



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

~~XXXXXX~~ July 5, 2022

Kenai Peninsula Borough

VIA Email: mjenkins@kpb.us; jvanhoose@kpb.us; jratky@kpb.us; cjackinsky@kpb.us; maldridge@kpb.us; ncarver@kpb.us; slopez@kpb.us; jblankenship@kpb.us; assemblyclerk@kpb.us

License Type:	Restaurant/Eating Place	License Number:	6047
Licensee:	Miller's Landing, Inc.		
Doing Business As:	Miller's Landing, Inc		
Premises Address	13880 Beach Drive, Seward Alaska		

We have received a completed application for the above listed license (see attached application documents) within your jurisdiction. This is the notice required under AS 04.11.480.

A local governing body may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the director **and** the applicant with a clear and concise written statement of reasons for the protest within 60 days of receipt of this notice, and by allowing the applicant a reasonable opportunity to defend the application before a meeting of the local governing body, as required by 3 AAC 304.145(d). If a protest is filed, the board will deny the application unless the board finds that the protest is arbitrary, capricious, and unreasonable. To protest the application referenced above, please submit your protest within 60 days and show proof of service upon the applicant.

AS 04.11.491 – AS 04.11.509 provide that the board will deny a license application if the board finds that the license is prohibited under as a result of an election conducted under AS 04.11.507.

AS 04.11.420 provides that the board will not issue a license when a local governing body protests an application on the grounds that the applicant's proposed licensed premises are located in a place within the local government where a local zoning ordinance prohibits the alcohol establishment, unless the local government has approved a variance from the local ordinance.

Sincerely,

Joan M. Wilson, Director
amco.localgovernmentonly@alaska.gov



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

What is this form?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A menu or expected menu listing the meals, including entrees prepared onsite and offered to patrons, and copy of the DEC Food Service Permit (or corresponding DHHS documentation for licenses located in the Municipality of Anchorage) must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

Section 1 – Establishment Information

Enter information for licensed establishment.

Licensee:	Miller's Landing Inc				
License Type:	Restaurant/Eating Place	License Number:	6047		
Doing Business As:	Miller's Landing Inc				
Premises Address:	13880 Beach Dr				
City:	Seward	State:	AK	ZIP:	99664
Contact Name:	Michael Chance Miller	Contact Phone:	907-491-1126		

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 persons 16 or 17 years of age: AS 04.16.049(c)
 NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

OFFICE USE ONLY	
Transaction #:	100353547
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 be allowed in dining area, which includes outside deck area - marked on diagram - when accompanied by person over 21.
Minors will be allowed in kitchen area of Barrio when employed for prep, baking if over the age of 18 yrs. old

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 guests will be carded when ordering any alcoholic beverage. Minors will not be allowed entrance to Barrio after 10pm. ~~When~~ Employees who are minors will not have access to storage area where alcohol is stored, nor will have access to Bar well 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.

MCM

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



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 5 – Hours of Operation

Review AS 04.16.010(c).

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

6am-10pm Monday - Sunday April 1 - September 30th
7am - 9pm Monday - Sunday October 1 through March 31st

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:

Occasional live music from 7-11pm mainly during the summer months - open mic style

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.

MCM

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

MCM

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.

MCM

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.)

MCM

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

Signature of licensee

Michael Chance Miller

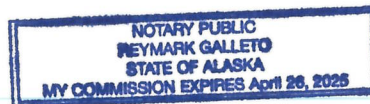
Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: April 26, 2025

Subscribed and sworn to before me this 8th day of March, 2022.



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:

Miller's Landing

Barrio Summer Menu: Breakfast & Lunch

Sunrise quiche.

Portage Porridge.

Bacon Jam Toast.

Fancy Toast.

Dizzy Cactus.

Tonsina Tartine.

Freshly baked goods.

Barrio Bowl.

AMCO

MAR - 8 2022



RECEIVED

MAR 8 2022

State of Alaska DEC
Food Safety Program

Plan Review Application

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program



Permit ID:

Section A- General Information (All applicants complete entire section – please print).

Purpose (check one) New Construction Remodel of Existing Structure Reactivation

General Information	Establishment Name: <u>Barrio coffee + kitchen</u>	Date: <u>2/17/22</u>
	Plan Review Contact Name: <u>Katherine LeMaster</u>	
	Phone Number: <u>907-977-9916</u>	Email: <u>ak-bluesky@yahoo.com</u>
	Address: <u>1118 Est. anch, AK 99501</u>	
	Operating Days/Hours: <u>Monday-Sunday 5AM-10PM</u>	Proposed Opening Date: <u>May 1st '22</u>

If you are proposing to build a new food establishment or extensive remodeling of an existing food establishment in Alaska (except in the Municipality of Anchorage), you must submit a completed Plan Review Packet 30 days prior to construction. Additional information regarding calculations and drawings can be found in the Plan Review Guide.

Please Note: Failure to provide all the required information may delay the plan review process and permit issuance.

