

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

# Form AB-00: New License Application

Why	is	this	form	needed?
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Rev. 12/12/2023

This application for a license is required for all individuals or entities seeking to apply for a new alcoholic beverage license. Applicants should review **Title 04** of **Alaska Statutes and Chapter 305** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 305.045.

This form must be completed and submitted to AMCO's Anchorage office, along with all other required forms and fees before any license application will be considered complete and placed in the queue for a licensing examiner review.

S	ection 1 – Establishmen	t and Co	ontact Info	rmation	1	
Enter information for the bus	iness seeking to be licensed.					
Applicant:	Franklin Donham					1
License Type:	Restaurant or Eating Pla	ce	Statutory Re	ference:		AS04.09.210
Doing Business As:	Timberline Farm					
Premises Address:	30079 Getman Dr					
City:	Sterling	State:	AK		ZIP:	99672
Local Governing Body/Bodies:	Kenai Peninsula	Borou	ıgh			
Community Council, (If applicable):	not applicable					
Mailing Address:	36989 Feuding Lane					
City:	Sterling	State:	AK		ZIP:	99672
Designated Individual with Binding Authority to apply for this License:	Franklin Donham					
Contact Phone:	907-598-9911	Business	Phone:	907-59	8-99	11
Contact Email:	timberlinefarmak@gmail	.com				
Seasonal License? Yes	If "Yes", write your of Six months each year		eriod not excee	eding		
	OFFICE	USE ONLY			Т	
Complete Date:	License Years:			License		
Board Meeting Date:		Tran	saction #:		RE	CEIVED
Issue Date:		Fxai	miner:		BAA	V 0.1 2025

#100 802470

ALCOHOL MARNUANA CONTROL OFFICE STATE OF ALASKA



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#### Alaska Alcoholic Beverage Control Board

# Form AB-00: New License Application

	Section 2 – Premis	ses Inf	formation	
Premises to be licensed				
an existing facility	a new building	a propos	sed building	
	be completed by an applicant for a bev	erage dis	pensary or beverage disper	sary tourism license and
<u>package store</u> applicant only What is the distance of the sl	: nortest pedestrian route from the publi	c entrance	e of the building of your pro	oposed premises to the
	rest school grounds? Include the unit o			
5 Miles				
	nortest pedestrian route from the publi st church building? Include the unit of			oposed premises to the
2 Miles				
	ti 0 0 l D - into			
The state of the s	ection 3 – Sole Proprieto		<del>-</del>	
	ted by any <u>sole proprietor</u> who is apply ase attach a separate sheet with the re			to section 4.
	ust be completed for each licensee and e			
This individual is an: 📝 a	pplicant affiliate			
Name:	Franklin Donham			
Address:	36989 Feuding Lane			
City:	Sterling	State:	AK	<b>ZIP</b> : 99672
Email:	timberlinefarmak@gmail.com	Phone Nu	mber: 907-598-991	1
This individual is an: a	applicant affiliate			
Name:				
Address:		TV.		
City:		State:		ZIP:
Email:		Phone	Number:	
),				REGIEUVED
				MAY 21 2024
				ALCOHOL MASS DANA CONTROL OFFICE



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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 <u>entity</u>, 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 <u>corporation</u>, the application shall be executed by an authorized officer of the Corporation. Information must be completed below 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 <u>limited liability organization</u>, whether manager managed or member managed, the following
  information must be completed for each *member with an ownership interest of 10% or more* and for each *manager*regardless of ownership share.
- If the applicant is a <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.
- For any entity, identify all affiliates for your organization as defined at 3 AAC 305.950.

Entity Official:		
Title(s):	Phone:	% Owned:
Address:	71	**
City:	State:	ZIP:
Email:	,,	
Entity Official:		
Title(s):	Phone:	% Owned:
Address:		
City:	State:	ZIP:
Email:	· · · · · · · · · · · · · · · · · · ·	
Entity Official:		
Title(s):	Phone:	% Owned:
Address:	L L	
City:	State:	ZIP:
Entity Official:		
Entity Official:	T	v
Title(s):	Phone:	% Owned:
Address:		MEGELVED
City:	State:	ZIP:MAY 21 2024



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#### 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 or who has registered as a business entity with the Division of Corporations, Business, and Professional Licensing (CBPL). Any entity registered or required to be registered with CBPL must be in good standing and have a registered agent as defined at AS 04.11.430.

