





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

June 29, 2020

City of Soldotna Kenai Peninsula Borough Attn: City/Borough Clerk Via Email: <u>cityclerk@soldotna.org JRodgers@kpb.us</u>, <u>SNess@kpb.us</u>, <u>joanne@borough.kenai.ak.us</u>, <u>tshassetz@kpb.us</u>

License Type:	Restaurant/Eating Place	License Number:	5919
Licensee:	Melodie Allen		
Doing Business As:	Small Town Coffee Roasters		
Premises Address:	43335 Kalifornsky Beach Road Ste 22, Soldotna		

New Application

□ Transfer of Location Application

Transfer of Ownership Application
Transfer of Controlling Interest Application

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,

Glen Klinkhart, Interim Director amco.localgovernmentonly@alaska.gov

Attached: AB-00, AB-02, and AB-03 if applicable

4/2/2020 - Please leave within Hiraldu



# 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:	Melodie Allen			
License Type:	Restaurant Eating Place	Statutory Refe	rence:	AS.04- 11.100
Doing Business As:	Small Town Coffe	e Roasters		
Premises Address:	43335 Kalifornsky	Beach Rd, Ste	222	
City:	Soldatna Sta		ZIP:	99669
Local Governing Body:	Kanau Peninsuke Be	racish		
Community Council:	1	2		

Mailing Address:	43335	Kal-Ernsky	Beach	r Rel.	Ste 2	2	
City:	Soidetra	-	State:	AK		ZIP:	99669

Designated Licensee:	Melorlie A	Ilen	
Contact Phone:	907-398-9535	<b>Business Phone:</b>	907-398-9535
Contact Email:	akcoffeerinders	Qgmail im	
Yes	No	J	

Seasonal License?

If "Yes", write your six-month operating period:

	OFFICE USE ON	LY	
Complete Date:	License Years:		License #:
Board Meeting Date:		Transaction #:	
issue Date:		BRE:	

[Form AB-00] (rev 10/10/2016)



Alcohol and Marijuana Co 550 W 7<sup>th</sup> Avenue, S Anchorage, Ak <u>alcohol.licensing@alaska</u> https://www.commerce.alaska.gov/web/ame Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

# Form AB-00: New License Application

	Section 2	- Premises Info	rmation		
Premises to be licensed is:					
an existing facility	a new building	a propose			
The next two questions mu	ist be completed by beverage	dispensary (including t			ts only:
What is the distance of	the shortest pedestrian route f the nearest school grounds?	e from the public entrar	ce of the building	of your proposed	
What is the distance of the public entrance of t	the shortest pedestrian route he nearest church building? I	e from the public entrar nclude the unit of meas	ice of the building urement in your a	of your proposed	premises to
-			the Roch	is Act	Doing Busme
					bba 252iman4
	Section 3 – Sole Pr	oprietor Owner	ship Inform	nation	CitA.
If more space is needed, pl	leted by any <u>sole proprietor</u> v ease attach a separate sheet nust be completed for each lig	with the required infor	mation.	uld skip to Section	Community 4
This individual is an:	applicant affiliat	e			Mailing Addre
Name:	Melodie	Allen			City
Address:	44399 R	brkway Ave	111 MA 191	censce:	Designated ti
City:	Soldating	State:	AK	ZIP:	994.9
		an the second second			Contact Email
This individual is an:	applicant affiliat	e			
Name:			1000		erasonal licens
Address:		CHARGE LASS CINCY	and the second second		
City:		State:		ZIP:	and support of the support
	New York	The second second		9340	Courses weeking a

[Form AB-00] (rev 10/10/2016)



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-00: New License Application

# 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:	a state water a set of the set of	inegA to the La
	Phone:	% Owned:
Title(s):	stated against an individual residuant of the more of the	by num receivation or (LC's red
Address:	A LINE PLUE AND IN A MANAGEMENT OF A	
City:	State:	ZIP:
City.		

