



2/24/23

Alcohol & Marijuana Control Office
550 W. 7th Ave Ste 1600
Anchorage, Alaska 99501

Re: Sadie Romos Restaurant, LLC, Sadie Romos Restaurant, License # 6025

Please remove the hold on the liquor license 6025, Sadie Romos Restaurant LLC,
dba Sadie Romos Restaurant, 194 Hightower Road, Girdwood, AK 99587.

The balance of \$2,286.15 owed to RNDC Alaska for product purchased in 2022
has been paid in full by Emily Schwing.

If you have any questions, please contact me at 452-8271.

Thank you for your assistance.

Linda Olson
Alaska Credit Manager
RNDC Alaska
907-452-8271



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: January 10, 2023

FROM: Kristina Serezhenkov, OLE

RE: #6025 Alpenglow Coffee House

Requested Action: Transfer Application

Statutory 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 04.11.470: “A person may object to an application for issuance, renewal, transfer of location, or transfer to another person of a license, or for issuance of a permit, by serving upon the applicant and the board the reasons for the objection. The board shall consider the objections and testimony received at a hearing conducted under AS 04.11.510(b)(2) when it considers the application...”

AS 04.11.510(b)(2): “The board may review an application for the issuance, renewal, transfer of location, or transfer to another person of a license without affording the applicant notice or hearing, except...(2) the board may, on its own initiative or in response to an objection or protest, hold a hearing to ascertain the reaction of the public or a local governing body to an application if a hearing is not required under this subsection;”

Staff Rec.: Hold a public hearing; consider the transfer application along with the objection by creditor RNDC.

Background: This is a transfer of ownership and location from Sadie Romo's Restaurant, Girdwood to Alpenglow Coffee House LLC, Girdwood. The response from the Municipality of Anchorage is still pending. An objection was received on January 10, 2023 from creditor RNDC.

Attachment: RNDC objection notice

AB-01

AB-02

AB-03



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

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

January 10, 2023

RNDC Alaska
6307 Arctic Spur Rd
Anchorage, AK 99518

License Number:	6025
License Type:	Restaurant/Eating Place
Transferor:	Sadie Romo's Restaurant LLC
Transferor Doing Business As:	Sadie Romo's Restaurant

Transfer of Ownership Application

Transfer of Controlling Interest

AS 04.11.360(4) requires that the board deny an application for transfer of a license to another person if the transferor has not paid all debts or taxes arising from the conduct of the business licensed under this title unless the transferor gives security for the payment of the debts or taxes satisfactory to the creditor or taxing authority. Our records indicate that you are listed as a creditor or taxing authority for the above license.

We have received an application for transfer of ownership for the above liquor license. For the purposes of AS 04.11.360(4) and in compliance with AS 04.11.280(b), this letter serves to provide written notice and request for status from the above referenced entity regarding the above application (see attached application documents for more information).

Please complete and return this form to the AMCO office at alcohol.licensing@alaska.gov.

NAME: Linda Olson

PHONE: 907-328-0309

Do you have an objection to the transfer of this license?

Yes No

AMOUNT OWED: \$2,286.15

DATE: 1/10/23

COMMENTS: _____

If you have any questions, please send them to alcohol.licensing@alaska.gov.

Sincerely,

Joan Wilson
Director, ABC Board

AMCO Received 1/10/23

From: [Olson, Linda](#)
To: [Alcohol Licensing, CED ABC \(CED sponsored\)](#)
Subject: RE: #6025 - Creditors Notice for Sadie Romo's Restaurant LLC- pending transfer
Date: Tuesday, January 10, 2023 4:36:32 PM
Attachments: [image001.png](#)
[SFairbanks23011017120.pdf](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Linda Olson
State Credit Manager

Republic National Distributing Company Alaska
945 Elizabeth Street
Fairbanks, AK 99709
(D) 907.328.0309
(C) 907.347.2242
linda.olson@RNDC-USA.com



www.RNDC-USA.com

Get Social with RNDC:
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From: Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov>
Sent: Tuesday, January 10, 2023 2:52 PM
To: Olson, Linda <Linda.Olson@RNDC-USA.COM>
Cc: Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov>
Subject: #6025 - Creditors Notice for Sadie Romo's Restaurant LLC- pending transfer

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

I have attached the creditors notice for #6025 dba Sadie Romo's Restaurant which is in the process of transferring ownership, dba and location. The notice is attached for your review and response.



