EXH. 12 05 13



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

https://www.commerce.alsska.gov/web/ar.co

Phone: 907.269.0350

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 **detailed floor plan** of the proposed designated and undesignated areas of the licensed business and a **menu** or expected menu listing the meals to be offered to patrons 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.

License Type:    RESTRURANT EATING PLACE   License Number:   5568     Doing Business As:   NINICHIE 132-6   CABINS AND R.V. PARK     Premises Address:   13364   STERLING HWY     City:   NINICHIE   State:   AK   ZIP:   99636     Contact Name:   CLEN THOMAS   Contact Phone:   907-252-632     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)     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.		nsed establishment.	formati	to a military for	Sulface Sulfaces	AND COURT OF THE COURT
Doing Business As:  NINICHIE 132_6 CABINS AND R.V. PARK  Premises Address:  13364 STERLING HWY  City:  NINICHIK  State: AK ZIP: 99630  Contact Name:  Contact Name:  Contact Phone:  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)  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.	Licensee:	GLEN THOMAS				
Doing Business As:    NINICHIE 132-6 CABINS PND R.V. PARK	License Type:	RESTAURANT EATING PLACE	License	Number:	55	68
Premises Address: 13364 STERLING HWY  City: NINICHIK State: AK ZIP: 99636  Contact Name: CLEN THOMAS Contact Phone: 907-252-632  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) 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.	Doing Business As:			RI		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I
Contact Name:  Contact Name:  Contact Phone:  Contact Phone:	Premises Address:	13364 STERLING HWY		11101	11111	
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			a person o	ver the ago	e of 21: A	
OFFICE USE ONLY	Employment NOTE: Under	for persons 16 or 17 years of age: AS 04.16.049(c) AS 04.16.049(d), this permit is not required to em	ploy a pers	son 18 - 20	vears of	
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Section 3 – Additional Information
Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:  //-00 A.M - //-00 P.M
Are any forms of entertainment offered or available within the licensed business or on the proposed designated portions of the premises?  If "Yes", describe the entertainment offered or available:
LIVE BAND, D.J. OR KARAOKE - SATURDAY/SUNDAY 3:00 PM-11:00 PM LIVE BAND, D.J. OR KARAOKE - MONDAY - FRIDAY 7:00 PM-11:00 PM FRIDAY NIGHTS ARE "TEEN NITE" NO ALCOHOL CONSUMED OR SOLD ON PREMISES?
Food and beverage service offered or anticipated is:  table service
Is an owner, manager, or assistant manager 21 years of age or older always present on the premises during business hours?
Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the third page of this form.
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the third page of this form that meet the requirements of this form.

[Form AB-03] (rev 10/10/2016)

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### Form AB-03: Restaurant Designation Permit Application

#### Section 4 - Detailed Floor Plan

Provide a detailed floor plan that meets the requirements listed in Form AB-01 and clearly indicates the proposed designated and undesignated areas of the licensed business for purposes of this permit application.