REQUIRED DOCUMENTATION LIST (Include the following in your packet)

- Food Establishment Application
- Fees (Plan Review Fee is Non-Refundable)
- Plot Plan
- Floor Plan
- Plumbing Schematic
- Complete list of equipment (including manufacturer's specifications)

SECTION B – REQUIRED DOCUMENTATION

a. **Potable Water Supply.** Have plans been submitted to the Drinking Water Program as required by 18 AAC 80?
 Yes* No N/A (Municipal Water Supply) **Specify in comments.**
 Comments:

***Attach a confirmation email or letter from the Drinking Water Program stating that the system has been approved.**

b. **Wastewater Disposal System.** Have plans been submitted to the Wastewater Program as specified by 18 AAC 72?
 Yes* No N/A (Municipal System) **Specify in comments.**
 Comments:

***Attach a confirmation email or letter from the Wastewater Program stating that the system has been approved.**

If you have a septic system, please provide the legal description of your property (Lot, Block, etc.)

c. **Solid Waste Disposal.** Please describe how you plan to dispose of your solid waste:
collect daily dispose in 2 dumpsters on site

d. **Plot Plan.** Have you included a detailed to scale drawing of the plot plan including: Yes No

- All buildings
- Refuse storage site
- Potable water supply
- Outside walk-in cooler(s)/freezer(s)
- Outside storage areas
- Identify nearby roads, other landmarks, and/or give GPS coordinates
- Access for deliveries
- Sewage disposal system
- Oil/Fuel tanks

e. **Floor Plan.** A floor plan with the listed components must be submitted as part of the application packet. Have you included a floor plan? Yes No

Layout and purpose of each room Type and location of lighting

Location of fixed equipment and plumbing features Type and location of ventilation, both building and local systems

Size, construction, and design of fixed equipment

Location of restrooms, including the number of toilets and handwash sinks.

f. **Plumbing Schematic.** A plumbing schematic with the listed components must be submitted as part of the application packet. Have you included a detailed drawing of the plumbing schematic? Yes No

Plumbing schematic showing each hot, cold, and wastewater line.

Plumbing connection to the wastewater line (direct vs. indirect)

Hot water capacity

Have you contacted the State Plumbing Inspector? Yes No

g. **Fire Marshall.** Have you contacted the State Fire Marshall? Yes No

Please describe your ventilation/hood system: Halifax type 1 commercial 12-foot hood Kitchen hood with make up air

SECTION C - ADDITIONAL INFORMATION

a. **Storage.** How often will you receive food deliveries? Do you have adequate storage to support your operation? Consult the Plan Review Guide for information about storage capacity.

twice a week, yes. Dry storage is marked on floor plan

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:

Employee belongings will be stored in locked dry storage space

c. **Poisonous/Toxic Materials.** Describe location and means to store poisonous or toxic materials:

All materials will be stored above mop sink/station on shelves

d. **Floors/Walls/Ceilings.** Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):

Floors will be waterproof laminate stainless steel
 walls will be covered in FRP wall paneling/shelving
 ceilings - calla health zone panels, washable

e. **Warewashing:** Describe how dishes, utensil, and equipment will be washed:

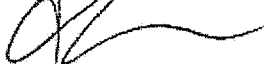
3 compartment sink: 1st sink pre soak + wash with hot H2O / Dishes will be
 2nd sink: rinsing compartment, warm water 3rd: sanitizing. / air dried

f. **Linens.** Describe how soiled and clean clothing/linens will be stored and where they will be cleaned:

NA

SECTION D

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I understand that plan review fees are not refundable under the Alaska Food Code 18 AAC 31.050(k). I agree to pay all fees before operating.

Applicant's Signature  Date 2/17/22

Applicant's Printed Name Katherine LeMastere Title owner/manager
 AMICO



Application for Food Establishment Permit

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program

RECEIVED

MAR 8 2022



Permit ID: State of Alaska DEC
Food Safety Program

Section 1- GENERAL INFORMATION (All applicants complete entire section - please print).

Purpose (check one) New Information Change Extensive Remodel Change of owner/operator Reactivate

Owner/Business Information	Name of Entity or Owner Responsible for Food Service Katherine LeMaster Barrio coffee and kitchen		AK Business License # 21454108	
	Business/Corporate Mailing Address 118 E St.		City Anch	State AK
	Business/Corporate Phone 907 917 9916		Email ak-bluesky@yahoo.com	
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Katherine LeMaster		Fax	
	Type of Entity <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			

Establishment Information	Establishment Name Barrio coffee + kitchen		Physical Location 13880 Beach Dr.		Nearest Community Seward	
	Establishment Mailing Address 118 E St.		City Anch	State AK	Zip 99501	
	Establishment Phone 907 917 9916		Fax		Contact Person Katherine LeMaster	
	Establishment Physical Address 13880 Beach Dr.		City Seward	State AK	Zip 99504	

SEATING: (Food Service Only) N/A 25 or less 26-100 > 101

TYPE OF OPERATION Please describe the type of facility you plan to open below (i.e. restaurant, bar, grocery store, etc.)

Walk up counter service serving breakfast, lunch, dinner

SECTION 2 - NEW OR EXTENSIVELY REMODELED FACILITIES

a. A plan review will be required if your facility has never been permitted by the Alaska's Food Safety and Sanitation Program; has not had an active permit in the last five years; will be extensively remodeled; or is a new construction. If any of these apply, a Plan Review Application is required to process your application. Have you attached the Plan Review Application? Yes No

SECTION 3 - COMPLETE FOR ALL FOOD ESTABLISHMENTS (Check all that apply)

FOOD SERVICE ESTABLISHMENTS

a. A copy of your menu will be required. Have you attached a copy of the proposed menu? Yes No

b. Attach appropriate label, placard, or menu notation for the consumer advisories if you serve:
 Wild Mushrooms Unpasteurized juices Farmed halibut, salmon, or sablefish
 Raw/undercooked animal foods such as beef, shell eggs, lamb, pork, poultry, seafood, and shellfish.

c. Methods of food preparation (check the one that most closely describes the establishment):
 Assembly of Ready to Eat Foods Cook and Serve
 Hot or cold Service for 2 hours or more is done
 Complex (Preparation 1 day or more in advance, cooling and reheating is done).

d. Style of Service: Counter Service Self Service (i.e. buffet line, salad bar) Table Service
 Other:

e. Do you plan to operate as a caterer? Yes No

If yes, list all the equipment used to protect food from contamination and maintain product temperature during:

Transportation:
on site catering only

Hot or Cold Holding:
insulated pan carrier
cambro
chaffing dishes with cambro

Permit ID(s)

Establishment Name(s)

- f. Will your food establishment be a kiosk or mobile unit? Yes No
- Are employee toilets available within 200 feet? Yes No
If you have an agreement with another business to use their restrooms, please attach written verification.
- Portable water tanks, plumbing, and hoses are NSF or FDA approved components? Yes No
- If you have a kiosk, is it located outside of a building? Yes No
- Will you have a service provide water or remove wastewater? Yes No
If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.

