



## MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: November 8, 2022

FROM: Kristina Serezhenkov, OLE

RE: #6100 Navigator Lounge

**Requested Action:** New license application Beverage Dispensary-Tourism license

**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 with delegation

**Background:** This is an application to issue a Beverage Dispensary – Tourism license to Northern Pacific Airways Inc in the Municipality of Anchorage at the International Airport.

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



Alaska Alcoholic Beverage Control Board

**Form AB-37: 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 completed and submitted to AMCO’s Anchorage office before any tourism license application will be reviewed.

**Section 1 – Establishment Information**

Enter information for the licensed establishment or the business seeking to be licensed.

Doing Business As:	Navigator Lounge	License #:	
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.

Northern Pacific Airways, Inc. connects travelers from the east and west with international service between the U.S. and Asia through Anchorage. It serves as a new bridge between people and place, connecting the U.S. to Korea’s and Japan’s breathtaking sites and millennia-old cultures. The Navigator Lounge will provide an area for travelers to relax and enjoy beverages while taking in the beauty of the region. Alaska will become a destination in itself, introducing passengers to the expansive journeys and experiences the state has to offer.

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

The lounge aims to steer passengers to rural Alaska and further tourism to different locations throughout the state. A theater (50 person) with over-sized screen and amplified sound has been constructed, showing short clips about Alaska and the different destinations. The lounge will offer food service highlighting Alaska themed cuisine and locally crafted beer.

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?

State of Alaska Department of Transportation and Public Facilities.

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Alaska Alcoholic Beverage Control Board

**Form AB-37: Tourism Statement**

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

If "yes" answer the following questions:

How many rooms are available?

N/A

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)?

N/A

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".

No official dining room. Bar area with bar seating, as well as some small lounge chairs and tables.

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".

None



Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board  
**Form AB-37: Tourism Statement**

**Section 3 – Certification**

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

Initials

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Thomas Hsieh, President

Printed name of licensee/affiliate

Signature of licensee/affiliate

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Alaska Alcoholic Beverage Control Board  
**Form AB-00: New License Application**

**Why is this form needed?**

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 Anchorage 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:	Northern Pacific Airways, Inc.				
License Type:	Beverage Dispensary - Tourism	Statutory Reference:	AS 04.11.400(d)		
Doing Business As:	Navigator Lounge				
Premises Address:	4600 Postmark Dr, North Terminal, Suite ND206				
City:	Anchorage	State:	AK	ZIP:	99502
Local Governing Body:	Municipality of Anchorage				
Community Council:	Spenard				

Mailing Address:	4700 Old International Airport Rd.				
City:	Anchorage	State:	AK	ZIP:	99502

Designated Licensee:	Thomas Hsieh				
Contact Phone:	907-301-3371	Business Phone:	907-301-3371		
Contact Email:	t@np.com				

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

OFFICE USE ONLY					
Complete Date:	11-8-22	License Years:		License #:	6100
Board Meeting Date:	12-12-22	Transaction #:	100470509		
Issue Date:		Examiner:	KRS		



Alaska Alcoholic Beverage Control Board

**Form AB-00: New License Application**

**Section 2 – Premises Information**

Premises to be licensed is:

- an existing facility       a new building       a proposed building

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

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

2.2 miles from Lake Hood Elementary (North Terminal door to edge of school property)

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

2.2 miles from Faith Christian Community (North Terminal door to edge of church property)

**Section 3 – Sole Proprietor Ownership Information**

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

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

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

This individual is an:  applicant       affiliate

Name:					
Address:					
City:		State:		ZIP:	

This individual is an:  applicant       affiliate

Name:					
Address:					
City:		State:		ZIP:	

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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:	Thomas Hsieh				
Title(s):	President	Phone:	907-301-3371	% Owned:	0
Address:	4700 Old International Airport Rd.				
City:	Anchorage	State:	AK	ZIP:	99502

Entity Official:	Robert McKinney				
Title(s):	Director	Phone:	907-231-6156	% Owned:	0
Address:	4700 Old International Airport Rd.				
City:	Anchorage	State:	AK	ZIP:	99502