SEE ATTACHED DIAGRAMS



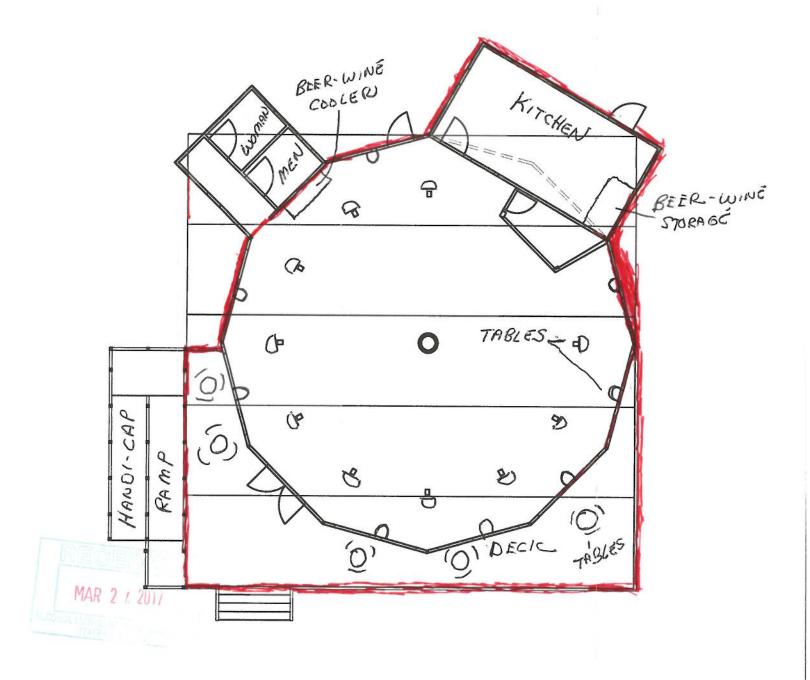
GLEN THOMAS

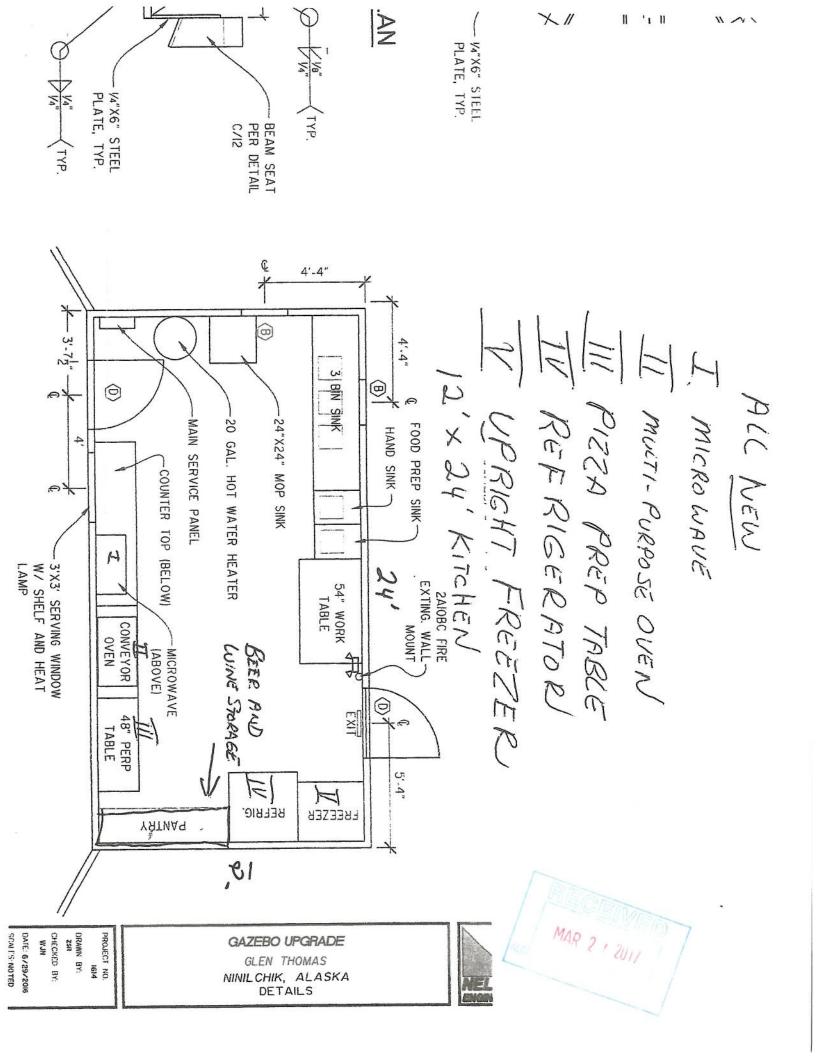
RESTAURANT DIAGRAM

RED LINING FLOOHOL SERVING/CONSUMING

PREAS

STORAGE







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

### Form AB-03: Restaurant Designation Permit Application

Section	n 5 – Certifications and Approvals	
Read each line below, and then sign your init	tials in the box to the right of each statement:	Initials
I have included with this form a detailed floor business for purposes of this application. I und	r plan of the proposed designated and undesignated areas of the l derstand that this diagram is different than my licensed premises	icensed diagram.
I have included with this form a menu, or an e	expected menu, listing the meals to be offered to patrons.	3
I certify that the license for which I am reques golf course, or restaurant or eating place licen	sting designation is either a beverage dispensary, club, recreation anse.	al site,
I declare under penalty of perjury that this for correct, and complete	m, including all attachments and accompanying schedules and state	ements, is true,
XX/	EALL	
Signature of licensee	Signature of Notary Public	
GLEN THOMAS  Printed name of licensee	Notary Public in and for the State of	70a
	My commission expires: $\overline{\Delta}$	Dec 28-201
JEMS DHAITI  Notary Public - State of Florida  Commission # FF 185595  My Comm. Expires Dec 28, 2018	ibed and sworn to before me this 22 day of march	. 20 17
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Local Government Review (to be completed b	by an appropriate local government official): Appr	oved Disapproved
Signature of local government official	Date	
Printed name of local government official	Title	
	RECEIVED .	

MAR 2 / 201/



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

### Form AB-03: Restaurant Designation Permit Application

AMCO Director Review:  Approved Disa  Signature of AMCO Director  Printed name of AMCO Director  Date  Limitations:					1916 191	AMCO Enforceme