- g. Will another permitted food establishment (commissary) provide support to your facility? If yes, attach a copy of the Commissary Agreement. Yes No

FOOD PROCESSORS

- a. A copy of a label for each type of product you will produce is required. Have you attached food labels of each product to be produced? Yes No

b. Describe who you will be distributing your product to (i.e. grocery stores, etc):

- c. Will you be doing any of the following processes? Check all that apply.
- Reduced Oxygen Packaging Smoking Other:
- Low Acid Canned Foods Curing
- Shelf Stable Acidified Foods Dehydrating
- Be sure to check with your local Environmental Health Officer for any applicable forms and FDA requirements.*

- d. Do you have a HACCP Plan? Yes No N/A
Required for high hazard food processors such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, reduced oxygen packaging, etc.

- e. You are required to have a product coding system and a recall plan. Have you attached a copy of the coding system and recall procedures? Yes No

MOBILE RETAIL VENDOR SELLING SEAFOOD

- a. A list of products that you will be selling is required. Have you attached a copy of the list of products? Yes No

b. Provide names of suppliers where you will be purchasing your product:

- c. Will *all* of your product be prepackaged? Yes No

- d. Will another permitted food establishment (commissary) provide support to your facility? If yes, attach a copy of the Commissary Agreement. Yes No

MACHINES VENDING POTENTIALLY HAZARDOUS FOODS

- a. Have you attached the label that will be affixed to the front of each machine with name, physical address, and phone number of the permitted food establishment servicing the machine? Yes No

SECTION 4 – Food Managers Certification/Alaska Safe Food Worker Card

- a. Have you attached a copy of a Food Manager's Certification? Yes No N/A
The operator of a food establishment that serves and prepares unwrapped or unpackaged food, except for a bar, tavern, or limited food service, must have at least one Certified Food Protection Manager who is involved in the daily operations of the establishment.

- b. Does everyone who works or will work at the food establishment have a Food Worker Card? Yes No N/A
An operator of a food establishment shall keep on file a copy of the Food Worker Card issued by the department for each employed food worker and make the copy available to the Department upon request.

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

Applicant's Signature  Date 2-17-22

Applicant's Printed Name Katherine LeMaster Title owner / manager
 AMCO



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

What is this form?

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

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

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

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.

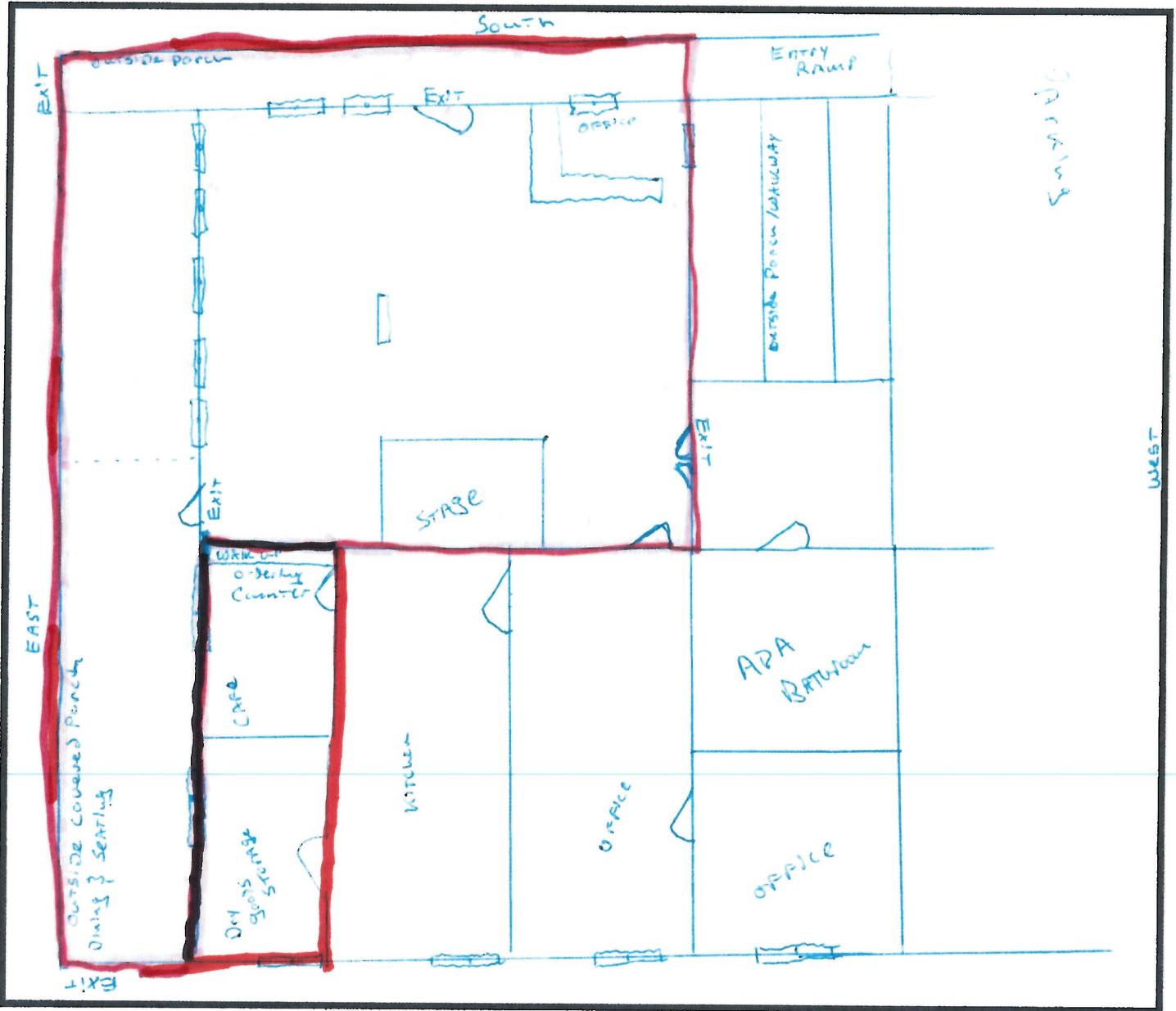
Licensee:	Miller's Landing Inc	License Number:	6047		
License Type:	Restaurant / Eating Place				
Doing Business As:	Miller's Landing Inc				
Premises Address:	13880 Beach Dr				
City:	Seward	State:	AK	ZIP:	99664