Entity Official:	Float Alaska, LLC				
Title(s):	Shareholder	Phone:	907-301-3371	% Owned:	100
Address:	4700 Old International Airport Rd.				
City:	Anchorage	State:	AK	ZIP:	99502

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

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 OCT X 7 2022





**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 #:	2234F	AK Formed Date:	07/01/2022	Home State:	Washington
Registered Agent:	Cogency Global Inc.		Agent's Phone:	907-231-6156	
Agent's Mailing Address:	4700 Old International Airport Rd.				
City:	Anchorage	State:	AK	ZIP:	99502

Residency of Agent: Yes No

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

**Section 5 – Other Licenses**

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

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

**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):**

Tomas Hsieh is the President and Rob McKinney is a Director of Licensee, which holds the following additional licenses: 4828 Common Carrier, 4829 Common Carrier, 5027 Common Carrier, 5144 Common Carrier, 5193 Common Carrier, 5222 Common Carrier, 5259 Common Carrier, 5326 Common Carrier, 5416 Common Carrier, 5487 Common Carrier, 6012 Common Carrier.

**Section 6 – Authorization**

Communication with AMCO staff: Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

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

William B. Kirshenbaum, Esq., Barnes & Thornburg, LLP, 2029 Century Park E, Suite 300, Los Angeles, CA 90067. Phone: (424)239-3750. Email: wkirshenbaum@btlaw.com. He is authorized because he is attorney for the Licensee.



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:

Initials

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

TH

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

TH

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.

TH

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.

TH

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

TH

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

TH



Signature of licensee

Thomas Hsieh

Printed name of licensee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.



Signature of Notary Public

Notary Public in and for the State of California

My commission expires: Feb 4, 2023



Subscribed and sworn to before me this 12<sup>th</sup> day of September, 2022.



OCT 17 2022



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

### Why is this form needed?

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 may not be 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 Anchorage 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:	Northern Pacific Airways, Inc.	License Number:	
License Type:	Beverage Dispensary - Tourism		
Doing Business As:	Navigator Lounge		
Premises Address:	4600 Postmark Dr., North Terminal ND206		
City:	Anchorage	State:	AK
		ZIP:	99502

