed as hostess or busser and will not have access to liquor room





## Alaska Alcoholic Beverage Control Board Restaurant Endorsement Application

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. Outline how and where alcohol is stored on premises. Acknowledge that employees who sell and serve alcohol must have a current Server Education Card.

Employees will ID all Customers.  
Alcohol will be kept in a secure location.

Yes No

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



### Section 4 – ADEC Food Service Permit

Per AS 04.21.080(b) 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.

Link to the Alaska Department of Environmental Conservation (ADEC) Food Safety Website:

<http://dec.alaska.gov/eh/fss/food/>

Link to the Municipality of Anchorage 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.



**\*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).

Include variances in weekend/weekday hours, and indicate AM/PM:

Days/Hours of Operation

Weekday	Hours	Hours
Sunday	11:00	1:00
Monday	11:00	1:00
Tuesday	11:00	1:00
Wednesday	11:00	1:00
Thursday	11:00	1:00
Friday	11:00	1:00
Saturday	11:00	1:00



## Alaska Alcoholic Beverage Control Board Restaurant Endorsement Application

### Section 6 – Areas Covered by Endorsement

Does the endorsement apply to your entire licensed premises as approved by the ABC Board? Yes ☒ No ☐  
Does the requested endorsement expand your currently licensed premises? Yes ☐ No ☒

- If No, attach the approved diagram, no larger than 8 1/2" x 11" of the layout, and identify the portions of the premises covered by various requested endorsements. You must use a solid, contiguous colored line in any color other than red to outline the outer perimeter of the area of the premises covered by the requested endorsement(s).
- If endorsements are overlapping, provide a conspicuous means to distinguish each endorsement from the other (e.g., keyed map with varying colors for each requested endorsement).
- Your drawing MUST include:
  - Dimensions in feet **not** square feet of all exterior walls and major interior walls (we do not accept diagrams drawn to scale)
  - Include cross-streets
  - A north arrow, and any significant geographical features. Points of reference, such as a compass showing North.
  - All entrances, exits, walls, bars, and fixtures
- If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- **Any endorsement applications that include outdoor space** are required to submit a security plan that includes information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

### Section 7 – Attestations

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. Initials ☒

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 3AAC 305.340. Initials ☒

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application. 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 of 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, and or endorsement. I further understand that this is a Class A misdemeanor under AS 11.56.210 to falsify an application and commit the crime of unsworn falsification. Initials ☒

Abraham Gallo

Printed name of licensee

Signature of licensee

12/18/2023

Date



0:00 / 0:30

## Appetizers

### COCONUT PRAWNS \$15

Coconut crusted prawns served with a mango sweet chili sauce.

### CEVICHE \$18

Shrimp marinated in lemon, pico de gallo and lime juice with corn tortilla chips.

### Chicharrones \$18

Halibut and Octopus breaded and deep fried in a flavorful rub, served with guacamole and corn chip tortillas.

### DRUNKEN CHEESE \$20

Cheese dip mixed with beer and jalapeno sauces, shrimp garnished with mushrooms, cherry tomatoes, and asparagus. Service in a iron skillet with burned corn tortillas.

### SALMON SASHIMI \$18

Thin sliced Copper River Red salmon with guacamole, fried corn tortilla strips, pickled onions, over a Thai vinaigrette.

### Oysters Rockefeller \$19

½ dozen fresh Alaskan oysters topped with sauteed spinach and bacon, broiled to order.

### STEAK SKEWERS \$17

3 Chimichurri marinated ribeye steak with onion and bell peppers on a skewer.

### POLENTA \$12

Creamy polenta topped with manchego cheese and seasonal mushrooms.

### Chicken Wings

½ Dozen \$10 / DOZEN \$15

Rubbed with our flavorful house seasoning and fried to order. Served with your choice of ranch, blue cheese or house hot sauce.

### ZUCCHINI CHEESE STICKS \$14

Mozzarella wrapped in thin strips of zucchini, breaded and deep fried to golden brown. Served with marinara or garlic lemon aioli.

### ½ STUFFED BELL PEPPER \$11

Two pepper halves stuffed with coyote rice, onion, mushroom, steak and provolone.

## Entrées

### Entrée Side Choices:

*Mashed Potatoes, Half Caesar Salad, Coyote rice*

### FILET MIGNON 8oz \$40

Topped with a four cheese sauce and served with sauteed vegetables.

### New York STEAK 12oz \$40

Grilled New York topped with melted blue cheese and smothered in a mushroom demi-glace, served with sauteed vegetables.

### HONEY DIJON CRUSTED PORK CHOP \$30

Pan fried crispy pork chop served over a mustard crème sauce topped with a green salad.

### BBQ Baby Back Ribs

½ RACK \$25 FULL RACK \$35

Savory ribs covered in BBQ spicy sauce, served with pineapple coleslaw.

### LAMB CHOP \$32

Roasted Lamb Chop with a cherry red wine demi-glace, served with sauteed vegetables.

### Stuffed Bell Peppers \$19

Three pepper halves stuffed with coyote rice, onion, mushroom, steak and provolone.

### ALASKAN HALIBUT 8oz \$37

Filet pan seared and served over fresh cut green beans then topped with a flavorful lemon dill sauce.

### GARDEN HERB CHICKEN \$27

Chicken breast marinated in fresh herbs, stuffed with asparagus, peppers and cheese.

## Desserts

### CHEESECAKE DIP \$12

Creamy cheesecake with fried flour tortillas topped with cinnamon sugar.

### BROWNIE CARAMEL CHEESE CAKE \$9

Bourbon caramel sauce.