Entity Official:	r atomotic beverage invinesses:	and at an interest and an and
Title(s):	Phone:	% Owned:
Address:	named in this application have any direct or units an	Long any namesentaive of CWGer
	State:	ZIP:
City:	ing the Headren Betrainer and the second	H "rea", discluse which individually "

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

Entity Official:	100 Miles 100	
Title(s):	Phone:	% Owned:
Address:		Alacto stati
City:	State:	ZIP:



Alcohol and Marijuana 550 W 7<sup>th</sup> Avenue Anchorage <u>alcohol.licensing@alas</u> <u>https://www.commerce.alaska.gov/web/s</u> Phone: 907.269.00

Alaska Alcoholic Beverage Control Board

# Form AB-00: New License Application

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 #:	AK Formed Date:	a provide software and	Home State:	put any man
Registered Agent:	a dista off generations of South Polish South and South and South and	Agent's Phone:	CONTRACTOR OF	
Agent's Mailing Address:	internal legen of page 10. A start	Nº OPERADO	Additional Advance	and the second second
City:	State:		ZIP:	
esidency of Agent:				Yes No
Is your corporation or LLC's regist	ered agent an individual resident of	the state of Alaska?		
	Section 5 - Other L	icenses.		
wnership and financial interest in oth	er alcoholic beverage businesses:			Yes No
Does any representative or owne any other alcoholic beverage bus If "Yes", disclose which individual(s) license number(s) and license type(		nsed in Alaska?		Alaska, which
Incense number (3) and neense type	Phanes	and an and an and an		(a)=111
	Section 6 - Autho	ringélon		A. CONTRACT
	Section 0 - Autno	nzation		
Communication with AMCO staff:	Section 6 - Autho	onzation		Yes No
the market of	ensee named in this application hav		this license with	Yes No
Does any person other than a lic	ensee named in this application hav	e authority to discuss	this license with	Yes N

[Form AB-00] (rev 10/10/2016)



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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

# Section 7 – Certifications

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

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.

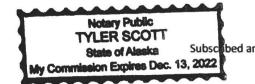
I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

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.

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.

Printed name of licensee



Signature of Notary Public

Notary Public in and for the State of <u>Alaka</u>

My commission expires: 12/13/2022

Subscribed and sworn to before me this  $\frac{11^{\text{K}}}{2022}$  day of  $\frac{11^{\text{K}}}{2022}$  and  $\frac{11^{\text{K}}}{2022}$ 

Initials





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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 <u>second page</u> 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.

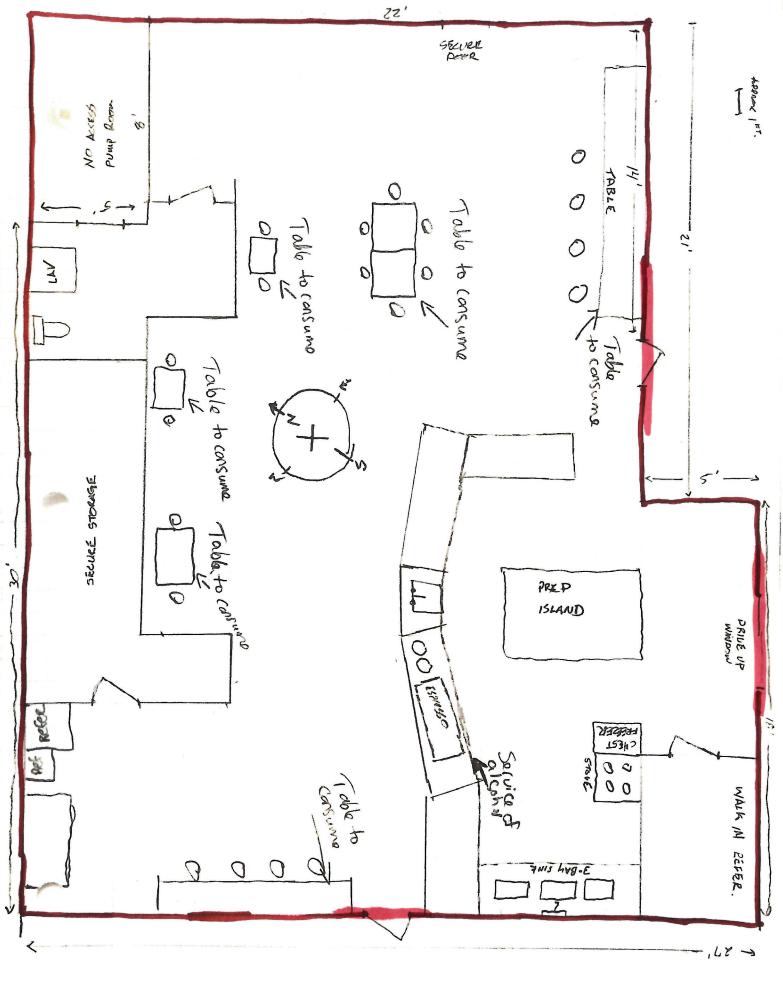
This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