AMCO

OCT 17 2022

**LEGEND**

PORTABLE FIRE EXTINGUISHER TYPE MBL 2A-10BC

- FE WALL BRACKET MOUNT PROVIDE & INSTALL
- FEC SEMI-RECESSED FIRE EXTINGUISHER CABINET PROVIDE & INSTALL

NOTE: COORDINATE LOCATION OF FIRE EXTINGUISHERS WITH EQUIPMENT AT MECHANICAL AND ELECTRICAL ROOMS

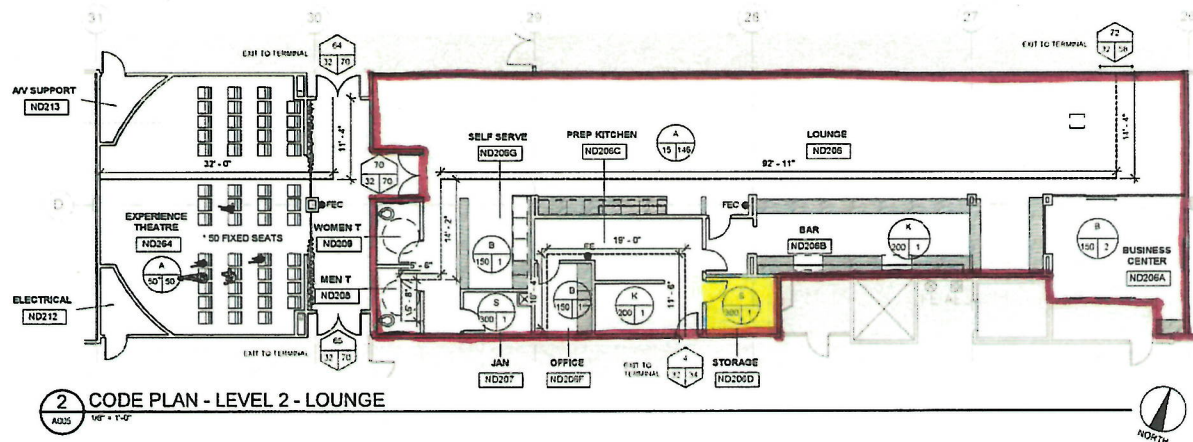


- STAIR EGRESS CAPACITY**
- KX OCCUPANTS SERVED
  - 44/22 ACTUAL CAPACITY
  - 44/22 REQUIRED CAPACITY

- ROOM EGRESS CAPACITY**
- KX OCCUPANTS SERVED
  - 22/11 ACTUAL CAPACITY
  - 22/11 REQUIRED CAPACITY

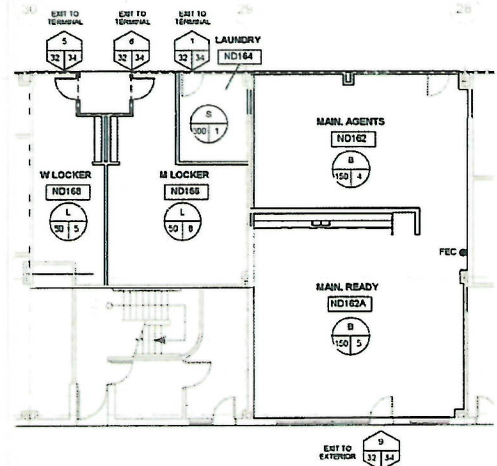
- ROOM EGRESS CAPACITY**
- X OCCUPANCY GROUP
  - 100/200 LOAD
  - 100/200 FACTOR

**CODE PLANS**

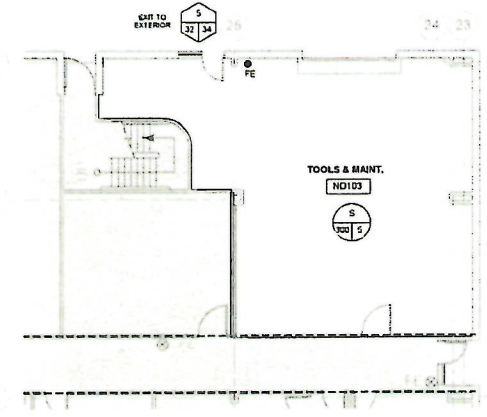


2 CODE PLAN - LEVEL 2 - LOUNGE  
ASIS 1/8" = 1'-0"

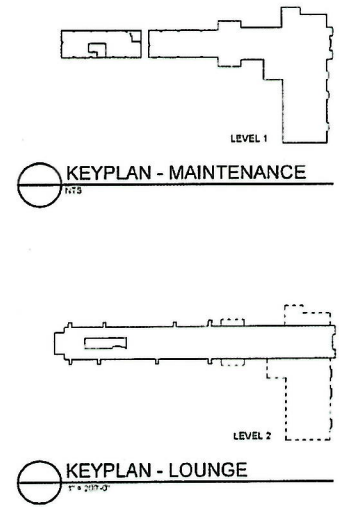
**Alcohol Storage**



1 CODE PLAN - LEVEL 1 - MAINTENANCE  
ASIS 1/8" = 1'-0"



3 CODE PLAN - LEVEL 1 - TOOLS  
ASIS 1/8" = 1'-0"



KEYPLAN - MAINTENANCE  
ND15

KEYPLAN - LOUNGE  
ND15

FOR SUBMITTAL PRICING

**MCG EXPLORE DESIGN**  
ARCHITECTS  
1275 W. BROAD ST. SUITE 200  
ANCHORAGE, ALASKA 99501  
explore@mcgdesign.com



NORTHERN PACIFIC AIRWAYS  
**TED STEVENS INTERNATIONAL AIRPORT NORTH TERMINAL RENOVATIONS**

ANCHORAGE, ALASKA  
CONFORMED DOCUMENTS  
JOB NO. 202104  
DATE: 02.23.22  
FILED: MGR CRLJG  
DRAWN BY: SDN  
REVIEWED BY: CR  
REVISED BY:

CODE PLANS

SHEET NO.  
**A005**

AMCO Received 10/27/2022

**LEGEND**

PORTABLE FIRE EXTINGUISHER TYPE: MIN. 2A-10BC

- FE WALL BRACKET MOUNT, PROVIDE & INSTALL.
- FEC SEMI-RECESSED FIRE EXTINGUISHER CABINET, PROVIDE & INSTALL.