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Why is this form needed?

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 Anchorage 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:	Sadie Romo's Restaurant LLC	License #:	6025
License Type:	Restaurant/Eating Place	Statutory Reference:	04.11.100
Doing Business As:	Sadie Romo's Restuarant		
Premises Address:	194 Hightower Road		
City:	Girdwood	State:	Alaska
		ZIP:	99587
Local Governing Body:	Municipality of Anchorage		

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	1-10-2023	Transaction #:	100494021
Board Meeting Date:	3/6-7/2023	License Years:	
Issue Date:		Examiner:	KR



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:	Alpenglow Coffee House LLC				
Doing Business As:	Alpenglow Coffee House				
Premises Address:	140 Olympic Mountain Loop				
City:	Girdwood	State:	AK	ZIP:	99587
Community Council:	Girdwood Board of Supervisors				

Mailing Address:	PO Box 1832				
City:	Girdwood	State:	AK	ZIP:	99587

Designated Licensee:	Justin Shoffner				
Contact Phone:	907-529-7301	Business Phone:			
Contact Email:	jsgirdwood@yahoo.com / emilyschwing@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.

1.3 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.

1.3 miles



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:	Justin Shoffner				
Title(s):	Owner/Manager, Member	Phone:	907-529-7301	% Owned:	100
Address:	PO Box 1832 / 352 Crow Creek Road				
City:	Girdwood	State:	AK	ZIP:	99587

AMCO
 NOV 16 2022



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:	Emily Schwing				
Title(s):	Affiliate	Phone:	801-550-4752	% Owned:	0
Address:	PO Box 1832 / 352 Crow Creek Road				
City:	Girdwood	State:	AK	ZIP:	99587

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 #:	10191769	AK Formed Date:	03/31/2022	Home State:	AK
Registered Agent:	Justin Shoffner	Agent's Phone:	907-529-7301		
Agent's Mailing Address:	PO Box 1832				
City:	Girdwood	State:	AK	ZIP:	99587

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):

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:



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-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.

Celina Aguirre
 Signature of transferor 11/30/22

Celina Aguirre
 Printed name of transferor

Subscribed and sworn to before me this 30TH day of NOV, 2022.



P. Bhargavi
 Signature of Notary Public

Notary Public in and for the State of CALIFORNIA.

My commission expires: 11/24/2025

 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: _____

JURAT

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.

State of California

County of RIVERSIDE

Subscribed and sworn to (or affirmed) before me on this 30TH day of NOV,
2022 by CELINA AGUIRRE

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

P. Sheeja
Signature (Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

TRANSFER LICENSE APPLICATION
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date 11/30/22

Additional information _____

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.



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-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.

Sequoia Belton
Signature of transferor

Sequoia Belton
Printed name of transferor

Subscribed and sworn to before me this 2nd day of Dec, 2022.

Belle
Signature of Notary Public



Notary Public in and for the State of AK.

My commission expires: 08/28/25

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: _____

AMCO Received 12/5/2022



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-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.

JL

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

PL

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.

JA

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.

JL

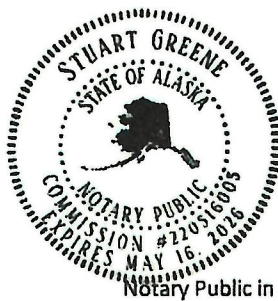
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

JA

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.