CBPL Entity #:		AK Formed Date:		Home State:	
Registered Agent:			Agent's Phone:		
Agent's Mailing Address:			1		
City:		State:		ZIP:	
Email:					
Does your registered agent sat	tisfy the requirement (	of AS 04.11.430?			Yes No
	Secti	ion 5 – Other	Licenses		
Ownership and financial intere	st in other alcoholic be	everage businesses.			Yes No
oes any representative or own			or indirect financial ir	nterest in any other	
Icoholic beverage business tha	it ages pasmess in Of I	5 Hoorised III Aluska:			
"Yes", disclose which individu	ual(s) has the financial	interest, what the tv	pe of business is, and	if licensed in Alask	a, which license
umber(s) and license type(s):	-1-7-7-0				
10V.3%-03007-035-1	Sec	tion 6 – Autho	rization		
Communication with AMCO st					Yes No
Does any person other than a l	icensee named in this	application have auth	ority to discuss this lic	cense with AMCO	
staff?					
If "Yes", disclose the name of t for this authorization:	the individual and cont	act information for the i	ndividual, including pho	ne number and email	l, and the author
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				Dut-SCO	
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				MAY	21 2024
					21 2024 UANA CONTROL OFFICE OF ALASKA



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Alaska Alcoholic Beverage Control Board

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

#### **Section 7 – Attestations** Initials Read each line below, and then sign your initials in the box to the right of each statement: 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 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. FRANKLIN DOWN





**Document reference ID: 3063** 

# **Licensing Application Summary**

**Application ID:** 3063

**Applicant Name:** Franklin Donham

**License Type applied for:**Restaurant Eating Place License (REPL) (AS 04.09.210)

**Application Status:** In Review

**Application Submitted On:** 06/04/2024 10:11 AM

# **Applicant Information**

**Prefix:** Mr

Legal First Name: Franklin

Legal Middle Name: James

Legal Last Name: Donham

# **Entity Information**

**Business Structure:** Sole proprietorship

# **Entity Contact Information**

Name	Phone	Email	Relation	
Franklin Donham	907-953-6805	timberlinefarmak@gmail.com	Executive Management	
Entity Address:	36989 FEUDING Ln, STERLING, AK, 99672, USA			

# **Initial Application Information**

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

Legal First Name: Franklin

Legal Last Name: Donham

Email Address: timberlinefarmak@gmail.com

**Phone Number:** 907-598-9911

# Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Franklin Donham	Franklin Donham	Owner	100

#### **Premises Address**

Address: 30079 GETMAN Dr., STERLING, AK, 99672, USA

Mailing Address: 36989 Feuding Ln, Sterling, AK, 99672-9317, USA

Does the proposed site include a valid street

address?

Yes

#### **Basic Business information**

Business/Trade Name: Timberline Farm

What is your primary business at this location? Restaurant

#### **Premises Contact Details**

Contact Person Name Franklin James Donham

Business Phone Number 907-598-9911

Email Address timberlinefarmak@gmail.com

Address: 36989 Feuding Ln, Sterling, AK, 99672-9317, USA

# Local Government and Community Council Details

City/Municipality No Local Government

**Borough** Kenai Peninsula Borough

# **Property Ownership**

Do you, the applicant, own the land, building, and/or warehouse at

this proposed licensed location?

Νo

Property Utilization Status A New Building

Property Ownership Deed Deed.pdf

## **Premises Diagram**

Will the license or permit embrace the entire premises address?

**Premises Diagram** 

- Additional Detailed Premises Diagram.pdf
- Plat with building.pdf
- Redline with Consuption and Storage.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.)

No one under 21 will be allowed to sit at the bar.

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.

Storage areas will be locked and only authorized personnel will have access. Training for all TAM card holders, Underage employees and or customers will not have access to

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.

Permit.pdf

#### **Entertainment & Service**

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises? No

Table

Food and beverage service offered or anticipated is:

Service

#### **Hours Of Operation**

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

Sterling Post Office 38161 Midway Dr

Sterling, AK 99672

What was the first day you posted your application?

