Document reference ID : 1902

Licensing Application Summary

Application ID:	1902
Applicant Name:	Ak Qozb, Llc
License Type applied for:	Restaurant Endorsement (RE) (AS 04.09.450)
Application Status:	In Review
Application Submitted On:	12/29/2023

Entity Information

Business Structure:	Limited liability company
Alaska Entity Number (CBPL):	10106975

Entity Contact Information

Entity Address:	P.O. Box 202845, Anchorage, AK, USA

Initial Application Information

Authority Type:	I am authorized user by the designated licensee with binding authority
Prefix:	Mr
Legal First Name:	Stuart
Legal Last Name:	Newmark
Email Address:	stuart.newmark@jlhotelgroup.com
Phone Number:	407-230-7055

Additional Authorized User

Legal Name:	Jenna Muth
Relation with licensee:	Executive Management

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Ak Qozb, Llc	Ak Qof, Llc	Member	44.01
Ak Qozb, Llc	Lbh Qoz 36th, Llc	Member	45.1

Premises Address

Nearest municipality, city, and/or borough:	Anchorage, Muni. of
Country, State, Zip:	AK, United States,

Primary license number

Primary License Information	License Number - 6015 - Beverage Dispensary Tourism License (BDTL) - Anchorage, Muni. of

Basic Business information

Business/Trade Name:	Aloft Anchorage Midtown

Local Government and Community Council Details

City/Municipality	Anchorage (Municipality of)
Community Council Name	Midtown

Premises Diagram

Will the license or permit embrace the entire premises address?	No

Premises Diagram

- Aloft premises diagram.png

Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c)	No
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	Yes
Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)	Yes
Employment for any persons under 21 years of age: AS 04.16.049(c)	Yes

List where within the premises minors are anticipated to have access in the course of either dining or employment. (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. Minors will be employed and present in the Kitchen and also Food Servers

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.

Every guest ordering alcoholic beverage will have identification checked prior to being served monitored by Associates, Supervisors and Managers.

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?	Yes

Food Service Permit

Is your license located in Municipality of Anchorage?	Yes
Do you have Approved food service permit for this premises?	Yes
Copy of the current food service permit for this premises OR the plan review approval.	20231218151350489 aloft.pdf

Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?	No
Food and beverage service offered or anticipated is:	Table Service

Restaurant Declaration

Please upload the finalized or expected Food and Alcohol Menu.	Aloft THE WXYZ Dinner Menu.pdf

There are tables or counters at my establishment for consuming food in a dining area on the premises. I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.

This menu includes entrées that are regularly sold and prepared by the licensee at the licensed premises.

I certify that the license for which I am requesting desigation is either a Beverage Dispensary, Beverage Dispensary Tourism, Club, Sporting Activity or Event License, Outdoor Recreation Lodge, Golf Course, Destination Resort, OR Restaurant or Eating Place, Seasonal REPL Tourism License.

Hours Of Operation

Sunday	05:00 PM - 12:00 AM
Monday	05:00 PM - 12:00 AM
Tuesday	05:00 PM - 12:00 AM
Wednesday	05:00 PM - 12:00 AM
Thursday	05:00 PM - 12:00 AM

Friday	05:00 PM - 12:00 AM
Saturday	05:00 PM - 12:00 AM

Attestations

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

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

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 305.700.

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

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.

I certify that all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations.

Signature

This application was digitally signed by : Stuart Newmark on 12/29/2023 8:58:58 AM

Payment Info

Payment Type : CC

PaymentId: b4cc12f5-c17e-4cdf-ae2f-f469474e4f3c

Receipt Number: 100742819

Documents

#	File Name	Type	Added On
1	20231218151350489 aloft.pdf	LicenseRestaurantDetailFoodServicePermitDocument	12/29/2023 05:42 PM
2	Aloft premises diagram.png	License Location Diagram Document	12/29/2023 05:57 PM
3	Aloft THE WXYZ Dinner Menu.pdf	LicenseRestaurantDeclarationFoodAlcoMenuDocument	12/29/2023 05:58 PM