



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.

<b>Licensee:</b>	Bites on Broadway	<b>License #:</b>	6053		
<b>License Type:</b>	Restaurant/Eating Place-Seasonal	<b>Statutory Reference:</b>	04.09.210		
<b>Doing Business As:</b>	Bites on Broadway				
<b>Premises Address:</b>	648 Broadway				
<b>City:</b>	Skagway	<b>State:</b>	Alaska	<b>ZIP:</b>	99840
<b>Local Governing Body:</b>	City of Skagway				

**Transfer Type:**

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY			
<b>Complete Date:</b>		<b>Transaction #:</b>	106780551
<b>Board Meeting Date:</b>		<b>License Years:</b>	
<b>Issue Date:</b>		<b>Examiner:</b>	



Alaska Alcoholic Beverage Control Board  
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**Section 2 – Transferee Information**

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

Licensee:	The Sittin' Sasquatch LLC				
Doing Business As:	The Sittin' Sasquatch				
Premises Address:	648 Broadway				
City:	Skagway	State:	Alaska	ZIP:	99840
Community Council:	Skagway City Council				

Mailing Address:	P.O. Box 197				
City:	Skagway	State:	Alaska	ZIP:	99840

Designated Licensee:	Patricia A. Moncibaiz			
Contact Phone:	915-231-0717	Business Phone:	915-231-0717	
Contact Email:	thesittinsasquatch@gmail.com			

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

**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 mile/5,280 feet

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

.5 mile/2,640 feet



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-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

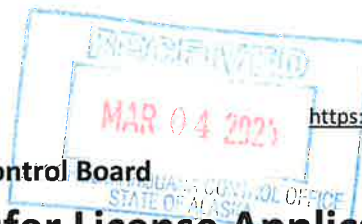
Name:					
Address:					
City:		State:		ZIP:	

**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:	Patricia A. Moncibaiz				
Title(s):	Member	Phone:	915-231-0717	% Owned:	50
Address:	P.O. Box 197				
City:	Skagway	State:	Alaska	ZIP:	99840



Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

Entity Official:	David Moncibaiz				
Title(s):	Member	Phone:	915-231-0717	% Owned:	50
Address:	P.O. Box 197				
City:	Skagway	State:	Alaska	ZIP:	99840

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 #:	10191315	AK Formed Date:	3/28/22	Home State:	Alaska
Registered Agent:	Patricia Moncibaiz		Agent's Phone:		
Agent's Mailing Address:	385 4th Street				
City:	Skagway	State:	Alaska	ZIP:	99840

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:

Jocelyn K. Collier, attorney for Baxter Bruce & Sullivan P.C. Ms. Collier is the attorney for Paul Nils Davis and Earl H. Stoval, Jr.





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 of transferor

Bites on Broadway, Paul Nils Davis  
Printed name of transferor

Subscribed and sworn to before me this 22<sup>nd</sup> day of January, 2024.

Signature of Notary Public

Notary Public in and for the State of MS

My commission expires: Sept 10, 2024



Signature of transferor

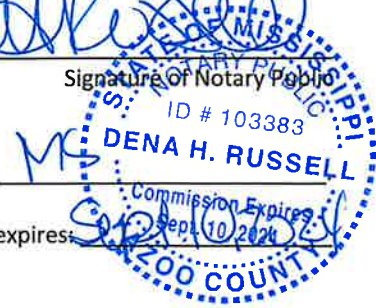
Bites on Broadway, Earl H. Stovall, Jr.  
Printed name of transferor

Subscribed and sworn to before me this 22<sup>nd</sup> day of January, 2024.

Signature of Notary Public

Notary Public in and for the State of MS

My commission expires: Sept 10, 2024





# 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.

PM

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

PM

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.

PM

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.

PM

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

PM

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.