JL

Justin Shaffer
 Signature of transferee
Justin Shaffer
 Printed name



Stuart Greene
 Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: May 16 2026

Subscribed and sworn to before me this 23 day of November, 20 22



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-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:	Alpenglow Coffee House LLC	License Number:	6025		
License Type:	Restaurant/Eating Place				
Doing Business As:	Alpenglow Coffee House				
Premises Address:	140 Olympic Mountain Loop				
City:	Girdwood	State:	AK	ZIP:	99587

AMCO
NOV 16 2022

Olympic Mountain Loop

Olympic Mountain Loop

Olympic Mountain Loop

Ariberg Ave

Ariberg Ave

Ariberg Ave

Davos Rd

Davos Rd

Mother Hubbards
Cupboard
Home goods store

Jack Sprat
New American - \$\$

Alpenglow Coffeehouse

backpack
rental
exchange

powder
hovel
ski shop

Sizmark Bar & Grill
temporarily closed

The Bake Shop
Artsy cafe for breakfast
& sandwiches

La Bodega
Liquor store

Babkin Vacation Rental



Alpenglow Coffee House
Outdoor/Indoor Serving Security Plan

1. All minors must be accompanied by an adult (age over 21) while in the restricted area when any alcohol is being served/sold/consumed.
2. All new patrons are carded upon ordering alcohol.
3. All staff is trained in the identification of fake IDs.
4. A four-foot-high double railed, wooden, wrap-around fence encloses the deck, an area where alcohol will be consumed, but not served. No alcohol will be consumed beyond the deck.
5. Underaged persons will be monitored closely by our professionally trained alcohol servers.
6. Proper egress from the outdoor service area will always remain unobstructed.
7. ABC mandated posters as required by law are posted inside Alpenglow Coffee House and at the entrances of the outdoor seating area.
8. All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED BEYOND THE OUTDOOR SEATING AREA.
9. Keeping outdoor seating area viable without any increased risk to minors exposed to alcohol WILL continue to be a part of our training for our staff.
10. All safety related operations for our current liquor service will additionally be enforced in the outdoor service area.
11. Proper signage at points of entry indicating no minors without a parent or legal guardian will be posted.
12. All servers will closely monitor that only the guests that have been carded will have alcoholic beverages.
13. Our top priority continues in providing safety for all guests regarding the service of alcoholic beverages.
14. Servers will be present in the outdoor area to monitor consumption



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:	Alpenglow Coffee House LLC				
License Type:	Restaurant/Eating Place	License Number:	6025		
Doing Business As:	Alpenglow Coffee House				
Premises Address:	140 Olympic Mountain Loop				
City:	Girdwood	State:	AK	ZIP:	99587
Contact Name:	Justin Shoffner	Contact Phone:	907-529-7301		

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.)

Employed minors will have access to the serving counter, kitchen and cashier's station and a stockroom, but not a separately locked storage area where alcohol will be kept. All patrons' access will be limited to the counter, dining area and bathroom only.

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.

Minors will not be permitted to pour or serve alcoholic beverages. Minors will not have access to a locked storage area where alcohol will be stored. Service for alcoholic beverages will be available at the counter only. All patrons ordering an alcoholic beverage will be asked for identification before being served in order to verify their age.

All servers over the age of 21 will be required to have a current alcohol servers/card. Copies of all servers' card will be kept on file on premises.

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

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

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:

Sunday through Wednesday 6:30 am to 4:00 pm
Thursday, Friday and Saturday 6:30 am to 8:00 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:

Live music will happen between 4 and 8 pm on days when the business is open during these hours (Thursday, Fridays and Saturdays).
We will host a "First Friday" art event during which a local artist will display their work the first Friday of every month.

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:

[Empty box for describing other food and beverage service]

AMCO
NOV 16 2022



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.

JS

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.

JS

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.

JS

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.)

JS

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.

JS

Justin Shoffner

Printed name of licensee

Justin Shoffner

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

AMCO
NOV 16 2022



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:

AMCO
NOV 16 2022

Menu

Scones
Bagels
Muffins
Croissants
Assortment of pastries
Cinnamon rolls
Biscotti
Cookies
Brownies
Cupcakes
Pie
Cake
Oatmeal
Granola
Yogurt

Cheese Assortment
Breakfast burritos
Lunch Burritos
Sandwiches
Variety of toasts including avocado toast
Breakfast sandwiches
Dried and cured meat - salami, prosciutto etc
Smoked salmon
Lox
Olives
Dried fruit
Mixed nuts
Fruit
Pickles
Pickled vegetables
Pasta salad
Salad
Quinoa salad
Mixed grain salad
Potato salad
Cream cheese
Syrups - coffee, maple, etc
Nachos
Eggs
Bacon
Quiche