05/23/2024

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 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

This application was digitally signed by : Franklin Donham on 5/22/2024 7:28:08 PM

# Payment Info

Payment Type: Check

Check Number: 100652

Payment Date: 6/5/2024 5:49:35 PM

#### **Documents**

#	File Name	Туре	Added On
1	<u>Deed.pdf</u>	License property ownership document	05/21/2024 07:41 AM
2	<u>Deed.pdf</u>	License property ownership document	05/21/2024 07:41 AM
3	Additional Detailed Premises Diagram.pdf	License Location Diagram Document	05/21/2024 09:23 AM
4	Plat with building.pdf	License Location Diagram Document	05/21/2024 09:23 AM
5	Redline with Consuption and Storage.pdf	License Location Diagram Document	05/21/2024 09:23 AM
6	<u>Permit.pdf</u>	LicenseRestaurantDetailFoodServicePermitDocument	05/22/2024 11:14 AM



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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 alcohol license applications, per AS 04.11.260, 3 AAC 305.630 and 3 AAC 305.660. 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.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete. You may attach blueprints or other detailed drawings that meet the requirements of this form.

#### The diagram MUST include:

- You must use a solid, contiguous red line to outline the outer perimeter of your premises with no breaks or separations.
  - The red outline is required to follow a physical barrier (wall, fence and even across doorways).
  - o There should be no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
  - Stored
  - Served/Sold
  - Manufactured
  - Consumed
- All diagrams must include:
  - Dimensions (AMCO does not accept diagrams drawn to scale)
  - Cross streets
  - o Points of reference, such as a compass rose indicating True North
  - All entrances, exits, walls, bars, and fixtures
- If your premises include multiple floors, please include a separate diagram of each floor.
  - O You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- 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.
- Any license applications that include outdoor space are required to submit a security plan that includes information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

#### **Section 1 - Establishment Information**

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Franklin Donham	License	Number:	21982	281E/IV/E/D
License Type:	Restaurant or Eating Place				Y 2.1 2024
Doing Business As:	Timberline Farm			VI CUBULEYAN	RUMANA CINARRA
Premises Address:	30079 Getman Dr				
City:	Sterling	State:	AK	ZIP:	99672

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Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

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**Alaska Alcoholic Beverage Control Board** 