	1 <sup>9000</sup>	1	1	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in ad page of this form.	dition to	, or in lieu of,	, the second		Ø

Section 1 - Establishment Information

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

ſ	Licensee:	Melodie Allen	License Number:	5919
	License Type:	Restaurant Eating Pl	ace	
Γ	Doing Business As:	Restaurant Eating Pl Small Town Castee	Roasters	
	Premises Address:	43335 H-Beach	Rd, ste 22	
	Cib	Soldotna	State: AK	ZIP: 99669
			-	
	(ver 05/24/2010	5)		Page 1 of 2



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### 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.

Inter information for licensed establishment.			
Licensee:	Melodie Allen		
License Type:	Restaurant Eating Place	License Number:	5919
Doing Business As:	Small Town Cottee R	oasters	
Premises Address:	43335 Kalifornsky Bea		22
City:	Soldotna	State: AK	ZIP: 99669
Contact Name:	Melodie Allen	Contact Phone:	907-398-9535

### Section 1 – Establishment Information

### Section 2 – Type of Designation Requested

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

1. [	Dining afte	r standard closing	hours: AS 04.16.010(c)
------	-------------	--------------------	------------------------

- 2. Dining by persons 16 20 years of age: AS 04.16.049(a)(2)
- 3. Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- 4. 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 #:		Initials:		



Alcohol and Manjuana Control Office SSO W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AX 99501 <u>Protocolsensing Biotechild</u> Boy <u>Theory Walk Commerce 3 and Contemportation</u> Phone 907,269 0350

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 the dining area, and minors will be employed and present in the Kitchen

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 alcohol will be in a designated storage over that is locked. Minars who are employed will never be without supervision or have access to the lignor storage. When alcohol is delivered, the policy is that a manger pland over will check it in and secure it in the locked storage room. No minors will have access. A manger will always be responsible for restocking, and only a manger and owner will have a key to the alcohol storage. Stars will chuck ID of every great who dongs with us, who looks to be order the age of 35. 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 – 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

MA

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.

Form AB-03 (rev 4/16/2019



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-03: Restaurant Designation Permit Application

# Section 5 – Hours of Operation

Review AS 04.16.010(c).

Review AS 04.11.100(g)(2)

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

Monday through Eriday leam-opp Saturday 8ª3pm Surday chased & Sam-3pm

# Section 6 – Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?	Yes	No

If "Ves"	describe the entertainment	t offered or available and the hours in which the entertainment m	av occur:
II ICS	, describe the entertainment	t offered of available and the nours in which the chief tailinnent h	ay occur.

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.

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.

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.

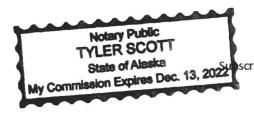
I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted. (AB-03 applications that accompany a new or transfer license application will not be required to submit an additional copy of their premises diagram.)

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

Signature of licensee

Signature of incensee

Printed name of licensee



My commission expires:  $\frac{12}{13}/2022$ 

Signature of Notary Public

scribed and sworn to before me this  $11^{44}$  day of May, 20 20

Notary Public in and for the State of Mask q

Local Government Review (to be completed by an appropriate local government official):		Denied
Date		
Title .		
	Date	Date

[Form AB-03] (rev 4/16/2019



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Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application