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.



--- Road (Beach Dr.)

■ Alcohol sold

■ Alcohol storage

■ Alcohol served

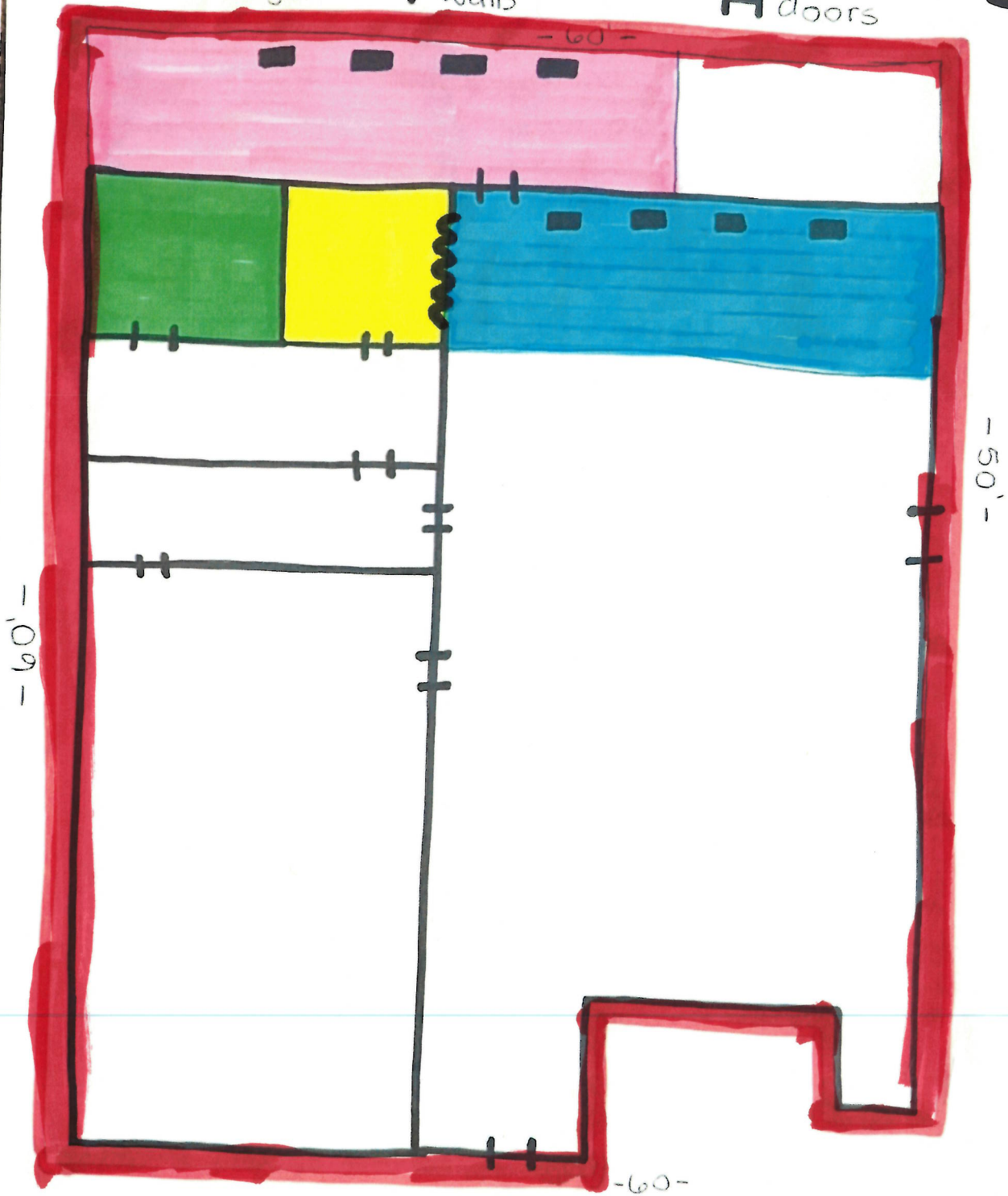
■ outdoor seating

— walls

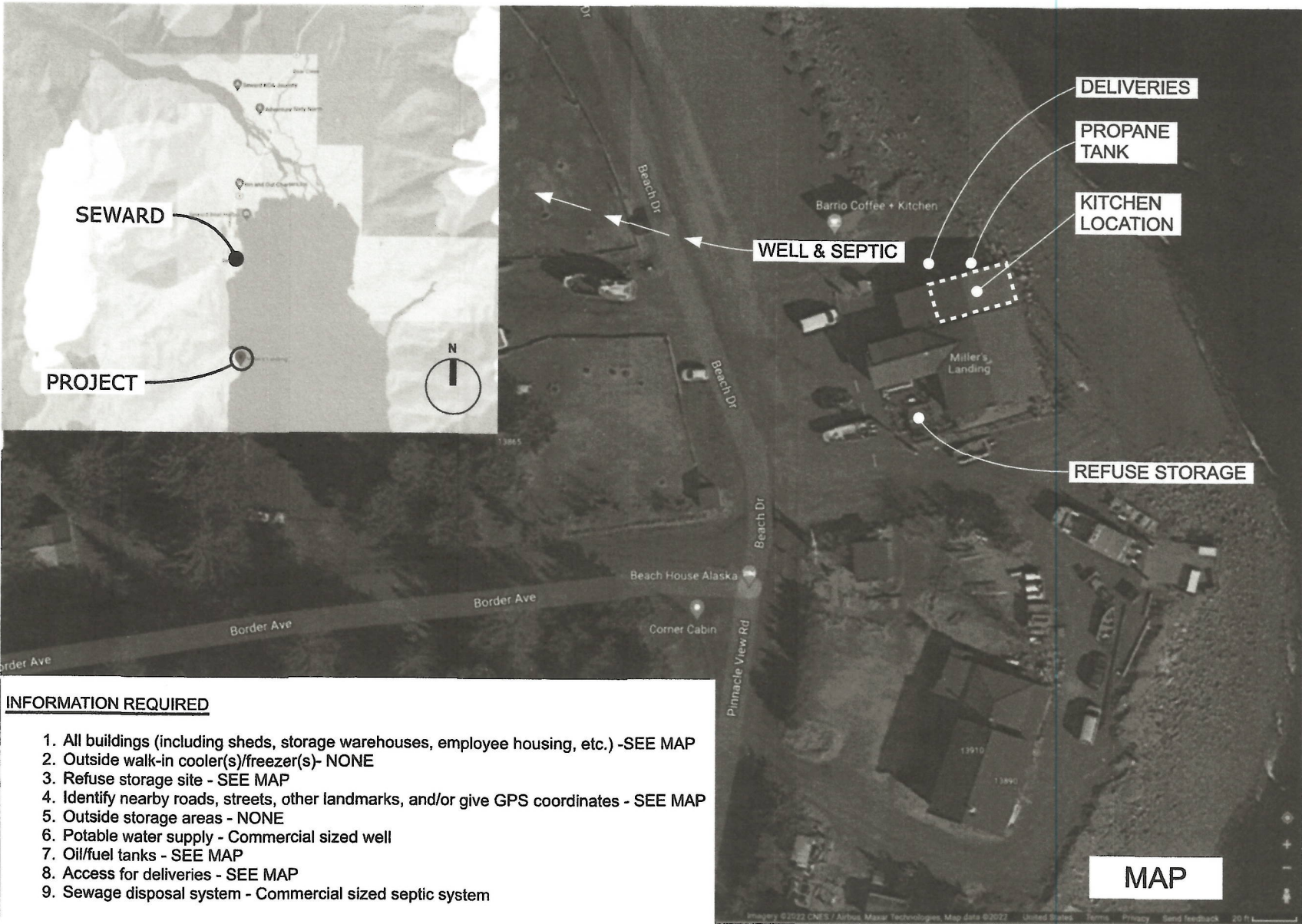
■ tables

~ service desk / Bar

H doors



Beach Drive



AMCO

MAR - 8 2022

INFORMATION REQUIRED

1. All buildings (including sheds, storage warehouses, employee housing, etc.) -SEE MAP
2. Outside walk-in cooler(s)/freezer(s)- NONE
3. Refuse storage site - SEE MAP
4. Identify nearby roads, streets, other landmarks, and/or give GPS coordinates - SEE MAP
5. Outside storage areas - NONE
6. Potable water supply - Commercial sized well
7. Oil/fuel tanks - SEE MAP
8. Access for deliveries - SEE MAP
9. Sewage disposal system - Commercial sized septic system

drawn by Petra Wilm, AIA
 petra@wilmworks.com
 907-229-1646

WILMWORKS
 3400 Spenard Suite 219
 Anchorage AK 99503

Miller's Landing
 13880 Beach Dr, Seward, AK 99664
 866-541-5739
 www.millerslandingak.com

Department of Conservation (DEC)
Food Facility Plan

02/07/22

From: [katherine leMaster](#)
To: [Alcohol Licensing, CED ABC \(CED sponsored\)](#)
Subject: / Miller's Landing security plan
Date: Monday, April 11, 2022 1:15:26 PM

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Barrio Coffee & Kitchen/ Miller's Landing Store. Outdoor/Indoor Serving Security Plan

1.

All minors must be accompanied by an adult (age over 21) while in the restricted area when any alcohol is being served/sold/consumed. From hours 10am-10pm 7 days a week

2. All new patrons are carded upon ordering alcohol.
3. All staff is trained in the identification of fake IDs.

1. A 3 foot high wood railing is surrounding the outdoor service/deck area on the East side of building. A 2 1/2 ft rope barrier will keep patrons from exiting the deck area onto NORTH beach area, along with SOUTH deck. The patron area with alcohol service will be confined to a 40ft section of the covered deck. Patron Access to outdoor deck will only be accessible by EAST facing doorway. A 40 ft rope barrier will divide dining/alcohol service area from store area.