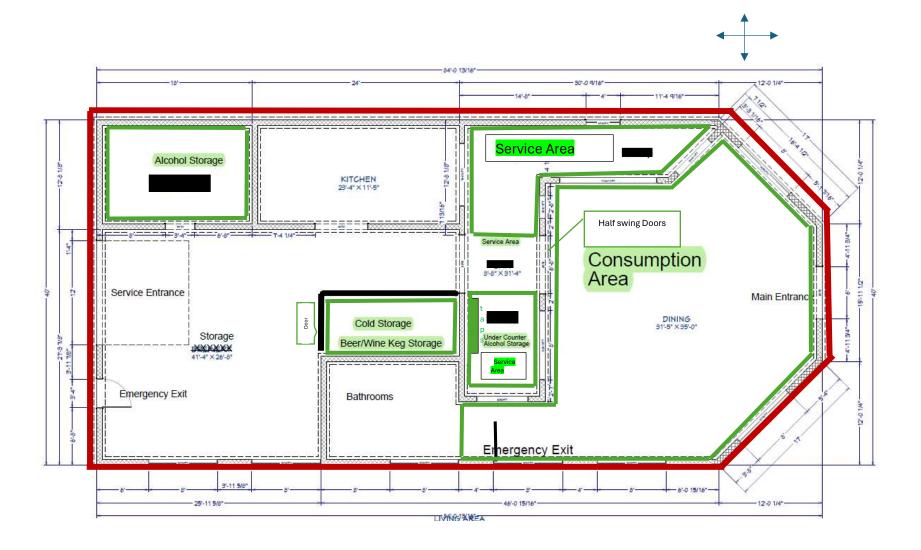
# Form AB-02: Premises Diagram

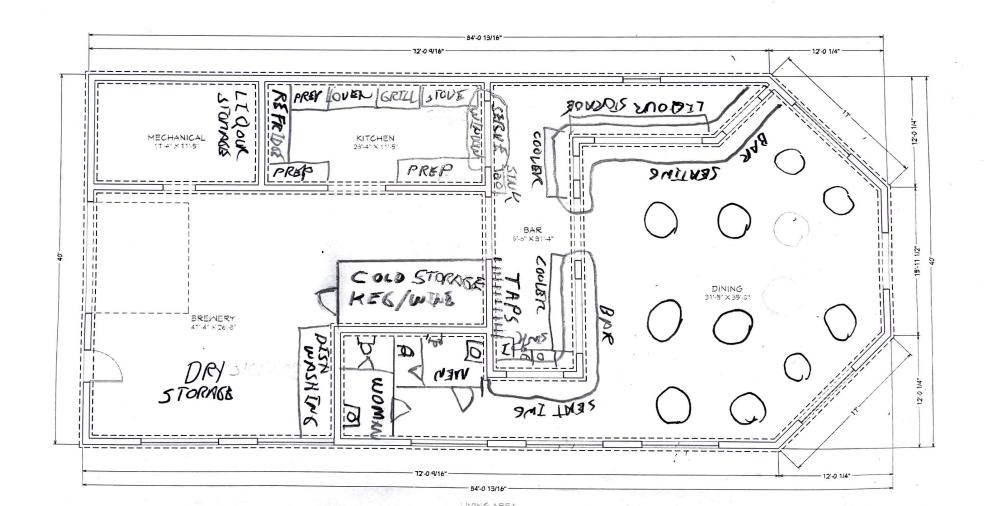
#### Section 2 - Detailed Premises Diagram

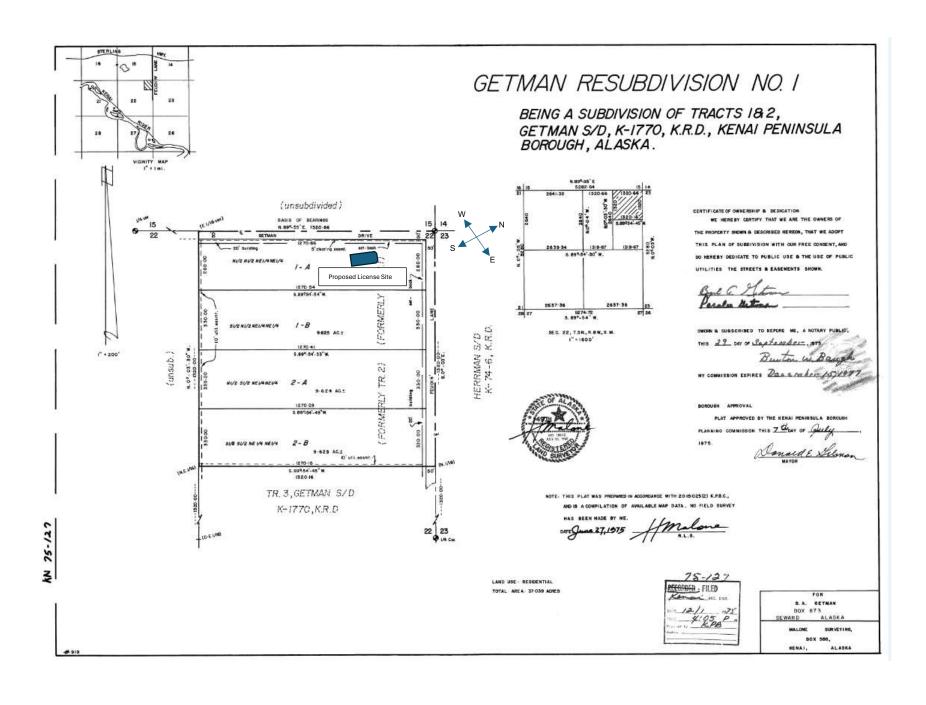
Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.

Pleas see attached drawings













# DINNER MENU

#### **APPETIZERS TO START**

# Squatch Berries12.00Steak Nachos15.00Chili Cheese Fries12.00Poutine12.00

#### **SOUP AND SALADS**

Beef Vegetable	5.00
Soup of the day	5.00
Chili	5.00
Classic garden salad	10.00
Loaded garden salad	15.00

#### **STEAKS**

Porterhouse	30.00
Ribeye	25.00
New York	20.00
Filet	25.00

Served with salad and in season produce

#### **BURGERS**

Squatch Burger	15.00
Classic Cheeseburger	12.00
Chili Cheeseburger	14.00

Served with house potatoes or salad









#### **IN SEASON SEAFOOD**

Salmon Market
Halibut Market
Shrimp Market

Served with salad and in season produce

KIDS MENU BEVERAGES
---------------------

Chicken Strips	8.00	Coffee	1.00
Burger	8.00	Tea	1.00
Mac and Cheese	7.00	Iced Tea	2.50
Hot Dog	6.00	Soda	1.50
		Water	

BEER COCKTAILS

TBD TBD