PM



*Patricia A. Moncibaiz*  
Signature of transferee

The Sittin' Sasquatch LLC

*Gyaneshwor S. Aribam*  
Signature of Notary Public

Signature of Notary Public

Notary Public in and for the State of Alaska

Patricia A. Moncibaiz, Member

My commission expires: April, 20, 2024

Printed name of transferee

Subscribed and sworn to before me this 19 day of January, 2024



**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:	The Sittin' Sasquatch LLC	License Number:	6053		
License Type:	Restaurant/Eating Place				
Doing Business As:	The Sittin' Sasquatch				
Premises Address:	648 Broadway				
City:	Skagway	State:	Alaska	ZIP:	99840





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-02: Premises Diagram**

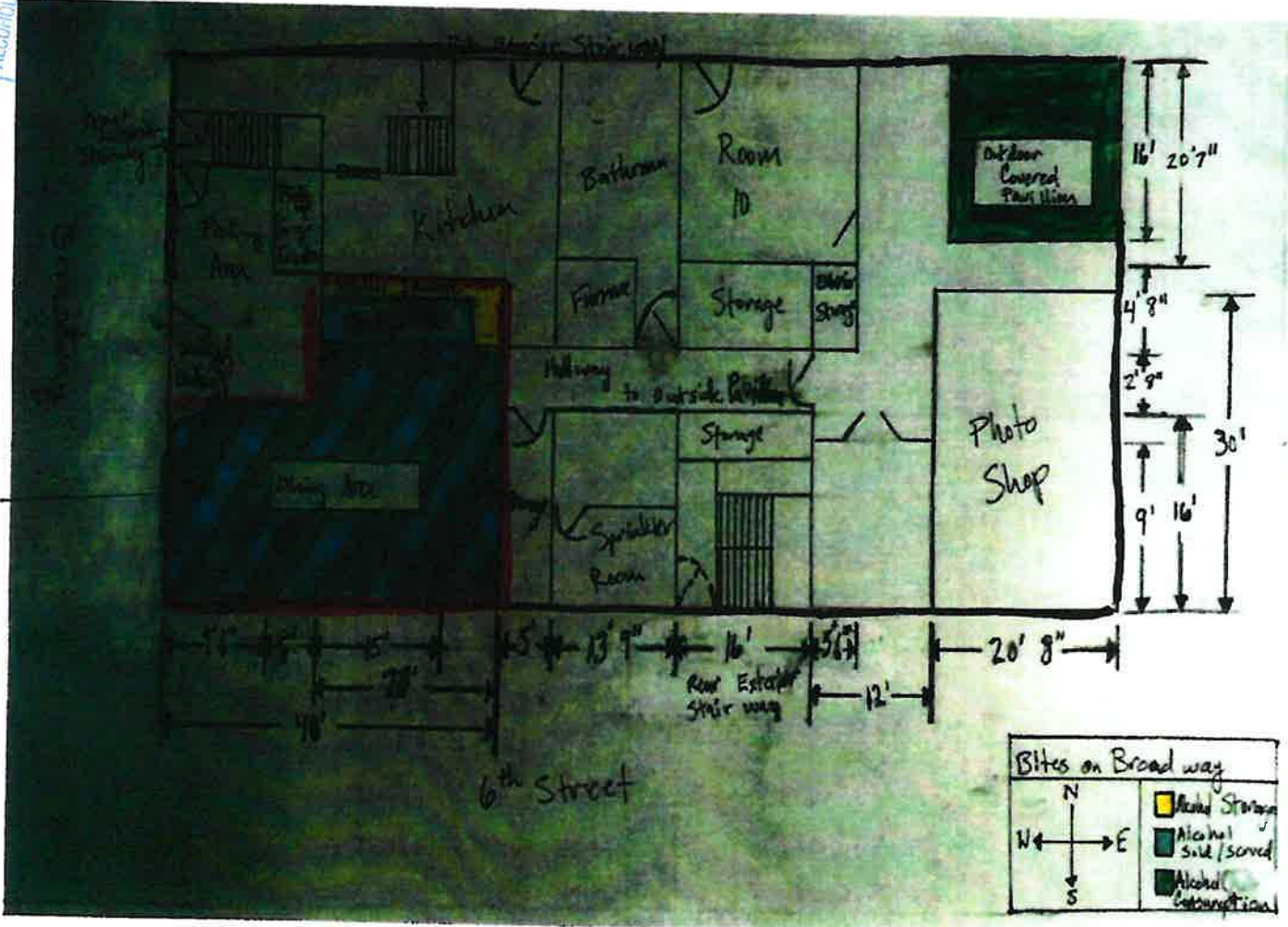
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**Section 2 – Detailed Premises Diagram**

