



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-01: Transfer License Application

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 305 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, 3 AAC 305.045 and 3 AAC 305.060.

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:	Originale, LLC	License #:	5820		
License Type:	Restaurant Eating Place	Statutory Reference:	04.09.210		
Doing Business As:	Originale				
Premises Address:	400 D Street, Suite 1B				
City:	Anchorage	State:	AK	ZIP:	99501
Local Governing Body/Bodies:	Municipality of Anchorage				

Transfer Type:

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

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OFFICE USE ONLY			
Complete Date:		Transaction #:	
Board Meeting Date:		License Years:	
Issue Date:		Examiner:	



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Section 2 – Transferee Information

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

Licensee:	Brockwallabies, LLC				
Doing Business As:	Originale				
Premises Address:	400 D Street, Suite 1B				
City:	Anchorage	State:	AK	ZIP:	99501
Community Council, (If applicable):	Downtown				

Mailing Address:	801 Northway Drive, #141701				
City:	Anchorage	State:	AK	ZIP:	99508
Email:	tbrockwell@hotmail.com	Phone:	907-868-7900		

Designated Licensee:	Timothy Brockwell		
Contact Phone:	928-202-6671	Business Phone:	907-868-7900
Contact Email:	tbrockwell@hotmail.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 (Must be in feet.)

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 (Must be in feet.)

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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:	
Email:		Phone:			

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:		Phone:			

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 application shall be executed by an authorized officer of the Corporation. Information must be completed below 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, whether manager managed or member managed, the following information must be completed for each member with an ownership interest of 10% or more and for each manager regardless of ownership share.
- 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.
- For any entity, identify all affiliates for your organization as defined at 3 AAC 305.950.

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Entity Official:	Timothy Brockwell				
Title(s):	Manager/Member	Phone:	907-868-7900	% Owned:	100%
Address:	801 Northway Drive, #141701				
City:	Anchorage	State:	AK	ZIP:	99508
Email:	tbrockwell@hotmail.com	Phone:	928-202-6671		



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Form AB-01: Transfer License Application

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

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

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

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). The registered agent is either an individual resident of the state or domestic corporation authorized to transact business in the state and whose business office is the same as the registered office.

CBPL Entity #:	10291661	AK Formed Date:	11/19/24	Home State:	AK
Registered Agent:	Timothy Brockwell		Agent's Phone:	907-868-7900	
Agent's Mailing Address:	801 Northway Drive, #141701				
City:	Anchorage	State:	AK	ZIP:	99508
Email:	tbrockwell@hotmail.com		Phone:	928-202-6671	

Residency of Agent:

Yes No

Does your registered agent satisfy the requirement of AS 04.11.4307

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<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------



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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):

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:

Michael J. Schwarz is Transferee's attorney. He and other attorneys, paralegals and staff at Birch Horton Bittner & Cherot are authorized to speak on behalf of Transferee.

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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.

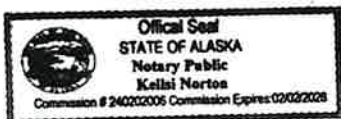
I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve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

Sergio Anzilotti
Signature of transferor

Sergio Anzilotti

Printed name of transferor

Subscribed and sworn to before me this 3 day of March, 20 25.



Kelsi Norton
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 02-02-2028

Tim Brockwell
Signature of transferor

Timothy Brockwell

Printed name of transferor

Subscribed and sworn to before me this 3 day of March, 20 25.



Kelsi Norton
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 02-02-2028

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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.

TB

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

TB

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.

TB

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 305.700.

TB

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

TB

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 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.

TB

I certify that I and any individual identified in the business entity ownership section of this application, has, or will read AS 04 and its implementing regulations.

TB

Tim Brockwell

Signature of transferee

Timothy Brockwell

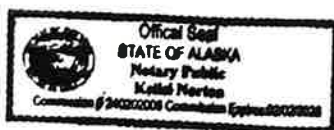
Printed name

Kelly M.

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 02-02-2028



Subscribed and sworn to before me this

3 day of March, 2025

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Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram**Why is this form needed?**

A detailed diagram of the proposed licensed premises is required for all alcohol license applications, per AS 04.11.260, 3 AAC 305.630 and 3 AAC 305.660. 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.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete. You may attach blueprints or other detailed drawings that meet the requirements of this form.