5. Underaged persons will be monitored closely by our professionally trained alcohol servers.
6. Proper egress from the outdoor service area will always remain unobstructed
7. ABC mandated posters as required by law are posted inside Barrio Coffee & kitchen AND Miller's Landing, and at the entrances of the outdoor seating area.
8. All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED BEYOND THE OUTDOOR SEATING AREA.
9. Keeping outdoor seating area viable without any increased risk to minors exposed to alcohol WILL continue to be a part of our training for our staff.
10. All safety related operations for our current liquor service will additionally be enforced in the new service area.
11. Proper signage at points of entry indicating no minors without a parent or legal guardian will be posted.
12. All servers will closely monitor that only the guests that have been carded will have alcoholic beverages.
13. Our top priority continues in providing safety for all guests regarding the service of alcoholic beverages.
14. Servers will be present in the outdoor area to monitor consumption.
15. All indoor & outdoor areas are monitored by security cameras 24hrs a day.

-katherine LeMaster on behalf of Chance & Tom Miller

Sent from my iPhone

From: [Millers Admin](#)
To: [Alcohol Licensing, CED ABC \(CED sponsored\)](#)
Subject: Re: #6047 dba Millers Landing Inc 2nd Incomplete Notice
Date: Friday, April 15, 2022 2:56:59 PM
Attachments: [outdoor recreation Lodge Statement ml inc 2022.docx](#)
[barrio store layout showing roped off food and drink areas.png](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Kristina;

I have attached the front and last pages of the lease document which are filled/signed.

I have amended the outdoor recreation lodge statement, essentially just deleting section 3 as advised.

I have Mr. Miller working on his AB-08a, he just got back in town last night.

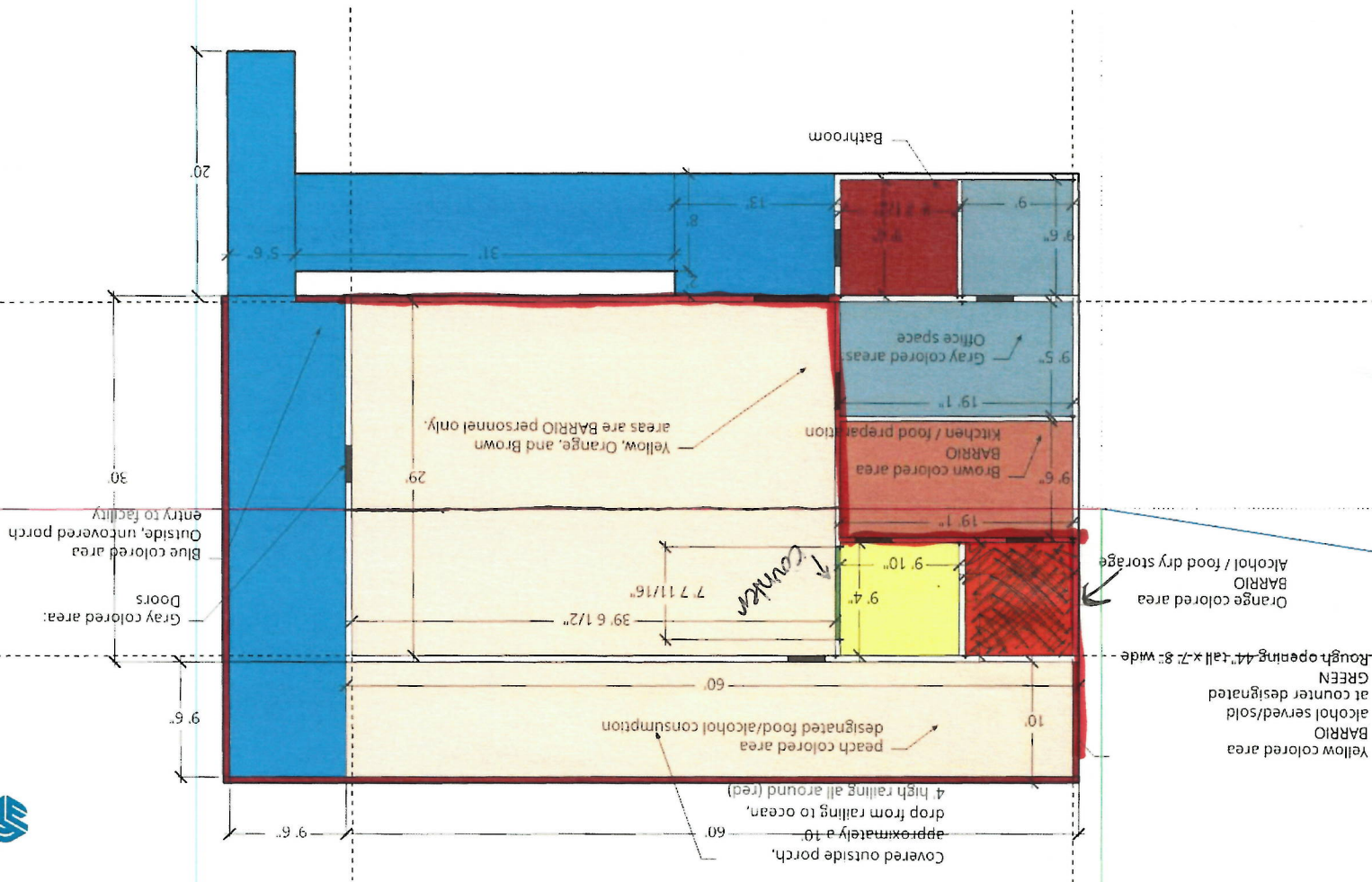
I have a solution for the layout - map. One of the layout images I submitted just had measurements. I believe after reviewing our security plan with Mrs. Lemaster, the following decision was made and I would like to find a way to clearly illustrate this for the application:

