Document reference ID : 2945

Licensing Application Summary

Application ID:	2945
Applicant Name:	Alaska Sb, Llc
License Type applied for:	Restaurant Eating Place License (REPL) (AS 04.09.210)
Application Status:	In Review
Application Submitted On:	05/09/2024 04:17 PM

Entity Information

Business Structure:	Limited liability company
FEIN/SSN Number:	812646698
Member Managed or Manager Managed:	Member Managed
Alaska Entity Number (CBPL):	10032526
Alaska Entity Formed Date:	10/05/2015
Home State:	AK

Entity Contact Information

Entity Address:	3300 Arctic Blvd, Suite 201-1109, Anchorage, AK, 99503, USA

Initial Application Information

Authority Type:	I am authorized user by the designated licensee with binding authority

Legal First Name:	Gretchen
Legal Last Name:	Kenney
Email Address:	gretchen@alaskasb.com
Phone Number:	907-223-5469

Registered Agent Information

Name	Registered Agent Solutions Inc Registered Agent Solutions Inc
Agent's Phone Number	800-547-7007
Agent's Email	debbie@recordsearch.com
Address	1400 W Benson Blvd, STE 370, Anchorage, AK, 99503-3679, USA
The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office?	Yes

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Alaska Sb, Llc	Keystone Holding Llc	Member	90
Alaska Sb, Llc	Gretchen Kenney	Member	10
Alaska Sb, Llc	Sandi Larson	Affiliate	
Alaska Sb, Llc	Mark Larson	Affiliate	

Premises Address

Address:	1451 E Parks Hwy, STE 101, Wasilla, AK, 99654-8285, USA
Mailing Address:	3300 Arctic Blvd, Anchorage, AK, 99503-4579, USA

Does the proposed site include a valid street address?	Yes

Basic Business information

Business/Trade Name:	1451 E Parks Highway Suite 101
What is your primary business at this location?	Restaurant

Premises Contact Details

Contact Person Name	Gretchen Kenney
Business Phone Number	907-223-5469
Email Address	gretchen@alaskasb.com
Address:	3300 Arctic Blvd, Anchorage, AK, 99503-4579, USA

Local Government and Community Council Details

City/Municipality	Wasilla
Borough	Matanuska-Susitna Borough

Property Ownership

Do you, the applicant, own the land, building, and/or warehouse at this proposed licensed location?	Yes
Property Utilization Status	An Existing Facility
Property Ownership Deed	Alaska SB LLC Lease.pdf

Premises Diagram

Will the license or permit embrace the entire premises address?	Yes

Premises Diagram

- AB-02.pdf
- AB-02.pdf

Security Plan

- AB-02.pdf
- AB-02.pdf

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.)

(Paper application left blank will need RFI)

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.

(Paper application left blank will need RFI)

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?	No
Do you have Approved food service permit for this premises?	No

Copy of the current food service permit for this premises OR the plan review approval.	Restaurant Endorsement.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:	Counter Service

Hours Of Operation

Sunday	10:30 AM - 09:00 PM
Monday	10:30 AM - 09:00 PM
Tuesday	10:30 AM - 09:00 PM
Wednesday	10:30 AM - 09:00 PM
Thursday	10:30 AM - 09:00 PM
Friday	10:30 AM - 10:00 PM
Saturday	10:30 AM - 10:00 PM

Financial Interest

I hereby certify that no person other than a proposed licensee listed on the liquor license application has a direct or indirect financial interest, as defined in AS 04.11.450(f) in the business for which a liquor license is being applied for.

I hereby certify that any ownership change shall be reported to the board as required under AS 04.11.040, AS 04.11.045, AS 04.11.050, and AS 04.11.055.

Public Notice Posting Attestation and Publishers Affidavit

Have you posted your application at both required locations for ten consecutive days?	Yes
What was the other conspicuous location of your post? (Please Include the full address)	Fred Meyer Community Board 1501 E Parks Highway, Wasilla, Ak 99654
What was the first day you posted your application?	04/17/2024

I attest that I have met the public posting notice requirement set forth under AS 04.11.310 by posting a copy of my application for the 10-day period at the location of the proposed licensed premises and at another conspicuous location in the area of the proposed premises as listed in this application.

I hereby attest 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.

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.

I certify I have provided a menu of a variety of types of food appropriate for meals that are prepared on the licensed premises.

I certify that non-employees under 21 years of age will not enter and remain on the licensed premises except for the purposes of dining only.

I certify that the sale and service of food and alcoholic beverages and any other business on the licensed premises is under the sole control of the licensee.

I certify the licensed premises is a bona fide restaurant as defined in AS 04.21.080(b).

I certify there is supervision on the licensed premises adequate to reasonably ensure that a person under 21 years of age will not gain access to alcoholic beverages.

Signature

Electronic Signature not collected; application submitted based on paper form.

Payment Info

Payment Type : CC

Payment Id: 83211b77-aaa7-4bfc-8ed1-740600a86559

Receipt Number: 100799195

Payment Date: 4/24/2024 4:00:00 PM

Documents

#	File Name	Type	Added On
1	Alaska SB LLC Lease.pdf	License property ownership document	05/08/2024 09:01 AM
2	AB-02.pdf	License Location Diagram Document	05/08/2024 09:08 AM

3	AB-02.pdf	License Location Diagram Security Plan Document	05/08/2024 09:08 AM
4	AB-02.pdf	License Location Diagram Document	05/08/2024 09:08 AM
5	AB-02.pdf	License Location Diagram Security Plan Document	05/08/2024 09:08 AM
6	Restaurant Endorsement.pdf	LicenseRestaurantDetailFoodServicePermitDocument	05/08/2024 09:15 AM