The diagram MUST include:

- You must use a **solid, contiguous red line** to outline the outer perimeter of your premises with no breaks or separations.
 - The red outline is required to follow a physical barrier (wall, fence and even across doorways).
 - There should be no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
 - Stored
 - Served/Sold
 - Manufactured
 - Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - Cross streets
 - Points of reference, such as a compass rose indicating True North
 - All entrances, exits, walls, bars, and fixtures
- If your premises include 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.
- 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.
- 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.
- Any license 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 1 – Establishment Information

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

Licensee:	Brockwallabies, LLC	License Number:	5820
License Type:	Restaurant Eating Place		
Doing Business As:	Originale		
Premises Address:	400 D Street, Suite 1B		
City:	Anchorage	State:	AK
		ZIP:	99501

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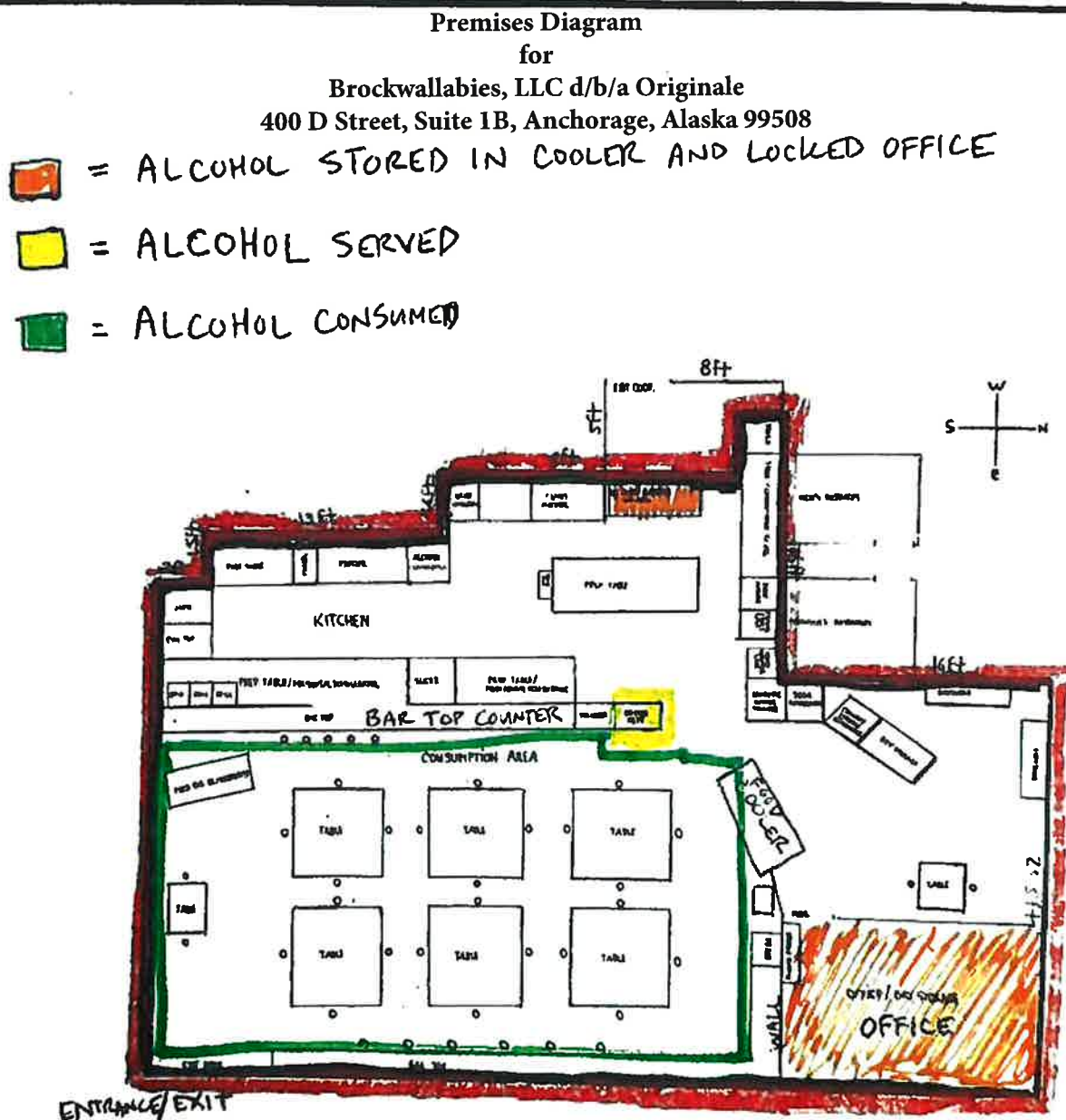


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Alaska Alcoholic Beverage Control Board
Form AB-02: Premises Diagram

Section 2 – Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.