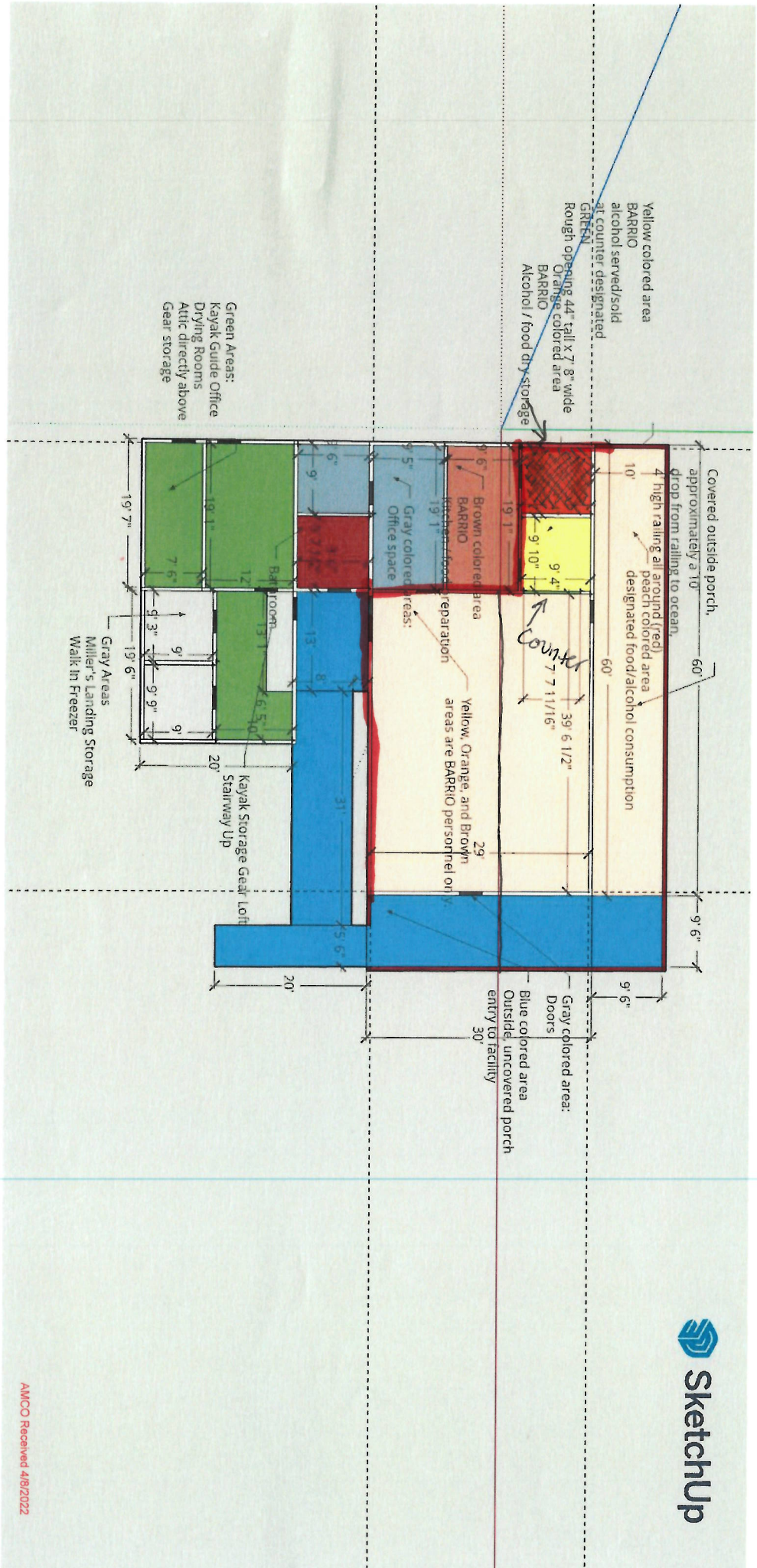
1. A 3 foot high wood railing is surrounding the outdoor service/deck area on the East side of building. A 2 1/2 ft rope barrier will keep patrons from exiting the deck area onto NORTH beach area, along with SOUTH deck. The patron area with alcohol service will be confined to a 40ft section of the covered deck. Patron Access to outdoor deck will only be accessible by EAST facing doorway. A 40 ft rope barrier will divide dining/alcohol service area from store area.

The railing is defined on the diagram - the intention is to make a 40' section of deck beginning on the North side a designated area for consumption, as well as divide the store with another rope barrier. I have included another image that attempts to show this by deleting a bunch of detail, and adding green boxes that show these consumption areas, as well as red "barriers" to illustrate these roped off areas. I greatly appreciate your time and assistance with all of this so far!

Best;
-Chance
907-491-1126

On Mon, Apr 11, 2022 at 12:00 PM Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov> wrote:







Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

What is this form?

This new license application form is required for all individuals or entities seeking to apply for a new 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 and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to be licensed.

Licensee:	Miller's Landing Inc		
License Type:	Restaurant/Eating Place	Statutory Reference:	AS.04.11.100
Doing Business As:	Miller's Landing Inc		
Premises Address:	13880 Beach Dr		
City:	Seward	State:	AK ZIP: 99664
Local Governing Body:	Kenai Peninsula Borough		
Community Council:	Lowell Point Community Council		

Mailing Address:	P.O Box 1269		
City:	Seward	State:	AK ZIP: 99664

Designated Licensee:	Michael Chance Miller		
Contact Phone:	9074911126	Business Phone:	
Contact Email:	admin@millerslandingak.com		

Seasonal License? Yes No If "Yes", write your six-month operating period: _____

OFFICE USE ONLY			
Complete Date:		License Years:	License #: 2047
Board Meeting Date:		Transaction #:	100353547
Issue Date:		BRE:	KRS



Alaska Alcoholic Beverage Control Board

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Section 2 – 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.