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.

RECEIVED  
 MAR 04 2021  
 ALCOHOL REGULATORY CONTROL OFFICE  
 STATE OF ALASKA

Only  
 this  
 Area

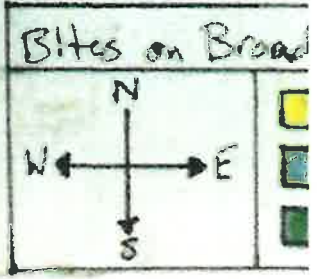
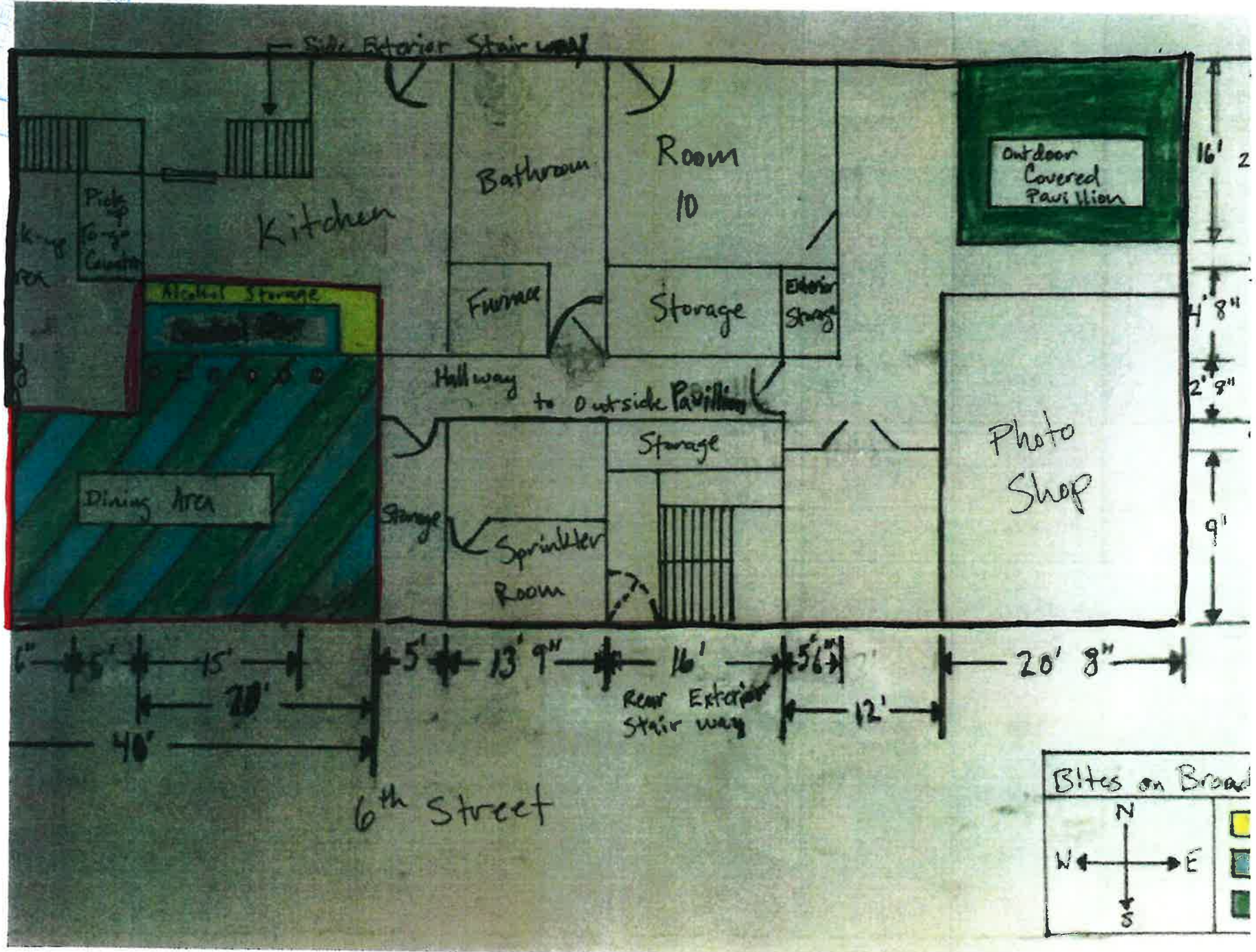