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Alaska Alcoholic Beverage Control Board

Restaurant Endorsement Application

This 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:	Brockwallabies, LLC	License #:	5820
Doing Business As:	Origiale	License Type:	Restaurant Eating Place
Licensee Mailing Address:		Phone Number:	907-868-7900
Full Premises Address:	400 D Street, Suite 1B		
City:	Anchorage	State:	AK
		ZIP:	99501
Local Governing Body:	Municipality of Anchorage	Email:	tbrockwell@hotmail.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.
-------------------------	--

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 – Access to Persons Under 21 Years of Age

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

Be specific in your list where within the premises persons under 21 years of age are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Persons under 21 years of age will only be allowed in the dining area OR will only be employed and present in the kitchen).

Customers under 21 years of age will only be allowed in the dining area.
Employees under 21 years of age will have parental consent and an exemption from the Department of Labor and Workforce Development, and they cannot sell, serve or deliver alcohol.

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Alaska Alcoholic Beverage Control Board **Restaurant Endorsement Application**

Describe the policies, practices and procedures that will be in place to ensure that persons under 21 years of age do not gain access to alcoholic beverages while dining or employed at your premises. Outline how and where alcoholic beverages are stored on premises. Acknowledge that employees who sell and serve alcoholic beverages must have a current Server Education Card.

Alcoholic beverages will be kept behind the counter or stored in a secure area away from customers to access.

There is a rule that employees under the age of 21 years of age are not allowed to open the alcohol cooler or touch alcoholic beverages.

These standards will be upheld by a supervisor during business hours and while employees are present.

Employees who sell and serve alcoholic beverages must have a current server education card.

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 – Food Service Establishment 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:

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

Initials
TB

**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	From Time of Day	To Time of Day
Sunday	Closed	
Monday	Closed	
Tuesday	10 AM	2:30 PM
Wednesday	10 AM	2:30 PM
Thursday	10 AM	2:30 PM
Friday	10 AM	2:30 PM
Saturday	11 AM	2:30 PM

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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 application that includes 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 – Entertainment & Service

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.

Entertainment as described by AS 04.09.210, includes dancing, karaoke, live performances, or similar activities, but does not include recorded or broadcast performances without live participation.

Food and beverage service offered or anticipated is:

☐ Table Service ☐ Buffet Service ☐ Counter Service ☐ Other: _____

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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board
Restaurant Endorsement Application

Section 8 – Attestations

Initials

TB

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.

TB

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.

TB

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

TB

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.

Timothy Brockwell

Printed name of licensee

TB Brockwell

Signature of licensee

3/4/2025

Date

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AMCO

THIS PERMIT MUST BE CONSPICUOUSLY POSTED IN A PUBLIC PLACE IN THE ESTABLISHMENT

Municipality of Anchorage
DEPARTMENT OF HEALTH & HUMAN SERVICES

PERMIT

FACILITY NAME
OWNER'S NAME:
LOCATION:

ORIGINALE
BROCKWALLABIES LLC
400 D ST 1B

PERMIT NO.
FA0019541

ISSUED BY THE DEPARTMENT OF HEALTH & HUMAN SERVICES AND SUBJECT TO THE ANCHORAGE MUNICIPAL CODE OF ORDINANCES
TITLES 15 AND 16. UNLESS THE OWNERSHIP CHANGES, THIS PERMIT IS VALID FROM 1/1/2025 TO 12/31/2025

ORIGINALE
PO BOX 141701
ANCHORAGE, AK 99514

THIS CERTIFICATE AND PERMIT IS NOT TRANSFERABLE
AND IS THE PROPERTY OF THE MUNICIPALITY OF ANCHORAGE

70-031 Ver 9_02 *

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BEST SELLER

GRILLED SANDWICHES

NEW YORK CITY \$10.50 / \$18.00
THIN SLICED PASTRAMI, FRESH MOZZARELLA
AND CHEF'S BASIL SPREAD

THE GODFATHER \$13.00 / \$19.00
PROSCIUTTO CRUDO, PROSCIUTTO COTTO, SALAMI,
SPICY COPPA, MORTADELLA AND FRESH MOZZARELLA

IL DIAVOLO #DDD \$13.50 / \$21.00
SPICY SALAMI SOPPRESSATA, SPICY COPPA,
PEPPER SALAMI, FRESH MOZZARELLA, HOKEY
POKEY SPICY PEPPER SAUCE AND HOT OLIVE OIL