NOTE: COORDINATE LOCATION OF FIRE EXTINGUISHERS WITH EQUIPMENT AT MECHANICAL AND ELECTRICAL ROOMS

12'-0" LENGTH OF EGRESS PATH

1 HR

**STAIR EGRESS CAPACITY**

- XX OCCUPANTS SERVED
- 44 XX ACTUAL CAPACITY
- 44 XX REQUIRED CAPACITY

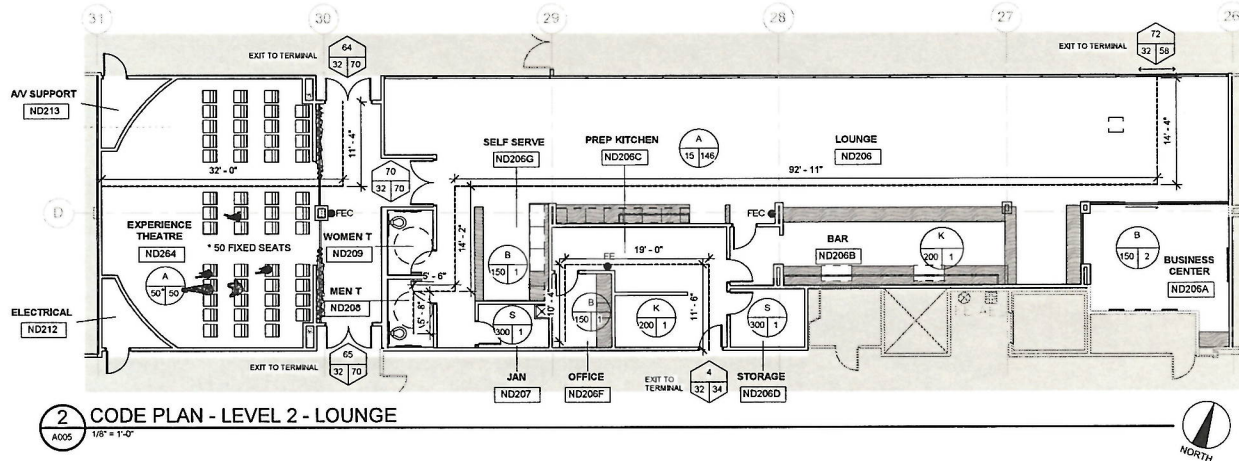
**DOOR EGRESS CAPACITY**

- XX OCCUPANTS SERVED
- 32 XX ACTUAL CAPACITY
- 32 XX REQUIRED CAPACITY

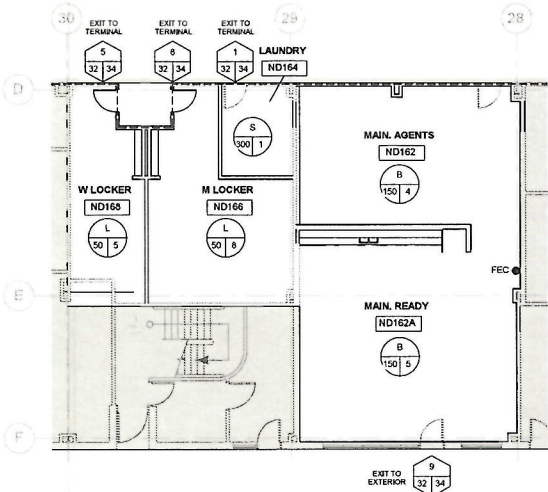
**ROOM EGRESS CAPACITY**

- X OCCUPANCY GROUP
- 100 XX LOAD
- XX FACTOR

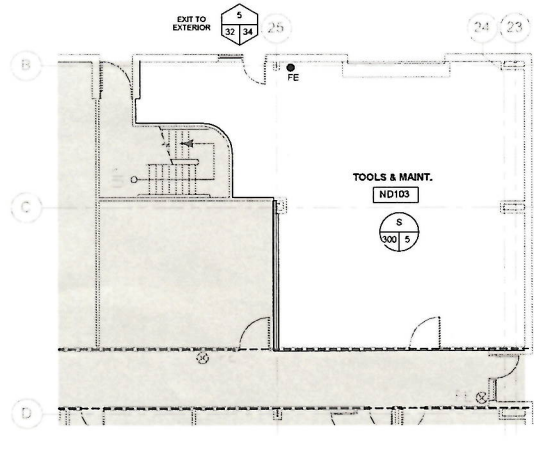
**CODE PLANS**



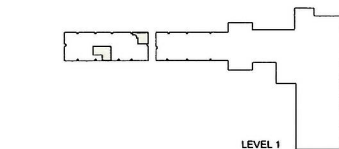
**2 CODE PLAN - LEVEL 2 - LOUNGE**  
A005 1/8" = 1'-0"



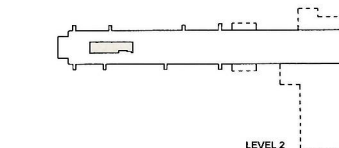
**1 CODE PLAN - LEVEL 1 - MAINTENANCE**  
A005 1/8" = 1'-0"



**3 CODE PLAN - LEVEL 1 - TOOLS**  
A005 1/8" = 1'-0"



**KEYPLAN - MAINTENANCE**  
NTS



**KEYPLAN - LOUNGE**  
1" = 200'-0"

FOR SUBMITTAL PRICING



421 West 11th Street, Suite 100  
Anchorage, Alaska 99501  
907.563.8424 • F 907.563.1472  
explore.design.com



NORTHERN PACIFIC AIRWAYS

**TED STEVENS INTERNATIONAL AIRPORT NORTH TERMINAL RENOVATIONS**

ANCHORAGE, ALASKA  
CONFORMED DOCUMENTS

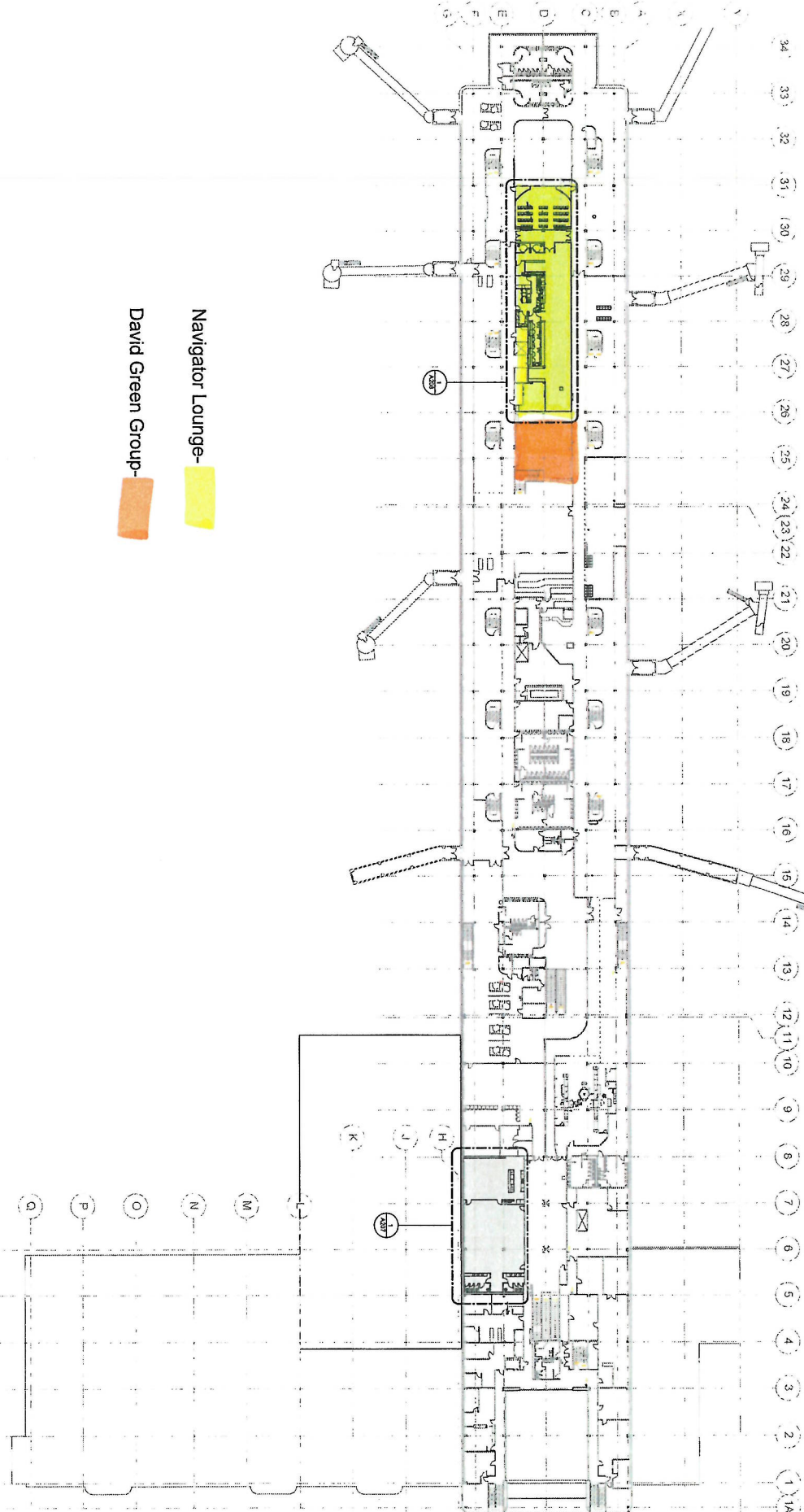
JOB NO. 2021916  
DATE 03.25.22  
PROJ. MGR. CRJ/JAG  
DRAWN BY SBT  
REVIEWED BY CR  
REVISIONS

CODE PLANS

SHEET NO.  
**A005**

OCT 8 7 2022

# Level 2 Additional Vendors



- Navigator Lounge-
- David Green Group-

1 OVERALL RENOVATION PLAN - LEVEL 2  
1000 1000



DEMOLITION LEGEND  
 AREA OF WORK  
 DCT X: 7 2022

OVERALL RENOVATION PLAN - LEVEL 2  
 SHEET NO. **A201**

APPROVED, ALABAMA  
 CONFORMED DOCUMENTS  
 202108  
 DATE: 03/23/22  
 PROJECT: OVERALL RENOVATION PLAN - LEVEL 2  
 DRAWING NO. A201  
 REVISIONS:

TED STEVENS INTERNATIONAL AIRPORT NORTH TERMINAL RENOVATIONS  
 HORTLEIGH PACIFIC AIRWAYS



**MCG**  
 EXPLORE DESIGN  
 421 Valley Dr., Suite 400  
 Birmingham, AL 35202  
 205.988.4444  
 mcgdesign.com

FOR SUBMITTAL REVISION



Alaska Alcoholic Beverage Control Board

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

**Why is this form needed?**

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 entrées prepared on-site 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:	Northern Pacific Airways, Inc.				
License Type:	Beverage Dispensary - Tourism	License Number:			
Doing Business As:	Navigator Lounge				
Premises Address:	4600 Postmark Dr. North Terminal, Suite ND206				
City:	Anchorage	State:	AK	ZIP:	99502
Contact Name:	Thomas Hsieh	Contact Phone:	907-301-3371		

**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:	



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; away from the bar top.  
*\*See attached email on employed minors.*

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 stored behind the bar, which will be monitored by a designated employee. No person under the age of 21 (with valid I.D.) will be permitted to sit at the bar top seating. All employees will be required to request identification (if legal age is in question), when approaching a customer at bar top seating. All employees will be required to request identification (if legal age is in question) at appropriate times for alcohol service in the dining area. All employees responsible for beverage service will be required to be TAPs certified. All employees will be required to follow all Alaska alcohol laws and regulations.

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.

*TH*

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



**From:** [Caitlin Cahill](#)  
**To:** [Alcohol Licensing, CED ABC \(CED sponsored\)](#)  
**Subject:** RE: Missing information for License Application #6100- missing proposed memo  
**Date:** Tuesday, November 8, 2022 8:27:07 AM  
**Attachments:** [image002.png](#)  
[image003.png](#)

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Kristina,

Thank you for sending the updated version of the application. Had the new application been available during the time of our submission (just confirming) we would have checked box 4 in section 2 of the AB-03. Thank for the call and explaining the changes.

Kind regards,



**Caitlin Cahill**  
Commercial Administrator  
Northern Pacific Airways | [caitlin.cahill@np.com](mailto:caitlin.cahill@np.com)  
+1.907.342.2785 | +1.907.266.8372

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**From:** Alcohol Licensing, CED ABC (CED sponsored) <[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)>  
**Sent:** Tuesday, November 8, 2022 8:23 AM  
**To:** Caitlin Cahill <[caitlin.cahill@ravnalaska.com](mailto:caitlin.cahill@ravnalaska.com)>  
**Subject:** FW: Missing information for License Application #6100- missing proposed memo

**From:** Caitlin Cahill <[caitlin.cahill@ravnalaska.com](mailto:caitlin.cahill@ravnalaska.com)>  
**Sent:** Tuesday, November 8, 2022 8:17 AM  
**To:** Alcohol Licensing, CED ABC (CED sponsored) <[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)>  
**Subject:** RE: Missing information for License Application #6100- missing proposed memo

Kristina,

Could you please give me a quick call, are intention is to only have 21 and older serving. We will also have other positions, such as check-in and I didn't see anywhere in the application that had any restrictions for someone 18-20 being employed (as long as they are not serving). Just want to make sure I am clear on the requirements. Could you please call me at 907-266-8372.

Kind regards,



**Caitlin Cahill**

Commercial Administrator

Northern Pacific Airways | [caitlin.cahill@np.com](mailto:caitlin.cahill@np.com)

☎ +1.907.342.2785 | ☎ +1.907.266.8372

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**From:** Alcohol Licensing, CED ABC (CED sponsored) <[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)>  
**Sent:** Tuesday, November 8, 2022 8:09 AM  
**To:** Caitlin Cahill <[caitlin.cahill@ravnalaska.com](mailto:caitlin.cahill@ravnalaska.com)>  
**Cc:** Alcohol Licensing, CED ABC (CED sponsored) <[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)>  
**Subject:** RE: Missing information for License Application #6100- missing proposed memo

Thank you!

Can you also please confirm that you will not employ 16-20 year olds at your establishment. I see the box is not marked on the AB-03 and wanted to make sure before I move it on.

Kristina

**From:** Caitlin Cahill <[caitlin.cahill@ravnalaska.com](mailto:caitlin.cahill@ravnalaska.com)>  
**Sent:** Tuesday, November 8, 2022 8:02 AM  
**To:** Alcohol Licensing, CED ABC (CED sponsored) <[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)>  
**Subject:** RE: Missing information for License Application #6100- missing proposed memo

Kristina,



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:

Our hours will vary, based on flight schedules and time of year. We are anticipating hours of operation to be Monday-Sunday 8:00AM-2:00AM. These hours could possibly minimize due to flight schedules. These varying hours could also include being open at certain times between 2:00AM-8:00AM depending on flight schedule.

**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 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:

Counter service will be offered for coffee bar.  
Counter service will be offered for alcoholic beverage service.  
Buffet service will be offered for food, individually packaged take-away snacks, and non-alcohol beverage service.



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.

TH

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

TH

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.

TH

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.)*

TH

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

TH

Thomas Hsieh

Printed name of licensee

Signature of licensee

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:**

## Navigator Lounge Proposed Menu

-Our food will be complimentary and buffet style. Our menu will change based on time of year and available product. Below is an example of the selections we will be offering.

### Breakfast:

- Hot oatmeal
- Breakfast sandwiches
- Yogurt with selection of toppings

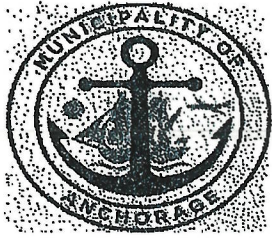
### Lunch:

- Deli style sandwiches
- Hot soup
- Pasta salad

### Dinner:

- Hot pasta dish
- Salad
- Soup
- Bread

\*Individually wrapped take-away snack will be always available. \*



**Municipality of Anchorage**  
**Anchorage Health Department**  
**Food Safety and Sanitation**  
 825 L Street  
 P.O. Box 196650 Anchorage, AK 99519-6650  
 www.muni.org/health



<b>Estab. Name:</b>	<b>NAVIGATOR LOUNGE</b>	<b>Facility ID:</b>	<b>FA0017632</b>	<b>Inspection Date:</b>	<b>10/19/2022</b>
<b>Program/Element:</b>	<b>F002 - FOOD PERMIT: TYPE 2</b>	<b>Inspector:</b>	<b>EE0000045-JANINE NESHEIM</b>		
<b>Owner:</b>	<b>NORTHERN PACIFIC AIRWAYS</b>	<b>Inspection Duration:</b>	<b>60 minutes</b>		
<b>Site Address:</b>	<b>4600 POSTMARK DR</b>	<b>Service:</b>	<b>006 - Opening</b>		
	<b>ANCHORAGE</b>	<b>Result:</b>	<b>01 - INSPECTION PASSED</b>		

Food worker cards are now available online at: <http://www.muni.org/foodcard>  
 Food safety information and posters available online at: <http://www.muni.org/foodinfo>

**Notice of Inspection Violations**

**Inspection Comments**

This facility is approved for permitting as a "Food Service Establishment" subject to the following stipulation(s):

1. The operator must adhere to the requirements of AMC 18.60.
2. Ensure all food workers have food worker cards. Employees have 21 days from date of hire to obtain a food worker card. Risk type 2 and 3 facilities must have at least one certified food protection manager prior to opening.
3. Ensure all cold hold units are working correctly prior to use. Monitor temperatures every 2 hours during the first 2 days of operation to verify.
4. Ensure all handwash sinks are labeled as such, and are provided with hand soap and paper towels. Please send updated diagram indicating final assignment of bar sinks after flow determined.
5. Ensure dishwasher is operating correctly prior to use. Please contact this office when provisioned with chemicals and test strips to confirm sanitization.
6. Ensure all cabinet pass-throughs are sealed where raw wood is exposed.
7. Ensure gaps around 3-compartment sink pipes at pass-throughs are sealed, and that the flooring around the main drain line is sealed to be smooth and easily cleanable.
8. Ensure any gaps greater than 1 mm between the cove base and flooring are sealed.

NOTE: Please contact AHD to discuss potential permitting changes when contractor for food service is confirmed. Updated menu and Food Protection Manager certificate will be required at that time.


APPROVED TO OPERATE ONCE CO OR CCO HAS BEEN APPROVED. PERMIT ISSUED.

PLEASE CONTACT THIS INSPECTOR AT 343-4815 OR JANINE.NESHEIM@ANCHORAGEAK.GOV IF THERE ARE ANY QUESTIONS REGARDING THIS INSPECTION OR THE STIPULATIONS LISTED.

Received By:  Digitally signed by Victor Matt Schmidt  
 DN: cn=Matt Schmidt, o=City of Anchorage, ou=City of Anchorage, email=Matt.Schmidt@cityofanchorage.ak.gov, c=US

**Matt Schmidt**

Print:

  
**JANINE NESHEIM**  
 Environmental Health Specialist  
 5999.10.30.13