AMGO

NOV 16 2022

Fwd: Alpenglw Coffee Shop [SR 964], 140 Olympic Mountain Lp

1 message

(null) (null) <jsgirdwood@yahoo.com>
To: Emily Schwing <emilyschwing@gmail.com>

Tue, Aug 2, 2022 at 3:59 PM

Justin Shoffner

Begin forwarded message:

From: "Nesheim, Janine R." <janine.nesheim@anchorageak.gov>
Date: August 2, 2022 at 3:44:18 PM AKDT
To: "(null) (null)" <jsgirdwood@yahoo.com>
Cc: "Barganier, Tony A." <tony.barganier@anchorageak.gov>, Permit Counter <PermitCounter@ci.anchorage.ak.us>, "Stuller, Gretchen J." <gretchen.stuller@anchorageak.gov>, "Davidson, Melissa J." <melissa.davidson@anchorageak.gov>, "Zeitlin, Lea L." <lea.zeitlin@anchorageak.gov>, "Maxwell, Patricia L." <patricia.maxwell@anchorageak.gov>, "Riggs, Chelsea G" <Chelsea.Riggs@anchorageak.gov>
Subject: **Alpenglw Coffee Shop [SR 964], 140 Olympic Mountain Lp**

The food area plans submitted to AHD Environmental Health for **Alpenglw Coffee Shop [SR 964]**, 140 Olympic Mountain Lp, are hereby **approved** for those items with which the Anchorage Health Department is concerned. This approval is limited to eighteen months from the date of approval. If an extension is needed, please send a written request to this office. If no action has been taken by the applicant, new plans will need to be submitted along with the appropriate fees.

Items such as lighting (minimum 50 foot-candles in food prep and ware-washing areas, and 20 foot-candles in other areas) and surface finishes (non-absorbent, durable, smooth & easily cleanable) will be field checked during the opening inspection.

Seams and joints between counters and walls must be sealed. Verify all equipment meets ANSI/NSF or equivalent standards.

NOV 16 2022

This approval is subject to provisions of Chapter 16.60 AMC and is based upon the plans and comments submitted. Please call concerning any changes or questions. Health Permits from AHD are required for opening. A food manager certificate is required for Risk type 2 & 3 facilities prior to opening.

Contact this office:

- if you plan any changes to the menu or the facility;
- to schedule construction inspections; and
- to schedule an opening inspection prior to bringing in food items.

Ensure that all permits required by Development Services, such as connections to electrical service or change of use permits, have been applied for and approved.

Note: Approval based on two tankless models connected in series for a combined recovery rate of 7 GPM @ 90F rise. Please resubmit new specification sheets for review and approval if heaters are replaced.

Respectfully,



Janine Nesheim

Environmental Sanitarian III –
Plan Review

Anchorage Health Department

825 L Street, Anchorage, AK
99501

Office: (907) 343-4815
muni.org/health

AMCO
NOV 16 2022



Dena'inaq elnen'aq' gheshtnu ch'q'u yeshdu. I live and work on the land of the Dena'ina.

NOTICE: This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under

applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

AMCO
NOV 16 2022



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



Estab. Name: ALPENGLow COFFEE SHOP	Facility ID: FA0017896	Inspection Date: 10/28/2022
Program/Element: F001 - FOOD PERMIT: TYPE 1	Inspector: EE0000045-JANINE NESHEIM	
Owner: JUSTIN SHOFFNER	Inspection Duration: 75 minutes	
Site Address: 140 OLYMPIC MOUNTAIN LP GIRDWOOD	Service: 006 - Opening	
	Result: 01 - INSPECTION PASSED	

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

Virtual Opening Inspection 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 15.60.
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.
5. Ensure all raw wood is sealed (e.g. under front counter, seating counter, espresso stand supports, etc.).
6. Ensure all gaps are sealed (e.g. espresso stand support and shelving to wall, etc.).

PROVED 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.

Justin Shoffner
 Received By.

Justin Shoffner
 Print

Janine Nesheim
 JANINE NESHEIM
 Environmental Health Specialist
 5999 10.30.13