

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

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 - Trans | feror Inf | formation | | | |
|---------------------------------|---|-----------|--|-------------|----------|--|
| Enter information for the cur | rrent licensee and licensed establishme | nt. | PC 124 | | | |
| Licensee: | Tuffy's LLC | | License #: | | 3489 | |
| License Type: | Beverage Dispensary | / | Statutory Refe | rence: | AS 04.09 | |
| Doing Business As: | Tuffy's | | | | | |
| Premises Address: | 3550 Airport Way Unit 6 | | | | | |
| City: | Fairbanks, | State: | AK | ZIP: | 99709 | |
| Local Governing Body: | Fairbanks, Fairbanks | North | Star Borou | gh | | |
| | | | | | | |
| Transfer Type: | | | | | | |
| Regular transfer | | | R | ECEIVE | | |
| Transfer with security interest | | | 5 | SEP 12 2024 | | |
| Involuntary retransfer | | | ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA | | | |
| STATE OF ALASMA | | | | | | |
| | | | | | | |
| | OFFICE U | | | | _ | |
| Complete Date: | | Trans | action #: | 10083956 | 5 | |

License Years:

Examiner:

Board Meeting Date:

Issue Date:



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

| | Section 2 - Trans | feree In | formation | | | |
|---|---|-------------------------------|--|---------------------------|-------------------------------------|----------------|
| Enter information for the <i>ne</i> | w applicant and/or location seeking to | be licensed. | | | | |
| Licensee: | Soba LLC | | | | | |
| Doing Business As: | Soba Authentic Mold | ovan C | uisine | | | |
| Premises Address: | 535 2ns Ave. #106 | | | | | |
| City: | Fairbanks | State: | AK | | ZIP: | 99701 |
| Community Council: | Fairbanks | | | | | |
| Mailing Address: | 535 2ns Ave. #106 | | | | | |
| City: | Fairbanks | State: | AK | | ZIP: | 99701 |
| Designated Licensee: | Stanislav Gutsul | | 1000-00-00-00-00-00-00-00-00-00-00-00-00 | | | |
| Contact Phone: | 9073220379 | Business | Phone: | 9074 | 6076 | 22 |
| Contact Email: | sobaalaska@gmail.c | om | | | | |
| easonal License? | If "Yes", write your s | | | | 1 1 = X U_XIO | |
| Premises to be licensed is: | | | | | | |
| an existing facility | a new building | a propos | sed building | ALCOHOL MAI | P 12 2 RIJUANA CO ATE OF ALAS | NTROL OFFICE |
| he next two questions must be completed by beverage dispensary (including tourism) and package store applicants only: | | | | | | |
| What is the distance of the outer boundaries of | the shortest pedestrian route from the the nearest school grounds? Include t | public entr | ance of the build easurement in yo | ing of your our answe | proposer. | ed premises to |
| 0.4 miles | 2112 feet | | | | | |
| the public entrance of the | the shortest pedestrian route from the ne nearest church building? Include the | e public entr e unit of me | ance of the build asurement in you | ing of your ur answer. | r propose | ed premises to |
| 0.2 miles | 1056 feet | | | | | |



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Form AB-01: Transfer License Application

| Section 4 - Sole Proprietor Ownership Information | | | | | | |
|---|--|---------------|---------|-----------|----|--|
| f more space is needed, pleath The following information mu | ted by any sole proprietor who is applease attach a separate sheet with the resust be completed for each licensee and applicant | equired infor | mation. | o Section | 5. | |
| Name: | | | | | | |
| Address: | | | | | | |
| City: | The state of the s | State: | | ZIP: | | |
| This individual is an: | pplicant 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.

| Stanislav Gutsul | | | | | |
|------------------|------------------------|--------------|---------------------------------------|--|--|
| Member | Phone: | 9073220379 | % Ow | ned: | 50 |
| 908 Joyce Dr | aleuwieiu | | | | |
| Fairbanks | State: | AK | ZIP: | 99 | 701 |
| | Member 908 Joyce Dr | 908 Joyce Dr | Member Phone: 9073220379 908 Joyce Dr | Member Phone: 9073220379 % ow 908 Joyce Dr | Member Phone: 9073220379 % Owned: 908 Joyce Dr |



