



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: December 29, 2021

FROM: Kristina Serezhenkov, OLE

RE: #5442 The Sitka Hotel

Requested Action: Transfer of ownership with a dba name change.

Statutory and Regulatory Authority: AS 04.06.090(b): “The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title.”

- AS 04.11.400(d): “The board may approve
- (1) the issuance of a new beverage dispensary or restaurant or eating place license without regard to (a) of this section if it appears that the issuance will encourage the tourist trade by encouraging the construction or improvement of
 - (A) a hotel, motel, resort, or similar business relating to the tourist trade with a dining facility or having kitchen facilities in a majority of its rental rooms and at least a minimum number of rental rooms required according to the population of the incorporated city, unified municipality, or population area established under (a) of this section in which the facility will be located, as follows:
 - (i) 10 rental rooms if the population is less than 1,501;
 - (ii) 20 rental rooms if the population is 1,501 — 2,500;
 - (iii) 25 rental rooms if the population is 2,501 — 5,000;
 - (iv) 30 rental rooms if the population is 5,001 — 15,000;
 - (v) 35 rental rooms if the population is 15,001 — 25,000;
 - (vi) 40 rental rooms if the population is 25,001 — 50,000; and
 - (vii) 50 rental rooms if the population is greater than 50,000; or
 - (B) an airport terminal; and”
 - (2) the renewal or transfer of ownership of a beverage dispensary or restaurant or eating place license issued under (1) of this subsection if the
 - (A) holder of the license operates a hotel, motel, resort, or similar business relating to the tourist trade that
 - (i) has a dining facility on the licensed premises or kitchen facilities in a majority of its rental rooms; and

- (ii) maintains at least the minimum number of rental rooms that the hotel, motel, resort, or similar business had at the time of initial licensure or that were required at the time of initial licensure; or
- (B) licensed premises are located inside an airport terminal.

Staff Rec.: Approve the transfer with delegation.

Background: This is an application to transfer the ownership of a Beverage Dispensary – Tourism license to The Sitka Hotel, LLC in the City and Borough of Sitka.

AS 04.11.400(d)(2)(A)(ii) requires that the facility must maintain at least the minimum number of rental rooms required at original licensure. Staff has determined that the license is compliant with the room number requirements.

The applicant offers 44 rental rooms 22 of which offer kitchen facilities. This establishment offers its own dining facility, including a bar.

Attachment: Tourism Statement
AB-00
AB-02
AB-03



Alaska Alcoholic Beverage Control Board Tourism Statement

A new, transfer, or renewal application for a beverage dispensary – tourism or restaurant / eating place – tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

This document must be submitted to AMCO’s main office before any tourism license application will be reviewed.

Section 1 – Establishment Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Doing Business As:	The Sitka Hotel	License #:	5442
License Type:	Beverage Dispensary - Tourism		

Section 2 – Tourism Statement

2.1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.

Have a liquor license benefits tourism by offering tourists a place to eat and relax in downtown Sitka with hotel amenities nearby

2.2. Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1):

The Sitka Hotel has undergone renovations since September 2015 and will continue to be maintained by the new owners

2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

YES

NO

2.4 If “no” who operates the tourism facility?



Alaska Alcoholic Beverage Control Board
Tourism Statement

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

2.5 Do you offer room rentals to the traveling public? YES NO

If "yes" answer the following questions:

How many rooms are available?

44

How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)?

16 rooms include microwave and mini fridge; 22 rooms have a separate sink, microwave and refrigerator

Do you stock or plan to stock alcoholic beverages in guest rooms? YES NO

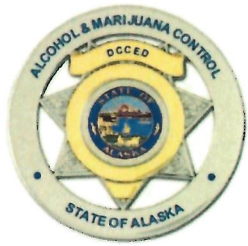
If "no" is your facility located within an airport terminal? YES NO

2.6 If your establishment includes a dining facility, please describe that facility. If it does not please write "none".

The Sitka Hotel has its own dining facility, including a bar

2.7 If additional amenities are available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists), please describe them. If they are not offered, please write "none".

There is a concierge service available to the hotel guests, but no additional amenities at this time.



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04 of Alaska Statutes** and **Chapter 304 of the Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main 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:	Sitka Jet Center, Inc.	License #:	5442		
License Type:	Beverage Dispensary - Tourism	Statutory Reference:	04.11.400(d)		
Doing Business As:	Sitka Hotel				
Premises Address:	118 Lincoln Street				
City:	Sitka	State:	Alaska	ZIP:	99835
Local Governing Body:	Borough and City of Sitka				

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	12-29-2021	Transaction #:	100309232
Board Meeting Date:	1-18-2022	License Years:	
Issue Date:		BRE:	KRS



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 – Transferee Information

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

Licensee:	The Sitka Hotel, LLC				
Doing Business As:	The Sikta Hotel				
Premises Address:	118 Lincoln Street				
City:	Sitka	State:	Alaska	ZIP:	99835
Community Council:					

Mailing Address:	PO Box 672049				
City:	Chugiak	State:	Alaska	ZIP:	99567

Designated Licensee:	John Emmi				
Contact Phone:	(907) 229-7135	Business Phone:	(907) 229-7135		
Contact Email:	akjohnemmi@gmail.com				

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

Section 3 – Premises Information

Premises to be licensed is:

- an existing facility a new building a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

469 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.

499 feet



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	

Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6. If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official:	John Emmi				
Title(s):	Member	Phone:	(907) 229-7135	% Owned:	100
Address:	PO Box 672049				
City:	Chugiak	State:	Alaska	ZIP:	99567



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

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

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

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

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:	10173059	AK Formed Date:	9/7/2021	Home State:	Alaska
Registered Agent:	Darryl Thompson		Agent's Phone:	(907) 272-9322	
Agent's Mailing Address:	880 N Street, Suite 101				
City:	Anchorage	State:	Alaska	ZIP:	99501

Residency of Agent:

Yes No

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



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

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

John Emmi (Twins, Inc.) The Pool Room, License # 4419, Beverage Dispensary - Tourism
John Emmi (Twins, Inc.) The Grill, License # 4733, Beverage Dispensary
John Emmi (Triplets, Inc.) Locals, License # 5180, Beverage Dispensary - Tourism
John Emmi (JL Sitka, Inc.) Westmark Sitka Hotel, License # 1031, Beverage Dispensary - Tourism

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:

Darryl Thompson, Attorney



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

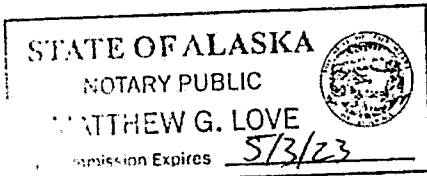
Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

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.

Robert Petrie
Signature of transferor

Robert Petrie
Printed name of transferor

Subscribed and sworn to before me this 29 day of September, 2021.



M. G. Love
Signature of Notary Public

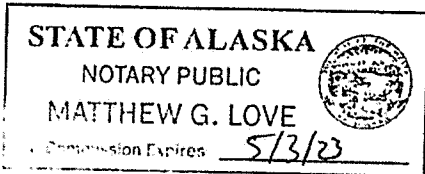
Notary Public in and for the State of Alaska

My commission expires: 5/3/23

Debbie Petrie
Signature of transferor

Debbie Petrie
Printed name of transferor

Subscribed and sworn to before me this 29 day of September, 2021.



M. G. Love
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 5/3/23



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.

[Handwritten initials JE]

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

[Handwritten initials JE]

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.

[Handwritten initials JE]

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.

[Handwritten initials JE]

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

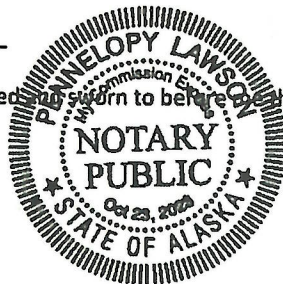
[Handwritten initials JE]

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.

[Handwritten Signature]
Signature of transferee

John Emmi
Printed name

Subscribed and sworn to before me this 24 day of September, 2021.



[Handwritten Signature]
Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 10/23/2023



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.

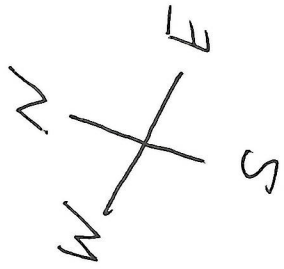
Yes No

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

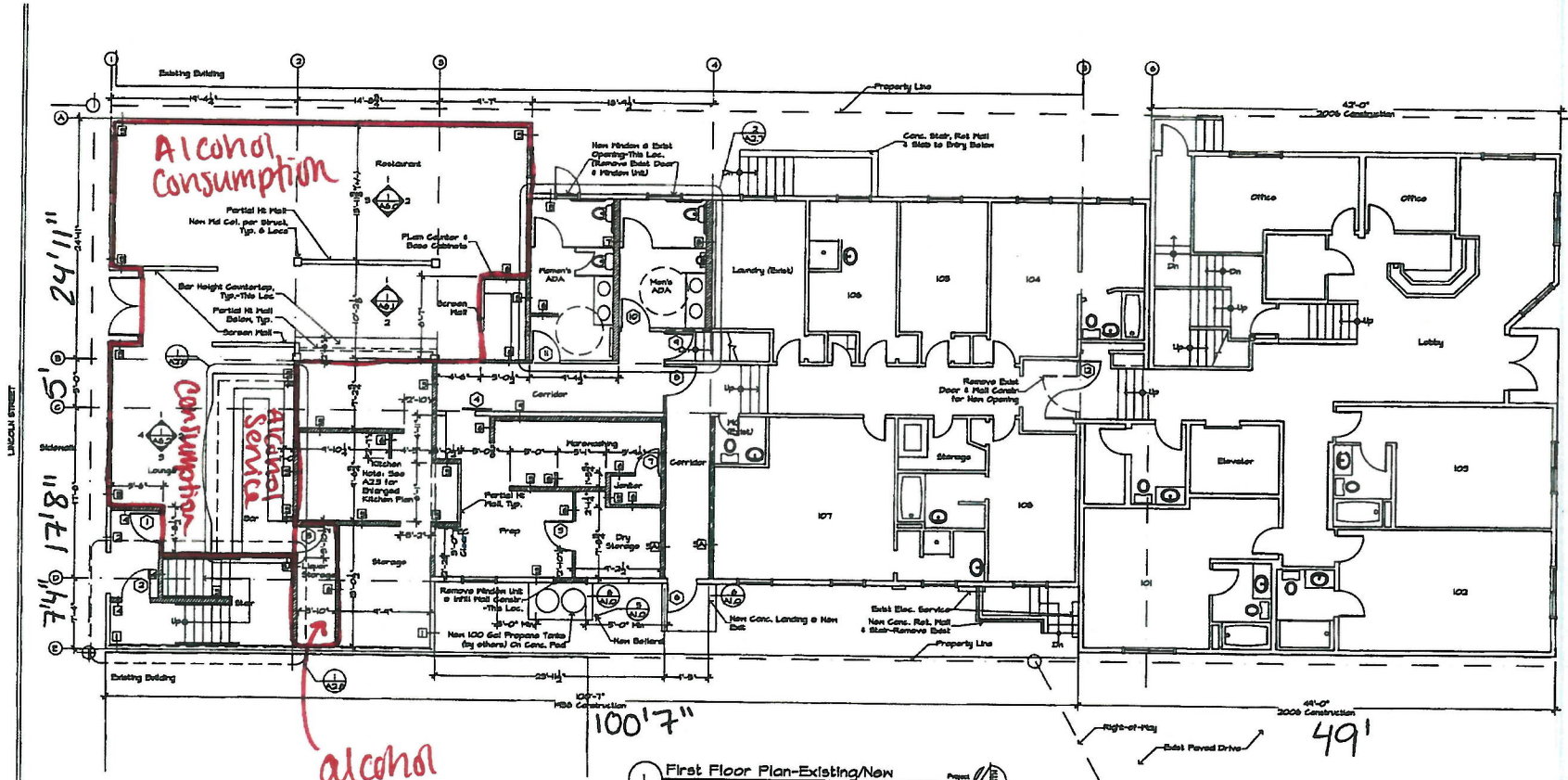
Section 1 – Establishment Information

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

Licensee:	The Sitka Hotel, LLC	License Number:	5442		
License Type:	Beverage Dispensary-Tourism				
Doing Business As:	The Sitka Hotel				
Premises Address:	118 Lincoln Street				
City:	Sitka	State:	Alaska	ZIP:	99835



Lincoln St



1 First Floor Plan-Existing/New
8/20'x4'-0"

Note: Plan is based on drawings provided by Design Southwest, dated October 2018. Field measurements and visual observation and may not represent actual conditions. Contractor to verify dimensions in areas affected by the work.

MILLARD + ASSOCIATES ARCHITECTS

330 B TUDMAN STREET
KETCHIKAN, ALASKA 99901
Tel: 907.233.7185
www.millardarchitects.com

PERMIT DOCUMENTS

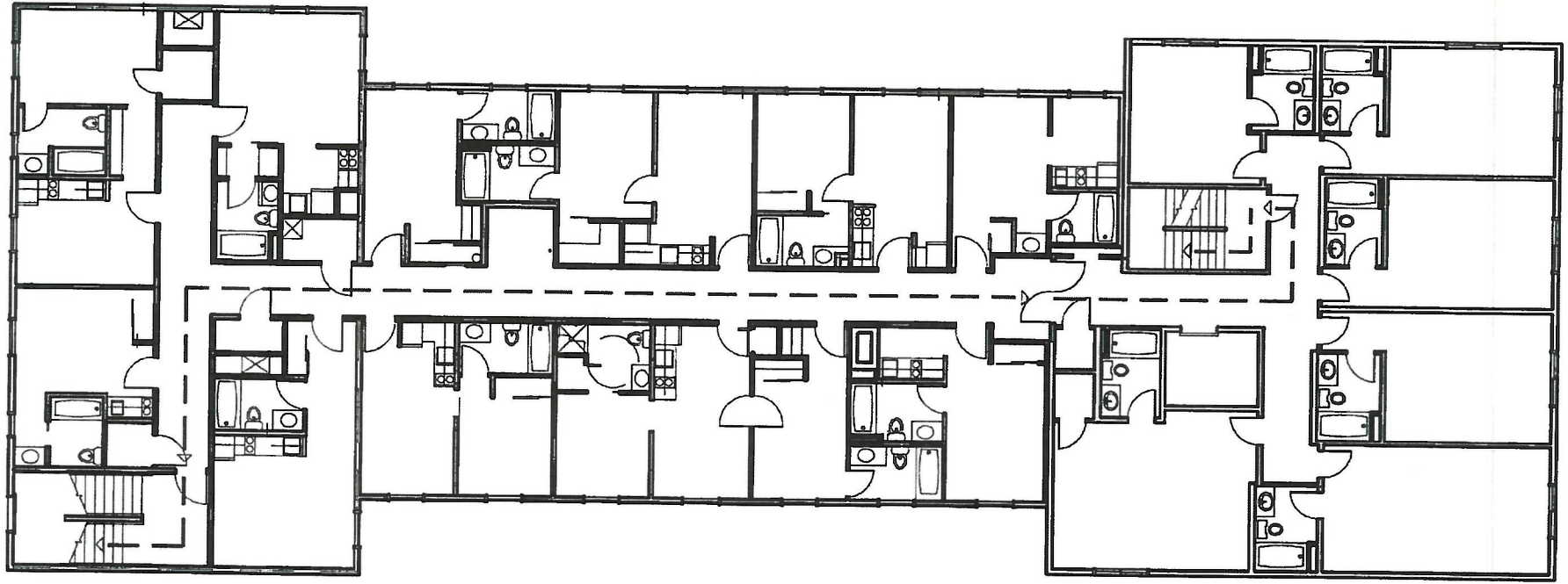
Sitka Hotel Renovation
Restaurant, Lounge and Commercial Kitchen
100 Lincoln St., Sitka, Alaska 99855



DATE: 11/18/21
REVISIONS:
PROJECT NO:
COPYRIGHT:
© 2021 Millard + Associates Architects

AMCO Received 12/28/2021

A2.1



2 Second Floor Exit Plan



Restaurant
Entrance

AMCO Received 11/12/21

Sitka Hotel, 118 Lincoln St, Sitka, AK 99
 Mt Edgecumbe Pre School, 129 Seward
 Add destination
 Leave now OPTIONS

Send directions to your phone

via Lincoln St and Barracks St 1 min
 Fastest route 469 ft
 DETAILS

Explore Mt Edgecumbe Pre School

Restaurants
 Hotels
 Gas stations
 Parking Lots
 More



ATTACHED Received 11/12/21

Sitka Hotel, 118 Lincoln St, Sitka, AK 99801
 St. Michael's Orthodox Cathedral, 240 Lincoln St, Sitka, AK 99801

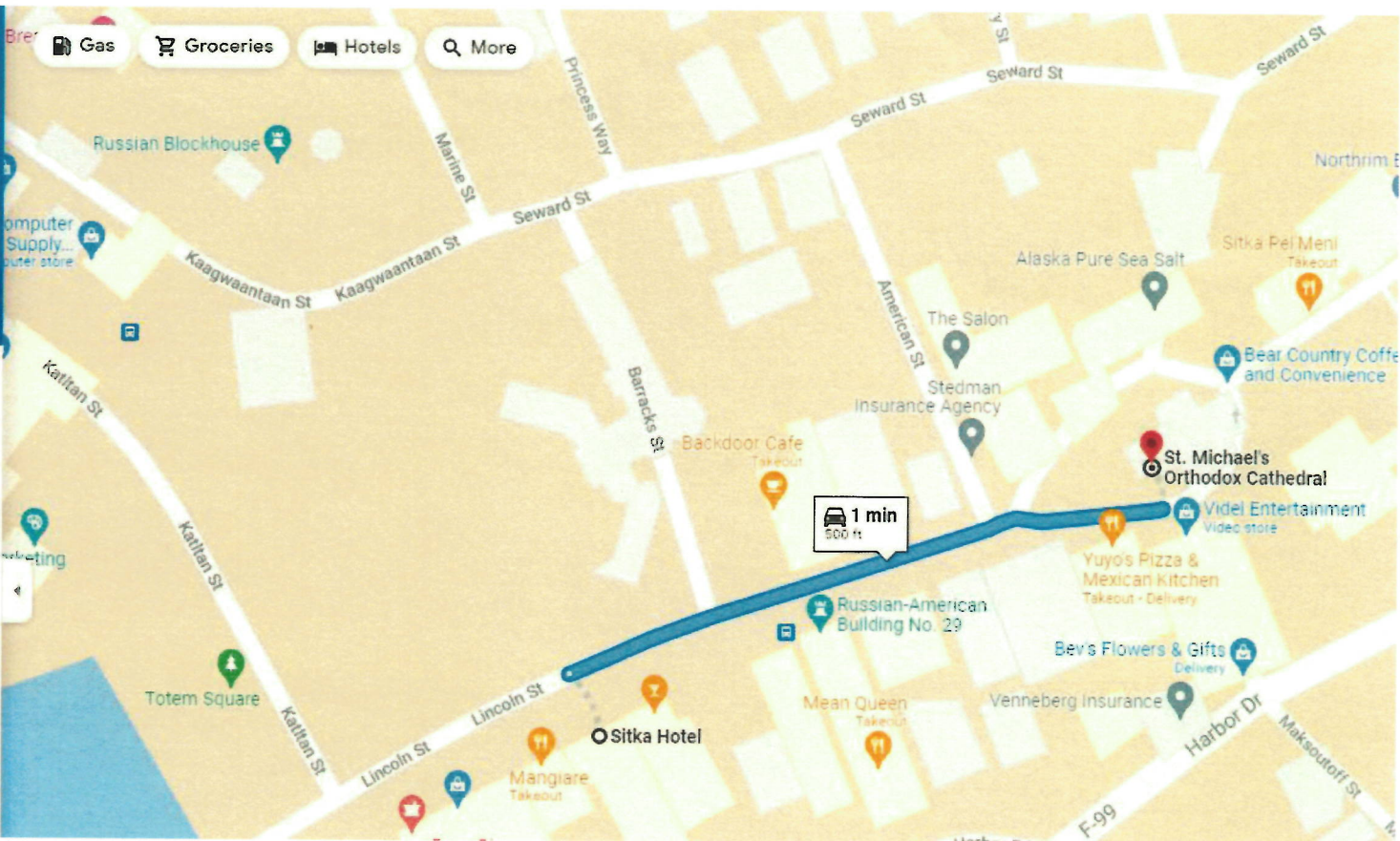
Add destination
 Leave now OPTIONS

Send directions to your phone

via Lincoln St 1 min
 Fastest route 499 ft
[DETAILS](#)

Explore St. Michael's Orthodox Cathedral

Restaurants
 Hotels
 Gas stations
 Parking Lots
 More



AI-Generated Received 11/12/21



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:	The Sitka Hotel, LLC				
License Type:	Beverage Dispensary-Tourism	License Number:	5442		
Doing Business As:	The Sitka Hotel				
Premises Address:	118 Lincoln Street				
City:	Sitka	State:	Alaska	ZIP:	99835
Contact Name:	John Emmi	Contact Phone:	(907) 229-7135		

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 #:	Initials:	

AMCO
 DEC 22 2021



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 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.)

See attached security plan

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.

See attached security plan

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

Section 4 – DEC Food Service Permit

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

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

Please follow this link to the Municipality Food Safety Website:

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

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

Initials

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

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

Sitka Hotel, LLC

Security Plan

To ensure that restricted persons, including minors will not be served or consume alcohol on the premises, Sitka Hotel, LLC, will do the following:

- Check IDs for every member purchasing alcohol
- Underage persons will be monitored closely by the professionally trained alcohol servers
- All servers will closely monitor that only the guests that have been carded will have alcohol beverages
- All staff is trained to identify fake IDs
- ABC mandated posters as required by law are posted inside the business and at the entrances of the outdoor seating area
- All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED OUTDOORS
- alcohol WILL continue to be a part of our training for our staff.
- Providing safety for all guests regarding the service of alcoholic beverages



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:

All year:
Every day of week: Breakfast 8:00 am - 12:00 pm; Dinner 5:00 pm - 9:00 pm.
May -September; Lunch optional hours through 2:00 pm

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:

[Empty text box for describing entertainment]

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:

See menu attached



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.

JE

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.

JE

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.

JE

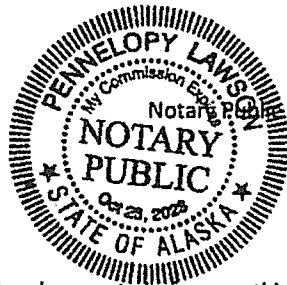
I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted. (AB-03 applications that accompany a new or transfer license application will not be required to submit an additional copy of their premises diagram.)

JE

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

John Emmi
Signature of licensee

John Emmi
Printed name of licensee



Penelope Lawson
Signature of Notary Public

in and for the State of Alaska

My commission expires: 10/23/2023

Subscribed and sworn to before me this 24 day of September, 2021.

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:



STARTERS

Soup of the Day Ask your server 15	Shrimp Skewers Six Shrimp, Teriyaki Glazed 20
House Salad Spring Mix, Tomato, Peppers, Onion, Croutons 15	Fried Calamari Fire-dusted Spicy Batter, Olympia Sauce 16
Chicken 24, Calamari 26, Shrimp 28	
Caesar Salad Romaine, Parmesan, Croutons 15 Chicken 24, Calamari 26, Shrimp 28	Salmon Bites Beer Battered, Olympia Sauce 17
Spinach Artichoke Dip Three Cheese, Toasted Pita 16	Pork Belly Tacos Pico, Pickled Carrots, Cabbage 18
Bacon Wrapped Scallops Two Skewers with Three on Each 25	Shrimp Stuffed Portabella Mushroom Manchego Cheese, Poblano Sauce 23

ENTRÉES

Alfredo Pappardelle Wide noodles served with fresh garlic bread Primavera 21, Chicken 25, Shrimp 29	Rib Eye Steak 12 oz, served with choice of two sides 45 Add bacon-wrapped scallops 60
Fish and Chips Served with choice of chips or fries Rockfish 25, Halibut 31	Salmon Citrus Beurre Blanc White Wine, Butter, Lemon served with choice of two sides 40
Herb Crusted Halibut Served with choice of two sides 40	Duck Marsala Pasta Mushrooms, Prosciutto and Parmesan 28
Cheeseburger 18 Served with Lettuce, Tomato, Onion and choice of Cheddar, Swiss, American or Blue Cheese Jalapenos, Mushrooms, Caramelized Onions, Bacon, Avocado, Fried Egg can be added for \$1 each	

SIDES

Coconut Rice 5	French Fries 5
Roasted Red Bell Pepper Risotto 5	Homemade Potato Chips 5
Loaded Mashed Potatoes 5	Caesar or House Side Salad 8
Broccolini, Carrot and Asparagus Medley 5	Cup of Soup 8

State of Alaska
Department of Environmental Conservation
EH Food Safety and Sanitation Program
555 Cordova St. 5th Floor
Anchorage, Alaska 99501

2022 Renewal Application for Food Service Establishment
Invoice

Facility ID: 8699
Business Code: 41KQ-NHLX

MANGIARE LLC
407 Lincoln ST STE 201
Sitka, AK 99835

If ownership has changed since last permit issued, please email DEC.FSSPermit@alaska.gov or call 907-269-6289. This renewal can be completed through our online portal at <https://adec.safefoodinspection.com/Login.aspx>.

Establishment Information (if any information has changed, update information on renewal application).

Note: A new application is required for change in the business address or ownership. New application forms can be found online at <http://dec.alaska.gov/eh/fss/forms> or by contacting the Permit Coordinator at 907-269-6289.

Establishment Name: MANGIARE BAR

Business Phone Number: 907-747-5300

Owner's Name: MANGIARE LLC

Alternative Or Cell Phone: _____

Business Email (Please verify, will be used to email permit if requested): mangiarelle@gmail.com

Physical Address: 118 Lincoln ST
Sitka, AK 99835

The balance due is the 2022 annual fee for the food establishment permits listed below. Payment is due by the permit expiration date shown in the table below. Payments received will first be applied against any existing balance due, if any. Failure to pay these fees will result in enforcement action, including closure of your establishment, and may subject you to legal action under AS 17.20.305 or 46.03.790, or a civil action to collect the amount due to the state.

Permit ID	Expire Date	Permit Type	Permit Name	Amount Due
11571	12/31/2021	FN-4 Tavern/Bar	MANGIARE BAR	\$280.00
Total Amount Due				\$280.00

If you have questions, your business is no longer in operation, you have changes to your operation, or you feel you may have difficulty paying these fees on time, please email DEC.FSSPermit@alaska.gov or call 907-269-6289.

For quicker processing, pay online by credit card at: <https://adec.safefoodinspection.com/Login.aspx>.

If you are mailing in payment, please send to the following address; you may pay for multiple permits with a single check. Please include the "Program ID" numbers shown for each permit on your check or include a copy of this form.

DEC - Food Safety and Sanitation Program
555 Cordova St. 5th Floor
Anchorage, Alaska 99501

If you have questions or concerns regarding safe food handling practices call toll free: 1-87-SAFE-FOOD (in Anchorage call 907-334-2560)

AMCO

DEC 22 2021

State of Alaska
Department of Environmental Conservation
EH Food Safety and Sanitation Program
555 Cordova St. 5th Floor
Anchorage, Alaska 99501

2022 Renewal Application for Food Service Establishment
Invoice

Facility ID: 8698
Business Code: 41KQ-LF5F

MANGIARE LLC
407 Lincoln ST STE 201
Sitka, AK 99835

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Establishment Information (if any information has changed, update information on renewal application).
Note: A new application is required for change in the business address or ownership. New application forms can be found online at <http://dec.alaska.gov/eh/fss/forms> or by contacting the Permit Coordinator at 907-269-6289.

Establishment Name: MANGIARE

Business Phone Number: 907-747-0053

Owner's Name: MANGIARE LLC

Alternative Or Cell Phone: 817-829-0282

Business Email (Please verify, will be used to email permit if requested):

mangiarelle@gmail.com

Physical Address: 118 Lincoln ST
Sitka, AK 99835

The balance due is the 2022 annual fee for the food establishment permits listed below. Payment is due by the permit expiration date shown in the table below. Payments received will first be applied against any existing balance due, if any. Failure to pay these fees will result in enforcement action, including closure of your establishment, and may subject you to legal action under AS 17.20.305 or 46.03.790, or a civil action to collect the amount due to the state.

Permit ID	Expire Date	Permit Type	Permit Name	Amount Due
11570	12/31/2021	FF-1 Food Service	MANGIARE	\$490.00
			Total Amount Due	\$490.00

If you have questions, your business is no longer in operation, you have changes to your operation, or you feel you may have difficulty paying these fees on time, please email DEC.FSSPermit@alaska.gov or call 907-269-6289.

For quicker processing, pay online by credit card at: <https://adec.safefoodinspection.com/Login.aspx>.

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AMCO

DEC 22 2021

Facility Portal

Add existing business:

Show All

MANGIARE - 8698 - (1) -						
Add To Cart	Permit Number	Permit Type	Name	Expire Date	Status	
<input type="checkbox"/>	11570	FF-1 Food Service	MANGIARE	12/31/2022 (382 days)	Active	

MANGIARE BAR - 8699 - (1) -						
Add To Cart	Permit Number	Permit Type	Name	Expire Date	Status	
<input type="checkbox"/>	11571	FN-4 Tavern/Bar	MANGIARE BAR	12/31/2022 (382 days)	Active	

DEC 22 2021

AMCO

Food Safety 4.6.0.1025
Alaska Department Of Environmental Conservation
mangiarellc