AMCO Received 12/21/2021

AMCO Received 3/11/22



RECEIVED  
 2021  
 POLICE OFFICE



AMCO Received 3/11/22



Ext Door  
Ext Door

Storage

N

Ext Stairs

Kitchen

Bathroom

STAIRS UP

To Go Counter  
Counter Service  
"No Alchol Served  
in this Area"

Storage

Bathroom

Furnace Room

Hall way  
to  
to  
to

Ext Door

to outside

Storage Room

Ext Stairs

Storage

Seated BAR

0  
0  
0  
0  
0  
0  
0

Dining Area

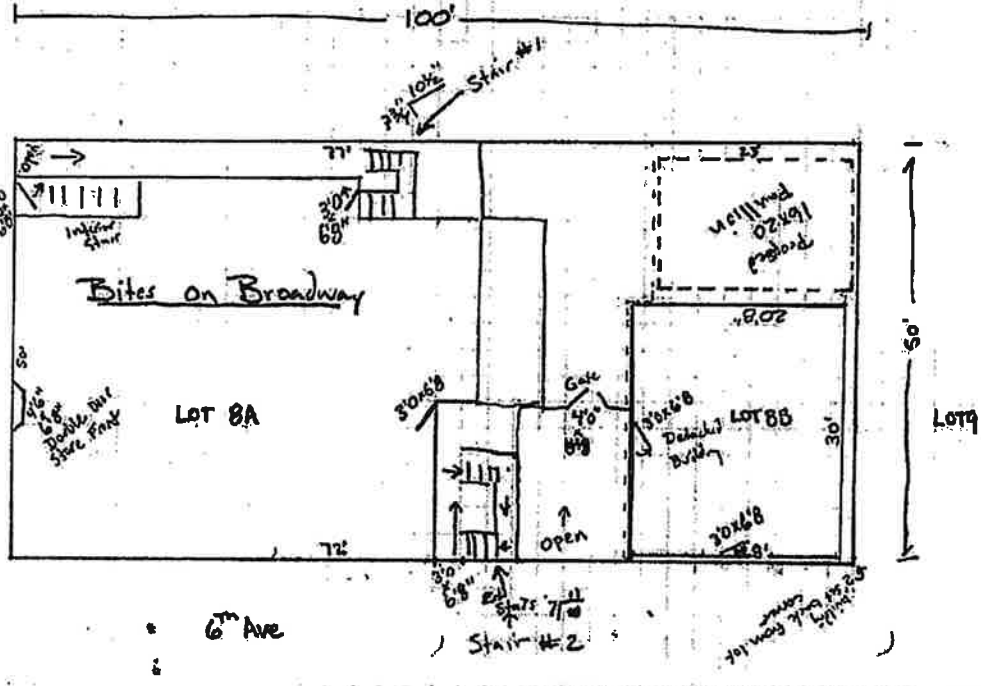
AMCO

NOV 22 2021

AMCO Received 3/11/22

Bites on Broadway

Not to Scale



AMCO

NOV 22 2021





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:	The Sittin' Sasquatch LLC						
License Type:	Restaurant/Eating Place	License Number:	6053				
Doing Business As:	The Sittin' Sasquatch						
Premises Address:	648 Broadway						
City:	Skagway	State:	Alaska	ZIP:	99840		
Contact Name:	Patricia A. Moncibaiz		Contact Phone:	915-231-0717			

**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 any persons under 21 years of age: AS 04.16.049(c)  
 NOTE: Under AS 04.16.049(d), a Department of Labor and Workforce Development work 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 to be in the dining area or place to go orders at our take out counter

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.

- train staff on the responsibilities of serving alcohol
- establish a responsible alcohol service system
- check everyone's ID no matter how old they look
- No proof / no service
- train employees to spot fake IDs
- make sure employees can see all sections of the restaurant

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:

10am - 3pm  
Sunday - Friday  
Closed Saturdays

**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:

Possible acoustic guitar twice a month during open hours

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.

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 designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

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.)*

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.

The Sittin' Sasquatch LLC

Patricia A. Moncibaiz, Member

*Patricia A. Moncibaiz*  
 Signature of licensee

Printed name 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:**





## Alaska Food Code 2024 Establishment Permit

Division of Environmental Health  
Food Safety & Sanitation Program

Permit Number: 12999  
Issued to: **THE SITTING' SASQUATCH LLC**  
For: **The Sittin' Sasquatch**  
For Operation of: **FF-6 Deli/Takeout/Drive-in Food Service**  
Located at: **648 Broadway Skagway, AK 99840**

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, 2024**

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)**



## Coffee Drink Menu

### Specialty Drinks:

Sassy Squatch(White mocha and hazelnut)

Muddy Mocha (white and dark mocha)

Goldrush Macchaiato (Caramel Latte)

Hiker's Delight (Chai and Espresso)

Tropical Yeti(white mocha and coconut syrup)

Petty Yeti(white mocha, lavender syrup, hazelnut syrup)

### Espresso Drinks

Cappucino

Latte

Breve

Mocha

White Mocha

Americano

Shot in the Dark (shot of espresso in cup of coffee)

Doppio

Traditional macchiato

### Classic Drinks:

Bigfoot Brew

Chai Latte



Steamer

London Fog

Hot Chocolate

Hot Tea

\*extra shot of espresso

\*Extra syrup

\*Alternate Milk



## Breakfast Menu

Bagel Sandwich (choice of bread, choice of cheese, turkey)

French Toast Panini

French Toast sticks

Avocado Toast

Biscuits and Gravy

Three Egg Omelet

Eggs Benedict

Muffins (Blueberry, Banana, Chocolate Chip)

Cinnamon Squatch Waffle

## Lunch Drink Menu

Red Bull Spritzer (Red Bull and Syrup)

Italian Cream Soda (club soda, heavy cream, syrup)

Smoothie (mango, Strawberry)

Big foot Blast (Sprite and syrup)

Canned Soda

Red Bull

Bottled water

Frappucino

Lunch:

Hot Dogs

Squatch Dog (beef hot dog)

Jalapeno Cheddar Bison Dog

Reindeer Dog

Sandwiches: All Sandwiches served with Alaska Brand Chips

\*Add a cup of soup

Chicken Ceasar Wrap

BLT

-add avocado

-add fried egg

Grilled PB&J

Grilled Chicken Salad Sandwich

Smoked Turkey Club

\*Make any Sandwich a Wrap

Paninis-All served with Alaska Brand Chips

Turkey Pesto



Thanksgiving Dinner

Triple Cheese

**Alcoholic drinks:**

Alaska Brewing Co Beer

Wine/honey mead

Mimosas (OJ or cranberry)