Date  Limitations:  Printed name of AMCO Director  Printed name of AMCO Director  MAR 2 / 201/			AMCO Enforcement Supervisor	Printed name o	orcement Supervisor	Signature of AMCC
Signature of AMCO Director  Printed name of AMCO Director  Date  Limitations:  MAR 2 1 2017					endations:	Enforcement Reco
Signature of AMCO Director  Printed name of AMCO Director  Date  Limitations:  MAR 2 / 201/						
Signature of AMCO Director  Printed name of AMCO Director  Date  Limitations:  MAR 2 / 201/						
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Date  Limitations:  MAR 2 / 201/	approve	Approved D			18	AMCO Director Rev
Date  Limitations:  MAR 2 1 201/						
Limitations:  RECEIVATO  MAR 2 / 201/			MCO Director	Printed name of	ector	ignature of AMCO
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ALCOHOL MATURE STATE						

GLEN THOMAS D.B.A. NINICHIK 132.6 CABINS & R.V. PARK GOODY 2 SHOES RESTAURANT

EXPECTED MENU

PIZZA

BAR-B-QUE 6

PULLED PORK PLATE

PULLED PORK SANDWICHES



MENU EXHIBIT 11 OF 13

GLEN THOMAS D.B.A. NINICHIK 132.6 CABINS & R.V. PARK GOODY 2 SHOES RESTAURANT

EXPECTED MENU

PIZZA

BAR-B-QUE 6

PULLED PORK PLATE

PULLED PORK SANDWICHES



# GLEN THOMAS APPLICATION SUBMITTALS BY EXAIBIT NUMBER

EXHIBIT#

- 1. NEW LIQUOR LICENSE APPLICATION
- 2. POSTING AFFIDAVIT 2 (1 LICENSEE+ 1 POSTING PERSON)
- 3. PROOF OF ADVERTISING (CLARION)
- 4. PROOF OF TITLE (WARRANTY DEED)
- 6.5 STATEMENT OF FINANCIAL INTEREST
  - 6. PREMISES DIAGRAM
  - 7. FINGER PRINT CARDS (2) (LICENSEE+ SPOUSE)
  - 8 LICENSE FEE \$ 300.00 CHECK# 1350
- 9. APPLICATION/FILING FEE \$ 100.00 CHECK 1351
- 10. ALCOHOL SERVERI TRAINING CERTIFICATION
- 11. MENU (ALSO INCLUDED WITH EXHIBIT 12)
- 12- RESTAURANT DESIGNATION PERMIT APPLICATION (INCLUDES MENU, 2017 ALASKA FOOD PERMIT, ALASKA BUSINESS LIC.)
- 13. AUTHORIZATION OF RECORDS RELEASE (2)
  1 LICENSEE + 1 SPOUSE