### BAILEYS CHOCOLATE MOUSSE \$9

Light mousse with Bailey's

**Wild Mushroom Risotto \$12**

Seasonal fresh mushrooms mixed in with tender slowcooked rice, topped with manchego cheese.

**JALAPENO POPPERS \$18**

Five jalapeno poppers filled with shrimp and cheese wrapped in bacon and deep fried.

**Salads**

Add Grilled Chicken \$7, Seared Shrimp \$9, Seared Halibut \$13

**BREAD BOWL SOUP \$12**

Creamy soup of the day served in a brioche bread.

**Avocado Salad \$16**

Mixed greens, avocado, pickled onion, tomato, cucumber, cilantro, tossed in honey and garlic vinaigrette.

**CHIPOTLE Caesar Salad \$16**

Chipotle, breaded chicken breast, romaine, parmesan, croutons.

**SHRIMP SALAD \$20**

Romaine, avocado, tomatoes, black olives, chevre, tossed in garlic lemon vinaigrette.

**GRILLED CHICKEN SALAD \$18**

Romaine, cucumber, tomato, feta, avocado, black olives tossed in red wine vinaigrette.

**Caesar Salad \$13**

Romaine, parmesan cheese, croutons, tossed in a classic Caesar dressing.

**HOUSE GREENS SALAD \$11**

Mixed greens, tomato, cucumber, carrots, honey and garlic vinaigrette.

**Main****Honey Lime Shrimp \$26**

Honey and lime glazed shrimp on a bed of garlic Coyote rice with sauteed house vegetables.

**COPPER RIVER RED SALMON ROCKEFELLER \$28**

Copper River Red Salmon fillet served with house vegetables on a bed of cheese spinach Rockefeller sauce.

**COYOTE BURGER \$18**

Chuck/brisket patty, Havarti cheese, onion, pickles, shredded lettuce, special sauce, brioche bun, fried potato chunks.

**Chicken Parmesan \$27**

Breaded chicken breast topped with marinara and mozzarella baked to perfection served on a bed of fettuccine.

**Eggplant Parmesan \$20**

Roasted eggplant breaded and topped with marinara and mozzarella baked to perfection and served on a bed of fettuccine.

**WHITE CHEDDAR AND SPINACH FETTUCCINE ALFREDO \$20**

House made garlic alfredo sauce atop a bed of al dente fettuccine noodles with sautéed spinach.

**BROWNIE SUNDAE \$9**

Classic warm brownie with a scoop of vanilla ice cream with a chocolate drizzle.

**APPLE PIE BREAD PUDDING \$10**

Bread pudding and apple pie fusion topped with a peanut whiskey caramel sauce, topped with vanilla ice cream and caramelized walnuts.

**CRÈME BRULÉ \$8**

Traditional vanilla Crème Brule with a glimpse of Grand Marnier and caramelized walnuts.

**SCOOP OF ICE CREAM \$5**

Vanilla ice cream.

**CARROT CAKE \$10**

Served with berry wine sauce.

**Kids****CHICKEN NUGGETS \$9**

Crispy chicken nuggets served with fries.

**CHEESE BURGER \$12**

Brioche bun, chuck/brisket patty, Havarti cheese, served with fries.

**KIDS RIBS \$12**

½ rack of our Spanish ribs with house BBQ sauce, served with fries.

**MAC & CHEESE \$10**

Al dente fettuccine noodles with alfredo and cheese mix sauce, served with bread.

Consuming raw or undercooked meats, poultry, shellfish, or eggs may increase your risk of foodborne illness. Please notify your server for ALL food related allergies as not all ingredients are listed.



Alaska Alcoholic Beverage Control Board

RECEIVED

## Form AB-03: Restaurant Designation Permit Application

ALCOHOL MARIJUANA CONTROL OFFICE  
STATE OF ALASKA

### 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:	A&R LLC				
License Type:	BEVERAGE DISPENSARY	License Number:	3607		
Doing Business As:	King Crab Bar + Grill @				
Premises Address:	509 West 3rd Ave				
City:	ANCHORAGE	State:	AK	ZIP:	99501
Contact Name:	ABRAHAM GALLO	Contact Phone:	907-444-4929		

### 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):

- ☒ Dining after standard closing hours: AS 04.16.010(c)
- ☒ Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- ☒ Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- ☒ 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			
Transaction #:		Initials:	



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 only be allowed in dining areas and restrooms.  
Minors will only be employed in 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 will ID all customers.  
Alcohol will be kept in a secure area.

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

Yes ☒ No ☐

**Section 4 – DEC Food Service Permit**

Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Please follow this link to the DEC Food Safety Website: <http://dec.alaska.gov/eh/fss/food/>

Please follow this link to the Municipality Food Safety Website:

<http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx>

If you are unable to certify the below statement, please discuss the matter with the AMCO office:

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.

N/A Restaurant not even built



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**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:

Daily 10 Am - Midnight 12 Am

**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:

N/A

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:





## Alaska Alcoholic Beverage Control Board

**Form AB-03: Restaurant Designation Permit Application****Section 7 – Certifications and Approvals**

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

Initials

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

TBD

☐

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.

This menu includes entrées that are regularly sold and prepared by the licensee at the licensed premises.

TBD

☐

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 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.

☐

Abraham Gallo

Printed name of licensee

Signature of licensee

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



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

\_\_\_\_\_  
Date

Enforcement Recommendations:

AMCO Director Review:

Approved

Denied

☐☐

\_\_\_\_\_  
Signature of AMCO Director

\_\_\_\_\_  
Printed name of AMCO Director

\_\_\_\_\_  
Date

Limitations: