



MEMORANDUM

TO: Alcoholic Beverage Control Board DATE: April 1, 2022
FROM: Kristina Serezhenkov, OLE RE: #2790 Ray's Waterfront Bar & Grill

Requested action: Consideration of transfer of controlling interest application for Beverage Dispensary-Seasonal license.

Statutory and Regulatory Authority:

Renewal; transfer of ownership; evaluation of the public interest under AS 04.11.360(1) and 3 AAC 304.180.

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 04.11.040(a): "A license issued under this title may not be transferred to another person except with the written consent of the board."

3 AAC 304.180. Denial, suspension, revocation, or refusal to renew or transfer, in the public interest:

- (a) The board may consider the following factors in determining whether it is in the public interest to deny, revoke, suspend, or refuse to renew or transfer a license:
 - (1) the applicant's, the applicant's affiliates', the transferee's, or the transferee's affiliates' histories of conviction of a felony in this state, the United States, or another state or territory during the 15 years immediately preceding the date of application;
 - (2) the applicant's, the applicant's affiliates', the transferee's, or the transferee's affiliates' histories of commission of
 - (A) a violation of AS 04 or regulations adopted by the board; or
 - (B) a violation of the alcoholic beverage control laws of another state, as a licensee of that state;
 - (3) whether the applicant, the applicant's affiliates, the transferee, or the transferee's affiliates are untrustworthy, unfit to conduct a licensed business, or a potential source of harm to the public;
 - (4) whether the applicant, the applicant's affiliates, the transferee, or the transferee's affiliates have permitted, on licensed premises belonging to that person, the occurrence of sexual contact between persons; for the purpose of this paragraph, "sexual contact" means

the touching of genitals, anus, or female breast or the intrusion of any object into the genital or anal opening regardless of whether the act was consensual; and

(5) all other factors the board in its discretion determines relevant to the public interest.

(b) A local governing body may properly protest an application under AS 04.11.480 using the factors set out in (a) of this section.

Staff Rec.: Evaluate the public interest under AS 04.11.360(1) when considering the transfer application.

Background: This application is for a transfer of controlling interest of a Beverage Dispensary-Seasonal #2790 Ray's Waterfront Bar & Grill for licensee Janaska Corporation. Ms. Simutis, an officer of this entity, submitted an AB-08a Authorization of Records release form and a letter of explanation. Ms. Simutis' background report has not been received as of 4/1/2022.

Attachments:

AB-08a: Authorization of Records Release

AB-01

AB-02

AB-03

Confidential Written Explanation-provided separately

Confidential Correspondence-provided separately



Alaska Alcoholic Beverage Control Board

Form AB-08a: Authorization of Records Release

What is this form?

This authorization of records release form is required for all liquor license applications. Each licensee and affiliate who is required to be listed on an application for a liquor license under AS 04.11.260 must provide written authorization for release of conviction and arrest records, as required by 3 AAC 304.105(a)(1).

The following individuals must complete this form:

- If the applicant is a sole proprietor, this form must be completed by the **applicant** and the applicant's **spouse**.
- If the applicant is a **corporation**, this form 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**, this form 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**, this form must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

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

Section 1 – Establishment Information

Enter information for licensed establishment.

| | | | | | |
|--------------------|--------------------------------|-----------------|------|------|-------|
| Licensee: | Janaska Corporation | | | | |
| License Type: | Beverage Dispensary - Seasonal | License Number: | 2790 | | |
| Doing Business As: | Ray's Waterfront Bar & Grill | | | | |
| Premises Address: | 1316 4th Ave. | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|----------------|-----------------------|
| Name: | JANINA SIMUTIS |
| Title: | Director, Sec, SH, VP |
| Date of Birth: | |



Alaska Alcoholic Beverage Control Board

Form AB-08a: Authorization of Records Release

Section 3 – Certifications and Approvals

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

Initials

I certify that I have **never** been convicted of a violation of AS 04 or regulations adopted by the ABC Board.



I certify that I have **never** been convicted of a violation of the alcoholic beverage control laws of another state, as a licensee of that state.



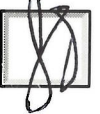
I certify that I have **not** been convicted of a felony in this state, the United States, or another state or territory, including a suspended imposition of sentence, during the 15 years immediately preceding the date of this form.



Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

I **have been convicted** of one or more of the above offenses, and I **have attached a written explanation** that includes the type of offense and why it would be in the public interest for the ABC Board to approve me as a licensee.

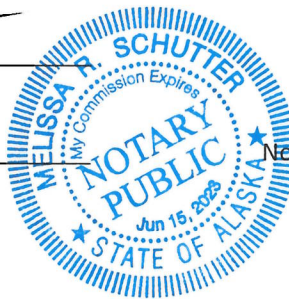


I understand that by signing this form, I am providing written authorization for release of my conviction and arrest records to the Alaska Alcoholic Beverage Control Board through the Alaska Alcohol & Marijuana Control Office under AS 04.11.295 and 3 AAC 304.105. I understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. *The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

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/affiliate

Janna Smuts
 Printed name of licensee/affiliate



Signature of Notary Public

Melissa R. Schutter

Notary Public in and for the State of Alaska

My commission expires: 6/15/2023

Subscribed and sworn to before me this 22 day of November, 2021.



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: | Janaska Corporation | License #: | 2790 | | |
| License Type: | Beverage Dispensary - Seasonal | Statutory Reference: | 04.11.090 | | |
| Doing Business As: | Ray's Waterfront Bar & Grill | | | | |
| Premises Address: | 1316 4th Ave. | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |
| Local Governing Body: | City Seward (Kenai Peninsula Borough) | | | | |

Transfer Type:

- Regular transfer
 Transfer with security interest
 Involuntary retransfer

| OFFICE USE ONLY | | | |
|---------------------|-----------|----------------|-----------|
| Complete Date: | 1-26-2022 | Transaction #: | 100314001 |
| Board Meeting Date: | 1-12-2022 | License Years: | 21-22 |
| Issue Date: | | BRE: | KPS |



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: | Janaska Corporation | | | |
| Doing Business As: | Ray's Waterfront Bar & Grill | | | |
| Premises Address: | 1316 4th Ave | | | |
| City: | Seward | State: | AK | ZIP: 99664 |
| Community Council: | N/A | | | |
| Mailing Address: | PO Box 1750 | | | |
| City: | Seward | State: | AK | ZIP: 99664 |
| Designated Licensee: | Anna Nozaki | | | |
| Contact Phone: | 213-280-8981 | Business Phone: | 213-280-8981 | |
| Contact Email: | annanozaki@me.com | | | |

Seasonal License? Yes No 4/1 to 9/30
 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.

0.9 Miles

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.

0.5 Miles

AMCO Received 1/10/22



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: | Anna Nozaki | | | | |
| Title(s): | Director, Pres, SH, Trea | Phone: | 213-280-8981 | % Owned: | 50 |
| Address: | 803 Tomihi Dr, | | | | |
| City: | Eastsound | State: | WA | ZIP: | 98245 |



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

| | | | | |
|------------------|-----------------------|--------|--------------|-------------|
| Entity Official: | JANINA SIMUTIS | | | |
| Title(s): | Director, Sec, SH, VP | Phone: | 907-306-7222 | % Owned: 50 |
| Address: | PO Box 3513 | | | |
| City: | Seward | State: | AK | ZIP: 99664 |

| | | | | |
|------------------|--|--------|--|----------|
| 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 #: | 37580 | AK Formed Date: | 2/24/86 | Home State: | AK |
| Registered Agent: | JANINA SIMUTIS | Agent's Phone: | 907-306-7222 | | |
| Agent's Mailing Address: | PO BOX 1750 | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |

Residency of Agent: Yes No

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

AMCO Received 1/11/2022



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):

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:

The Law Offices of Ernouf & Coffey, P.C. is assisting with the transfer process.



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.

[Signature]
Signature of transferor

Anna Nozaki (Per. Rep. of Est. of Julius simutis.
Printed name of transferor

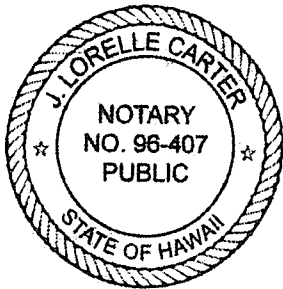
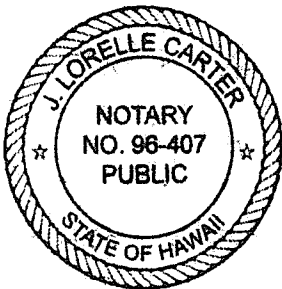
Subscribed and sworn to before me this 8th day of November, 2021.

[Signature]
Signature of Notary Public

J. Lorelle Carter, Notary Public

Notary Public in and for the State of HAWAII **HAWAII**

My commission expires: 7-8-2024



Doc. Date: 11-8-2021 # Pages: 1

Notary Name: J. Lorelle Carter - Third Circuit

Doc. Description: Form AB-01

[Signature]
Notary Signature: [Signature] Date: 11/8/2021
NOTARY CERTIFICATION

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____



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.

AN

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

AN

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.

AN

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.

AN

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

AN

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.

Anna Nozaki

Signature of transferee
Anna Nozaki

Printed name

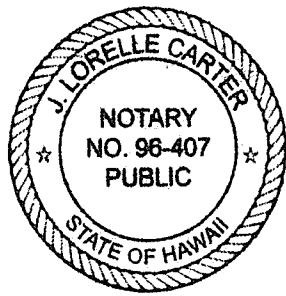
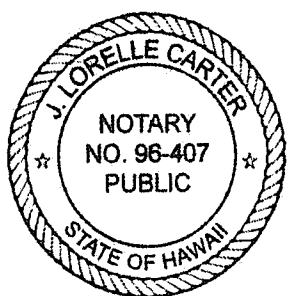
Doc. Date: 11-8-2021 # Pages: 1
Notary Name: J. Lorelle Carter - Third Circuit
Doc. Description: Form 01 Transfer License App CERT
J. Lorelle Carter

Notary Signature Date: 11-8-2021

Subscribed and sworn to before me this 8th day of November, 2021.

J. Lorelle Carter

Signature of Notary Public
J. Lorelle Carter, Notary Public



Notary Public in and for the State of HAWAII
My commission expires: 7-18-2024

CERTIFICATE OF DEATH

STATE OF HAWAII
DEPARTMENT OF HEALTH



CERTIFICATE NO. 151 2021 - 001019

Name of Decedent

JULIUS RAY SIMUTIS

City, Town or Location of Death

Holualoa

County of Death

HAWAII

Island of Death

HAWAII

Actual or Presumed Date of Death

[REDACTED]

Actual or Presumed Time of Death

8:30 PM

Date of Birth

[REDACTED]

Age at Death

77 YEAR(s)

Sex

MALE

Race

Lithuanian

Citizenship

UNITED STATES

Ever in Armed Forces?

NO

Social Security Number

112-34-0668

Marital Status

WIDOW(ER)

Father's Name

ANICETAS SIMUTIS

Mother's Name (Prior to First Marriage)

JANINA CIURLYS

Disposition

CREMATION

Cemetery/Crematory: CREMATION SERVICES OF WEST HAWAII

Date: February 10, 2021

Location: Kailua-Kona, HI 96740

Permit #: 250895

Funeral Home: CREMATION SERVICES OF WEST HAWAII, LLC

Certifier: Toby Smith PRIVATE PHYSICIAN

Date Certified: February 8, 2021

Original Date Certified: February 8, 2021

Cause of Death:

a. Abdominal aortic aneurysm Interval: Years

Part II: Nonischemic cardiomyopathy with EF of 45-50%

Manner of Death: NATURAL CAUSES

Date Filed by State Registrar: February 9, 2021

OHSM 1.2 (Rev 1/2013)

This copy serves as prima facie evidence of the fact of death in any court proceeding. [HRS 338-13(b), 338-19]

1277553

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT KENAI

In the Matter of the Estate)
)
 of)
)
 JULIUS RAY SIMUTIS,)
)
 Deceased.)

Case No. 3KN-21-00074-PR

LETTERS TESTAMENTARY BY THE COURT

The Last Will and Testament of JULIUS RAY SIMUTIS having been admitted to informal probate, ANNA NOZAKI is hereby appointed Personal Representative of the ESTATE OF JULIUS RAY SIMUTIS.

The Personal Representative or Attorney for the Estate is authorized to receive medical, financial, including but not limited to, bank statements from financial institution, credit unions or investment account, information from the Social Security Administration, State of Alaska, including protected information, records from secondary sources, and any other information pertinent to the probating of the Estate of JULIUS RAY SIMUTIS. All document requests shall be released within seven (7) days of the request by the Personal Representative or Attorney for the Estate. If you do not produce the requested records, you may be requested to appear at a hearing to explain why you did not release the information necessary to probate the Estate.

DATED at Kenai, Alaska, this 14th day of March, 2021.

Amberley Sweet
PROBATE MASTER/REGISTRAR

I certify that a copy of the foregoing was

mailed _____
 placed in court box to Dalifka 4cc
faxed to _____
 scanned to Dalifka
VF 3-5-2021
Clerk Date

Dalifka & Associates PC
Attorneys at Law
P. O. Box 498
Soldotna, Alaska 99669
907 262 2910

LETTERS TESTAMENTARY BY THE COURT
ESTATE OF JULIUS RAY SIMUTIS
Page 1 of 1

MAR - 3 2021

D



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: | Janaska Corporation | License Number: | 2790 |
| License Type: | Beverage Dispensary - Seasonal | | |
| Doing Business As: | Ray's Waterfront Bar & Grill | | |
| Premises Address: | 1316 4th Ave. | | |
| City: | Seward | State: | AK ZIP: 99664 |

1 = Bar

BS = Bar stools (14)

2 = Liquor Storage

3 = Bar Walk-in

4 = Ice Maker

5 = Overhead liquor shelf

6 = Liquor Storage shelves

7/8 = Service bar fridges

9 = chilled glass cooler

10 = Beer Taps

BT = Bar Tables (10)

DT = Dining Tables (

11 = Boiler Room

WB = Womens Bathroom

MB = Mens Bathroom

BS = Buser Station

WD = Wine Display

DT = Booth Table (3)

12 = Handicap Ramp

EE = Emergency Exit

HS = Hostess Stand

WD = Cloths Washer/Dryer

DP = Dish Pit

EC = Shelving

EC = Employee cubbies

13 = Steamer

ST = Sove Top Burners

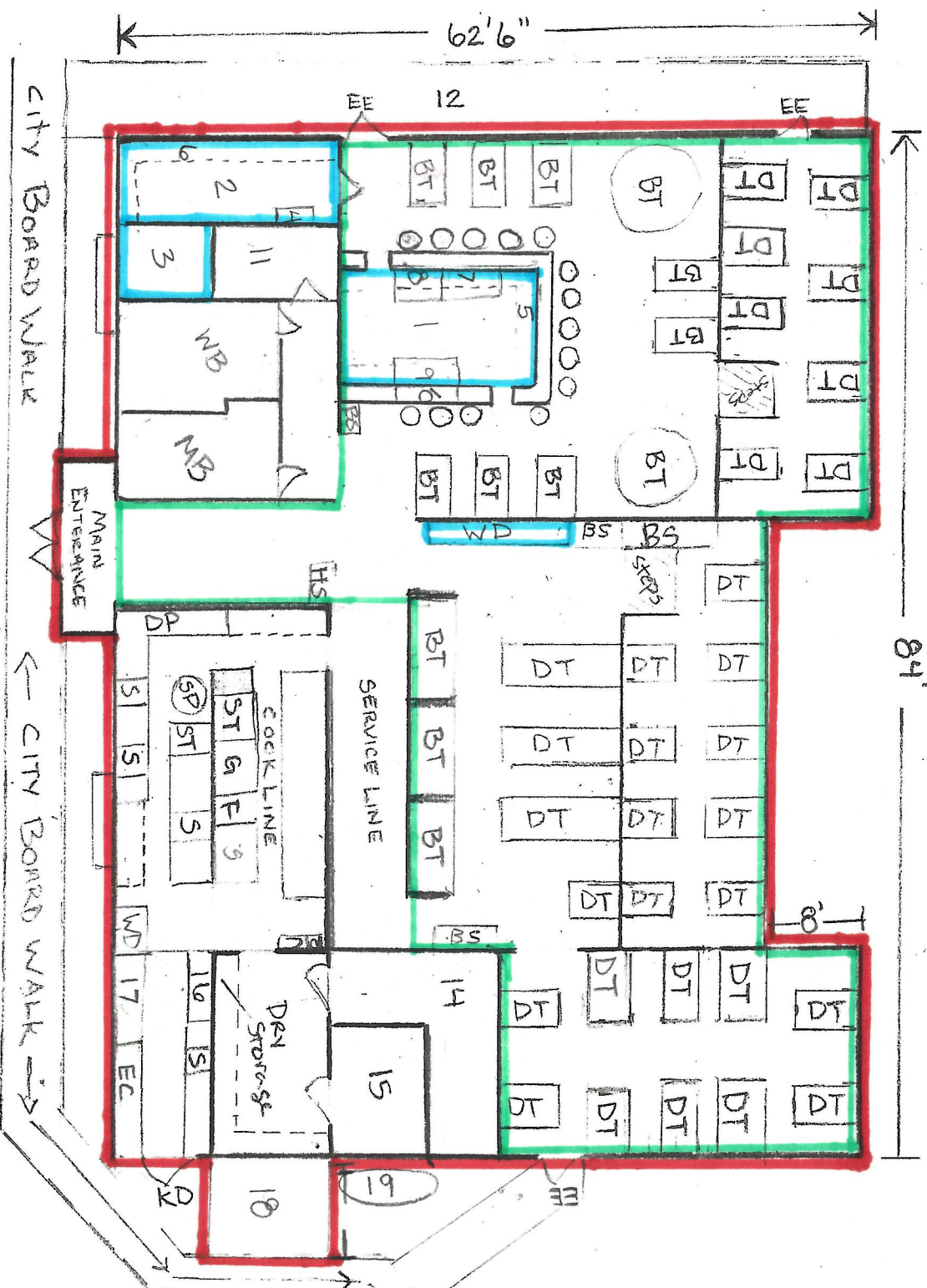
G = Grill

F = Fryer

S = Sink

CP = Skid alone cooler
MC = Mop Closet

RAMP FOR BOAT DOCKS



- 14 = Walkin Cooler
- 15 = Walkin Freeze
- 16 = Ice Maker/Kitchen
- 17 = Manger Desk
- KD = Kitchen Door
- 18 = Outdoor Storage
- 19 = Prepare Tanks

4th Ave
 Parking Lot
 City Board Walk

60°7'6" N 149°26'23" W

- Note: The Owners have obtained for a permit with the Corps of Engineers to allow for the proposed addition

S00°00'15"E

105.14'

8' 7.5'

16'

10.1'

1992

Enclosed Deck Addition

1998

Enclosed Deck Addition

Proposed Enclosed Deck Addition

Existing Bar

Existing Dining Area

Existing Beer Storage

Existing Storage Room

Existing Mech. Room

Existing Pan. Room

Existing Entry

Existing Kitchen

Existing Cold Storage

Existing Office

Field Verify (Must Exceed 10')

Extend New Deck to City Board Walk

City Board Walk

City Board Walk

N00°00'15"W

105.14'

Parking Area

116.40'

N89°59'45"E 81.86'



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: | Janaska Corporation | | | | |
| License Type: | Beverage Dispensary - Seasonal | License Number: | 2790 | | |
| Doing Business As: | Ray's Waterfront Bar & Grill | | | | |
| Premises Address: | 1316 4th Ave. | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |
| Contact Name: | Anna Nozaki | Contact Phone: | 213-280-8981 | | |

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 after 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: | |
|----------------|--|-----------|--|



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.)

Minor customers will only be permitted in the dining area, and restroom areas.
Minor Employees only permitted in the kitchen area.

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.

Storage: All alcohol will be locked in secure storage. This will only be accessible by the restaurant owners, general manager and bar tender. Each of these individuals will be at least 21 years old and will hold on their persons a current TAP or eTIP card verifying that they have been trained to control the distribution and service of alcoholic beverages in Alaska.
Access/Service: There will be no alcohol sales or delivery outside the building walls. Dining guests must walk in and out the same door, which controls the transfer of alcohol. An owner or manager is always on site and monitors the consumption of alcohol.

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.

**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:

Daily 11 am - 10 pm, ~~May~~ 1 - September 30
April

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:

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.

AN

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.

AN

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.

AN

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.)

AN

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

Anna Nozaki
Signature of licensee

Anna Nozaki

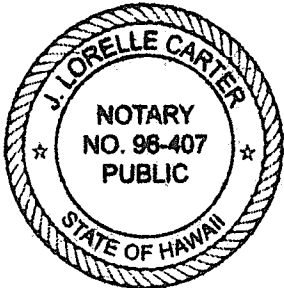
Printed name of licensee

J. Lorelle Carter
Signature of Notary Public

Signature of Notary Public

Notary Public in and for the State of HAWAII
J. Lorelle Carter, Notary Public

My commission expires: 7-18-2024



Subscribed and sworn to before me this 8th day of November, 2021.
(see attached ask)

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

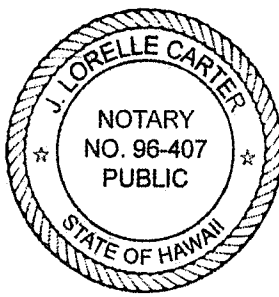
Title

HAWAII ACKNOWLEDGEMENT

STATE OF HAWAII)
) ss:
COUNTY OF HAWAII)

On this 5th day of November, 2021, in the Third Circuit of the State of Hawaii, before me, J. Lorelle Carter, Notary Public personally appeared Anna Nozak [] personally known to me -OR- proved to me on the basis of satisfactory evidence, who, being by me duly sworn or affirmed, did say that such person executed the foregoing 3 page instrument, dated 11-8, 2021 as such person or person[s] free act and deed, and if applicable in the capacity in the capacity shown, having been duly authorized to execute such instrument in such capacity. The document being notarized is a CERT and Affidavit and he/she/they acknowledged that he/she/they executed the same and his/her/their free act and deed.

J. Lorelle Carter
J. Lorelle Carter, Notary Public
My commission expires: July 18, 2024





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:



Alaska Food Code 2022 Establishment Permit

Division of Environmental Health
Food Safety & Sanitation Program

Permit Number: 5497
Issued to: **JANASKA CORPORATION DBA RAY'S WATERFRONT RESTAURANT**
For: **Ray's Waterfront Restaurant**
For Operation of: **FF-1 Food Service**
Located at: **1316 E 4th AVE UNIT 24 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.

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:

A handwritten signature in black ink, appearing to read "Kimberly 801", is written over the printed name of the 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)





Alaska Food Code 2022 Establishment Permit

Division of Environmental Health
Food Safety & Sanitation Program

Permit Number: 5498
Issued to: **JANASKA CORPORATION DBA RAY'S WATERFRONT RESTAURANT**
For: **Ray's Waterfront Bar**
For Operation of: **FN-4 Tavern/Bar**
Located at: **1316 E 4th AVE UNIT 24 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.

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:

A handwritten signature in black ink, appearing to read "Kimberly S. V.", is written over the printed name of the 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)





SEAFOOD

Rays's specializes in serving fresh seafood at the peak of the season. We offer delicious options, including jumbo king crab from Dutch Harbor, wild Copper River sockeye salmon, Gulf of Alaska halibut and scallops, and more. To highlight the seafood's natural, ocean flavors, we create unique dishes from around the world

Crab Cakes

King crab, remoulade sauce, cilantro-lime rice
seasonal vegetables
.....**\$28.00**

Cioppino

Mussels, clams, scallops, prawns, Pacific cod,
herbed tomato sauce, linguine
.....**\$34.00**

Alaska King Crab

Premium Alaskan Red King Crab, butter, lemon,
cilantro-lime rice, seasonal vegetables
1 lb..**\$48.00**
1 1/2 lb.**\$58.00**

Fish and Chips

Japanese panko crumb coating, fries, slaw, tartar
sauce
Pacific Cod**\$22.00**
Halibut.**\$37.00**
Combo.**\$31.00**

Cedar Planked Salmon

Brandy glaze, garlic mashed potatoes, roasted
vegetables
.....**\$30.00**

Captain's Platter

Panko crusted Pacific cod, seasoned beer
battered prawns and scallops, cilantro lime rice,
seasonal vegetables
.....**\$31.00**

Seafood Linguine

Scallops, prawns, Pacific cod, mushrooms, zucchini, garlic, cream, parmesan cheese

.....\$31.00

Halibut Andaman

Macadamis nut crust, coconut curry sauce, coconut basamati rice, seasonal vegetables

.....\$37.00

Wild Alaska Sockeye Salmon or Gulf of Alaska Halibut

Grilled and served with zesty mango salsa or garlic herb butter... cilantro lime rice and seasonal vegetable

Salmon.\$29.00

Halibut.\$37.00

MEATS

Ray's premium grade steaks are charbroiled, seasoned with our signature steak butter, and accompanied by garlic mashed potatoes and seasonal vegetables

Ribeye Steak

.....\$41.00

New York Steak

.....\$30.00

Chicken Mushroom Marsala

Grilled chicken breasts, mushroom Marsala wine sauce, garlic mashed potatoes, seasonal vegetables

.....\$25.00

Cajun Chicken Linguine

Sauteed with bell peppers, onion, snow peas mushrooms, Cajun cream sauce, parmesan cheese

.....\$25.00

COMPLIMENT YOUR STEAK

with:

1/2 lb Alaska king crab

1 lb Alaska king crab

\$40.00

.....\$21.00

Beer battered prawns

Pacific Cod Hunks \$9.00

.....\$9.00