5.3 miles Seward High School

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.

2.6 miles Resurrection Bay Baptist Church

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 4.

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

The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	

AMCO

MAR - 8 2022



Alaska Alcoholic Beverage Control Board

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Section 4 – 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 5.

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:	Michael Chance Miller				
Title(s):	Vice President	Phone:	907 491 1126	% Owned:	50
Address:	18540 kittiwake circle				
City:	anchorage	State:	AK	ZIP:	99516

Entity Official:	Thomas Edward Miller				
Title(s):	Secretary, Treasurer	Phone:	907 231 5262	% Owned:	40
Address:	13093 Hayden Berlyn Road // P.O. Box 2555				
City:	Seward	State:	AK	ZIP:	99664

Entity Official:	Michael Allen Miller				
Title(s):	President	Phone:	907 491 1503	% Owned:	10
Address:	13890 Beach Dr. // P.O. Box 81				
City:	Seward	State:	AK	ZIP:	99664

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



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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 #:	10007903	AK Formed Date:	10/15/2012	Home State:	Alaska
Registered Agent:	Michael Chance Miller	Agent's Phone:	907 491 1126		
Agent's Mailing Address:	18540 kittiwake circle				
City:	anchorage	State:	ak	ZIP:	99516

Residency of Agent: Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska? Yes No

Section 5 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses: Yes No

Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska? Yes No

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

Section 6 – Authorization

Communication with AMCO staff: Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff? Yes No

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

Katherine LeMaster - Management of Food and Beverage Services on location 2022



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Section 7 – 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.

MCM

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

MCM

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.

MCM


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.

MCM

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

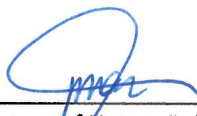
MCM

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


Signature of licensee

Michael C Miller

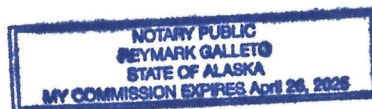
Printed name of licensee


Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: April 26, 2025

Subscribed and sworn to before me this 8th day of March, 2022.





Alaska Alcoholic Beverage Control Board

Form AB-13: Business Name Change

Why is this form needed?

This business name change form is required for any licensee seeking to change the business name of the licensee's licensed premises when the name change is not part of a transfer of ownership or location, per 3 AAC 304.185(c). **The required \$250 business name change fee may be made by check, cashier's check, money order, or credit card (VISA, MasterCard, American Express or Discover).**

This form must be completed and submitted to AMCO's Anchorage office prior to changing any business name. A new State of Alaska business license must be obtained prior to completing this form. Forms and contact information may be found on the Corporations, Business & Professional Licensing website at <https://www.commerce.alaska.gov/web/cbpl/BusinessLicensing.aspx>.

Please note that licensees seeking approval of a business name change for more than one liquor license must submit a separate completed copy of this form and pay a separate fee for each license.

Section 1 – Establishment Information

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

Licensee:		License Number:	
License Type:			
Current DBA:			
Premises Address:			
City:		State:	
		ZIP:	

Section 2 – New Business Name

Enter information for the **new** State of Alaska business license and name.

Business License #:	
Doing Business As:	

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.

Initials

Printed name of licensee

Signature of licensee

OFFICE USE ONLY

Issue Date:		Transaction #:	
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From: [Millers Admin](#)
To: [Alcohol Licensing, CED ABC \(CED sponsored\)](#)
Subject: Re: #6047 dba Miller's Landing, Inc- DEC food service permit and dba
Date: Thursday, June 23, 2022 10:36:07 AM
Attachments: [AB13 millers landing barrio coffee and kitchen.pdf](#)

Kristina

I'm sorry I didn't realize these things needed to match - yes here's a signed AB-13.
-Chance.

On Thu, Jun 23, 2022 at 8:12 AM Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov> wrote:

Good morning,

Our office needs an adjustment to this permit. We need to have a current food service permit that shows it is issued to the licensee “Miller’s Landing Inc”. The establishment name should also be the DBA “Miller’s Landing Inc”.

Can you verify your dba? The dba listed on your application and in your postings is “Miller’s Landing Inc” and this is what our office expects you to advertise as the name of your restaurant that you are doing business as. If you will do business as “Barrio Coffee & Kitchen” and not “Miller’s Landing Inc.” you may need to complete an AB-13 dba name change form.

Please review the dba and advise our office of what dba you will use.

Thank you,

Kristina Serezhenkov

Licensing Examiner

Alcohol and Marijuana Control Office

550 West 7th Avenue, Suite 1600

Anchorage, Alaska 99501


From: Millers Admin <admin@millerslandingak.com>

Sent: Wednesday, June 22, 2022 9:03 AM

To: Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov>

Subject: Re: #6047 dba Miller's Landing, Inc

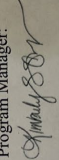
1118 E 21
ANCHORAGE, AK 99501
KATHERINE LEMASTER
12892

 **Alaska Food Code**
2022 Establishment Permit
Division of Environmental Health
Food Safety & Sanitation Program

Permit Number: 12892
Issued to: **KATHERINE LEMASTER**
For: **Barrio Coffee & Kitchen**
For Operation of: **FF-1 Food Service**
Located at: **13880 Beach DR Seward, AK 99664**

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.
ЭДДАҕА ЗИИТ 310 БИРИЭЭЭЭЭ ЭИТ ИО СЕТИИЭРЭ ЗИ ТИМЭРЭЭ БУОЙ
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, 2022

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)