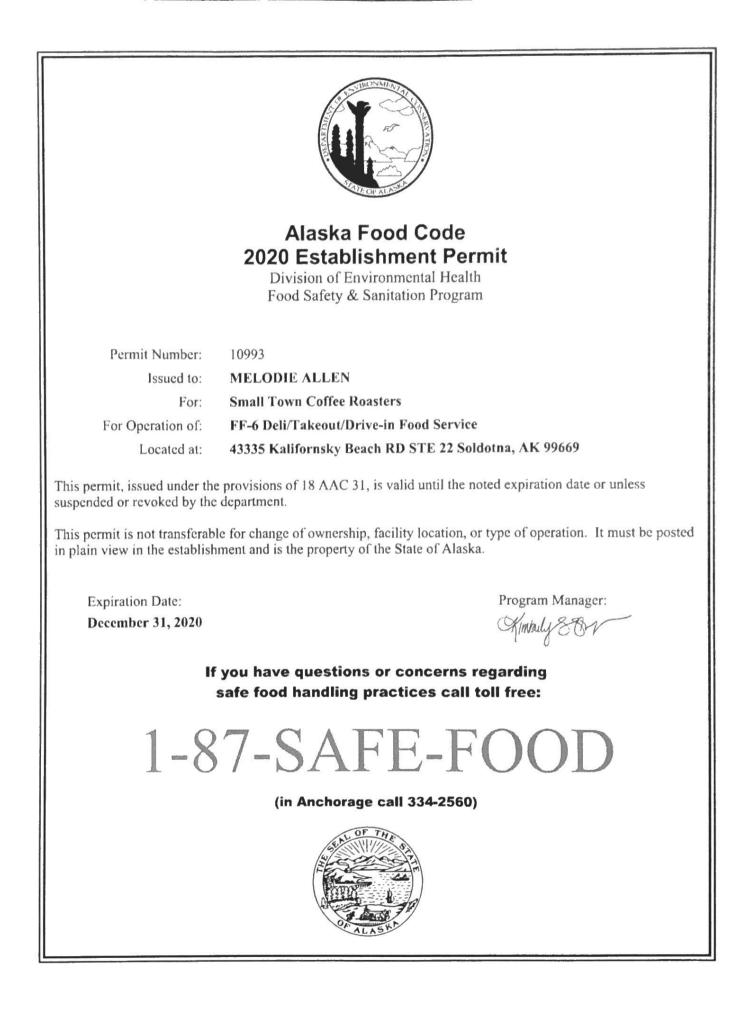
AMCO Enforcement Review:	Enforcement Recommendation:	Approve	Deny
Signature of AMCO Enforcement Supervisor	Printed name of AMCO Enforcement Supervisor		
Date			
Enforcement Recommendations:			

AMCO Director Review:	Appro	ved	Denied
		]	
Signature of AMCO Director	Printed name of AMCO Director		
Signature of AMCO Director			

Date

# Limitations:

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Espresso

HOT & COLD ESPRESSO BEVERAGES, REAL FRUIT SMOOTHIES, LOTUS AND TEA

Bakery

A VARIETY OF SCRUMPTIOUS, HOMEMADE TREATS. BAKED FRESH EVERY DAY IN OUR KITCHEN!

COOKIES, SCONES, MUFFINS, GOURMET BROWNIES, BARS, BAGUETTES, PIE BARS, & WHOLE PIES TO ORDER

Breakfast

CINNAMON ROLLS OUR SWEET BISCUIT DOUGH VERSION

COFFEE CAKE

BREAKFAST BURRITO SEASONED POTATOES, EGG, BACON & CHEESE, WITH SALSA

CROISSANT SANDWICH

EGG, BACON & CHEDDAR CHEESE

### BREAKFAST BOWL

SEASONED POTATOES, EGGS & BACON. TOPPED WITH CHEDDAR & SALSA

### YOGURT PARFAIT

FRESH FRUIT WITH HOUSEMADE GRANOLA

\*\*Breakfast served until 11am\*\*

\*All items subject to availability\*

Located on K-Beach Rd In the Copper Center 907-953-2351



Bouls & Salads

SWEET POTATO BOWL SEASONED SWEET POTATOES, QUINOA, BLACK BEANS, CORN

#### **GREEK BOWL**

CUCUMBERS, TOMATO, QUINOA, RED ONION, PEPPERONCINI, FETA & OLIVES

#### DAILY SALAD

ALWAYS SERVED WITH HOUSEMADE DRESSING

DAILY SOUP FRESH & MADE FROM SCRATCH

#### SNACK PACK

A MIX OF FRESH FRUITS, VEGGIES, BOILED EGG, NUTS, CHEESE, HUMMUS

Wraps & Sandwiches

**B.L.T** SPINACH WRAP WITH HONEY MUSTARD

TURKEY

SPINACH WRAP, LETTUCE, TOMATO, RED ONION, WITH CRANBERRY CREAM CHEESE

#### CHICKEN BACON RANCH

SPINACH WRAP, LETTUCE, TOMATO WITH SRIRACHA RANCH

GREEK

SPINACH WRAP WITH CUCUMBERS, TOMATO, FETA, OLIVES, LETTUCE & GARLIC VINAIGRETTE

#### SANDWICHES

ON HOMEMADE BAGUETTE OR FRESH CROISSANT