MUFFULETTA \$13.50 / \$26.00
SALAMI, SPICY COPPA, PROSCIUTTO COTTO,
MORTADELLA, PROVOLONE AND FRESH MOZZARELLA
WITH HOMEMADE MUFFULETTA SPREAD

IL DIAVOLETTI \$13.50 / \$21.00
SPICY PEPPERONI, SPICY SALAMI,
MANCHEGO CHEESE, HOUSE MADE SPICY MAYO
AND PEPPADAW PEPPERS

NONNI \$13.50 / \$21.00
FOCACCIA WITH ONION, PROSCIUTTO CRUDO,
PECORINO CHEESE WITH TRUFFLE, TOMATO,
BALSAMIC AND FRESH ARUGULA

GRILLED SANDWICHES

FAVORITO \$8.50 / \$11.50
PROSCIUTTO COTTO, CHEESE,
TOMATO AND OREGANO

PAISAN \$10.00 / \$14.50
SPICY COPPA, PEPPER SALAMI,
CHEESE AND TOMATO

IL CAPO \$11.50 / \$15.50
PROSCIUTTO CRUDO, CHEESE,
TOMATO AND OREGANO

THE GOBBLER \$13.00 / \$19.00
THIN SLICED TURKEY WITH HERBS,
PROVOLONE CHEESE, AND HOMEMADE
ARTICHOKE TAPENADE

MAMMA MIA \$12.00 / \$19.00
THIN SLICED PASTRAMI, FRESH MOZZARELLA
AND CARAMELIZED ONION WITH BELL PEPPERS

TUNA MELT \$11.50 / \$18.00
MIX OF ITALIAN TUNA, KALAMATA OLIVES
AND MAYO WITH FRESH MOZZARELLA

KIDS SANDWICHES

GRILLED CHEESE \$6.00
GRILLED HAM & CHEESE \$6.50

GOLD SANDWICHES

GENOVESE \$8.50 / \$11.50
SALAMI OR SPICY COPPA AND CHEESE

ORIGINALE \$11.50 / \$17.50
PROSCIUTTO CRUDO AND FRESH MOZZARELLA

DON QUIXOTE \$13.00 / \$19.00
HOMEMADE GARLIC MOUSSE, SEASONED
COOKED HAM, MANCHEGO CHEESE,
TOMATO AND MIXED GREENS

CLASSIC PIADINA ONE SIZE / \$15.50
HOMEMADE ITALIAN FLATBREAD WITH
CHEDDAR SPREAD, PROSCIUTTO CRUDO,
FRESH MOZZARELLA AND MIXED GREENS

VEGETARIAN SANDWICHES

MARGHERITA PANINI \$10.00 / \$13.50
THREE CHEESES, TOMATO,
FRESH BASIL AND OREGANO

CAPRESE PANINI \$10.00 / \$16.00
TOASTED FOCACCIA BREAD WITH CHEDDAR
SPREAD, FRESH MOZZARELLA, FRESH BASIL,
TOMATO AND BALSAMIC VINEGAR

SPINACH CRÊPE ONE SIZE / \$13.00
GLUTEN FREE TAPIOCA CRÊPE WITH
A MIX OF RICOTTA CHEESE, SPINACH AND
WALNUT, DRIZZLED WITH BALSAMIC VINEGAR

SALAD SANDWICHES

POLLO PANINO \$9.00 / \$15.00
A MIX OF SHREDDED CHICKEN AND MAYO
WITH MIXED GREENS

GLUTEN-FREE OPTION* ONE SIZE / \$14.00

TUNA PANINO \$10.00 / \$16.00
A MIX OF ITALIAN TUNA, BLACK
KALAMATA OLIVES AND MAYO WITH
MIXED GREENS

GLUTEN-FREE OPTION* ONE SIZE / \$15.00

**ALL SANDWICHES ARE SERVED WITH
A SIDE OF OUR HOUSE MADE SOUP,
HOUSE MADE POTATO SALAD,
OR CHIPS.**

ADD MIXED GREENS, TOMATO OR MAYO \$1.50/ea

ADD EXTRA MEAT OR CHEESE \$2/ea

ADD PROSCIUTTO CRUDO \$4

ADD HOKEY POKEY SPICY PEPPER SAUCE \$1.50

8oz CUP OF HOUSE MADE SOUP \$6

16oz PORTION OF HOUSE MADE POTATO SALAD \$10

16oz PORTION OF SPICY HOUSE

MADE POTATO SALAD \$12

WE USE ORGANIC PRODUCTS WHEN AVAILABLE

ALL SANDWICHES ARE MADE ON OUR
SIGNATURE HOUSE MADE FOCACCIA BREAD
(UNLESS MENTIONED OTHERWISE), FINISHED
WITH EXTRA VIRGIN OLIVE OIL
AND HOUSE SECRET SPICES.

FRESH BREAD. BAKED DAILY.

PINSA PIZZA

LA PUTTANESCA 🌶️ #DDD

\$20.00

HOKEY POKEY SPICY PEPPER SAUCE, SHREDDED CHEESE, MUFFULETTA OLIVE SPREAD, THIN SLICED MORTADELLA, STRACCIATELLA CHEESE

LA MARGHERITTA 🌿

\$17.00

TOMATO SAUCE, SHREDDED CHEESE, FRESH MOZZARELLA, TOMATO, AND BASIL

VEGETERIAN MEDITERRANEAN 🌿

\$19.00

OLIVE OIL, SHREDDED CHEESE, AND HOMEMADE ARTICHOKE TAPENADE

ADD SALAMI \$2.00 / ADD PROSCIUTTO \$4.00

SALADS

CHICKEN SALAD 🍷

\$9.00 / \$15.00

A MIX OF SHREDDED CHICKEN & MAYO SERVED WITH MIXED GREENS, TOMATO, FRESH MOZZARELLA, OLIVE OIL, BALSAMIC VINEGAR AND HOUSE SECRET SPICES

TUNA SALAD 🍷

\$10.00 / \$16.00

A MIX OF ITALIAN TUNA, KALAMATA OLIVES AND MAYO SERVED WITH MIXED GREENS, TOMATO, FRESH MOZZARELLA, OLIVE OIL, BALSAMIC VINEGAR AND HOUSE SECRET SPICES

CAPRESE SALAD 🌿 🍷

\$8.50 / \$14.00

MIXED GREENS, TOMATO, FRESH MOZZARELLA, FRESH BASIL, OLIVE OIL, BALSAMIC VINEGAR AND HOUSE SECRET SPICES

MEDITERRANEAN SALAD 🌿

ONE SIZE / \$9.00

ORGANIC CARROTS, OLIVES, ORGANIC SWEET CORN, ORGANIC PINE NUTS, FRESH SPINACH, OLIVE OIL, BALSAMIC VINEGAR AND HOUSE SECRET SPICES SERVED WITH HOMEMADE ITALIAN FLATBREAD

*GREENS MAY BE SUBSTITUTED DEPENDING ON SEASONAL AVAILABILITY

PROSCIUTTO COTTO: COOKED HAM WITH ROSEMARY & HERBS

PROSCIUTTO CRUDO: PARMA CURED HAM (24-MONTH AGED)

SPICY COPPA: COPPA OR CAPICOLA: A SPICY ITALIAN COLD CUT MADE FROM DRY-CURED WHOLE PORK SHOULDER OR NECK

MORTADELLA: LARGE ITALIAN SAUSAGE MADE OF FINELY GROUND MEAT-CURED PORK SAUSAGE *CONTAINS NUTS

PASTRAMI: TRADITIONAL NEW YORK STYLE, COATED WITH SPICES (100% BEEF)

SALAMI: A TYPE OF CURED PORK SAUSAGE, DRY SALAMI, SOPPRESSATA, SPICY SOPPRESSATA OR PEPPER SALAMI

CHEESES: SMOKED GOUDA (UNLESS MENTIONED OR REQUIRED OTHERWISE), PROVOLONE, SWISS, MANCHEGO OR FRESH MOZZARELLA

🍷 *GLUTEN FREE

🌿 VEGETARIAN

🌿 VEGAN

🌶️ SPICY



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