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

| | Alla Gutsul | | | | | | | |
|---|--|--|------------------------|--|-----------------------|--------------------------|-----------|------------------------|
| Title(s): | Member | | Phone | 9073220 | 379 | % Owr | red: | 50 |
| Address: | 908 Joyce Di | <u></u> | | | | | | |
| City: | Fairbanks | | State: | AK | | ZIP: | 997 | 701 |
| Entity Official: | | | | | | | | |
| Title(s): | | | Phone | . | | % Owi | ned: | |
| Address: | | | | | | | | |
| City: | | | State: | T | | ZIP: | | |
| City. | | | | | | | | |
| Entity Official: | | | | | | | | |
| Title(s): | | | Phone | e: | | % Owi | ned: | |
| Address: | | | | | | | | |
| City: | | | State: | | | ZIP: | | |
| | | | | | | | | |
| standing with the Alaska Divi | pleted by any applicant sion of Corporations (E | t that is a corp OOC) and have | oration o a registe | r LLC. Corporations a red agent who is an i | nd LLCs a ndividua | are requir I resident | ed to k | oe in good state of |
| standing with the Alaska Divi | pleted by any applicant sion of Corporations (C | t that is a corp DOC) and have AK Formed | a registe | r LLC. Corporations a red agent who is an i | ndividua | re requir I resident | ed to b | state of |
| standing with the Alaska Divi | sion of Corporations (E | OOC) and have | a registe | red agent who is an i | ndividua Home | l resident | of the | state of |
| | 10093418 Stanislav G | AK Formed | a registe | red agent who is an i | ndividua Home | l resident | of the | state of |
| standing with the Alaska Divi Alaska. DOC Entity #: Registered Agent: | 10093418 Stanislav G | AK Formed | a registe | red agent who is an i | ndividua Home | l resident | AK | state of |
| standing with the Alaska Divi Alaska. DOC Entity #: Registered Agent: Agent's Mailing Address: | 10093418 Stanislav G 908 Joyce [| AK Formed utsul | a registe | red agent who is an in the second sec | Home | l resident | AK | state of |
| standing with the Alaska Divi Alaska. DOC Entity #: Registered Agent: Agent's Mailing Address: City: | 10093418 Stanislav G 908 Joyce I Fairbanks | AK Formed UtSUI Or State: | a registe | 10.23.2018 Agent's Phone: | Home 9073 | l resident | AK 379 | state of |



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Form AB-01: Transfer License Application

| Section 6 - (| Other Licenses | | |
|---|---|------------|-----|
| ership and financial interest in other alcoholic beverage bu | sinesses: | Yes | No |
| Does any representative or owner named as a transferee is financial interest in any other alcoholic beverage business | | V | |
| "Yes", disclose which individual(s) has the financial interes cense number(s) and license type(s): | t, what the type of business is, and if licensed in | Alaska, wh | ich |
| Soba LLC, including Stanislav Gutsul and Alla #5736, Restaurant/Eating Place. | Gutsul, are currently holder of Liquor | License | |
| | | | |
| | | | |
| Section 7 - | Authorization | | |
| | Authorization | Yes | N |
| | | Yes | N |
| munication with AMCO staff: Does any person other than a licensee named in this applic AMCO staff? | cation have authority to discuss this license with | Yes | N |
| munication with AMCO staff: Does any person other than a licensee named in this applic AMCO staff? | cation have authority to discuss this license with | Yes | N |
| munication with AMCO staff: Does any person other than a licensee named in this applic AMCO staff? | cation have authority to discuss this license with | Yes | [|
| munication with AMCO staff: Does any person other than a licensee named in this applic | cation have authority to discuss this license with | Yes | |
| munication with AMCO staff: Does any person other than a licensee named in this applic AMCO staff? | cation have authority to discuss this license with | Yes | N . |



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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.

| application, approve of the transfer of | this license, and this the into | I mation on this application to be true | c, con ccc, and complete. |
|---|--|--|----------------------------|
| Willia Sifreir | | | |
| Signature of transferor | | | |
| William St. Pierre | | | |
| Printed name of transferor | Subscribed and sworn to be | fore me this day of | ret .2024. |
| PUBLIC OF ALE | A MANAGEMENT OF THE PARTY OF TH | | Signature of Notary Public |
| Signature of transferor | | | |
| Printed name of transferor | Subscribed and sworn to be | fore me this day of | , 20 |
| | | | Signature of Notary Public |
| | No | otary Public in and for the State of | |
| | | My commission ex | pires: |
| | | RECEIVED | |
| [Form AB-01] (rev 2/24/2022) | | SEP 12 2024 ALCOHOL MARUUANA CONTROL OFFICE STATE OF ALASKA | Page 6 of 7 |



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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 |
| l certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application. | SG |
| I certify that all proposed licensees have been listed with the Division of Corporations. | SG |
| 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. | SG |
| 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. | SG |
| I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application. | SG |
| 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. | SG |
| NOTARY PUBLIC Signature of Notary Public | 7 |
| Signature of transferee Signature of transferee Notary Public in and for the State of ALASKA Notary Public in and for the State of ALASKA | |
| Printed name RECEIVED My commission expires: 09/27/ | 2027 |
| SEP 12 2024 Subscribed and sworn to before me this 3PP day of AUGUST | , 20 24 |

ALCOHOL MARIJUANA CONTROL OFFICE



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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).
 - There should be <u>no red lines within the perimeter</u>
- Each area should be clearly labeled in any color other than red where alcohol is:
 - Stored
 - Served/Sold
 - o Manufactured
 - Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - o Cross streets
 - Points of reference, such as a compass rose indicating True North
 - o All entrances, exits, walls, bars, and fixtures
- If your premises include 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 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: | Soba LLC | License | Number: | 348 | 9 |
|--------------------|-------------------------|---------|---------|---------------------------|------------------|
| License Type: | Beverage Dispensary | | beev | RECE | |
| Doing Business As: | Soba Authentic Moldovar | า Cui | sine | SEP 1 | 2024 |
| Premises Address: | 535 2nd Ave #106 | | ALCOH | HOL MARIJUAN. STATE DE | A CONTROL OFFICE |
| City: | Fairbanks | State: | AK | ZIP: | 99701 |

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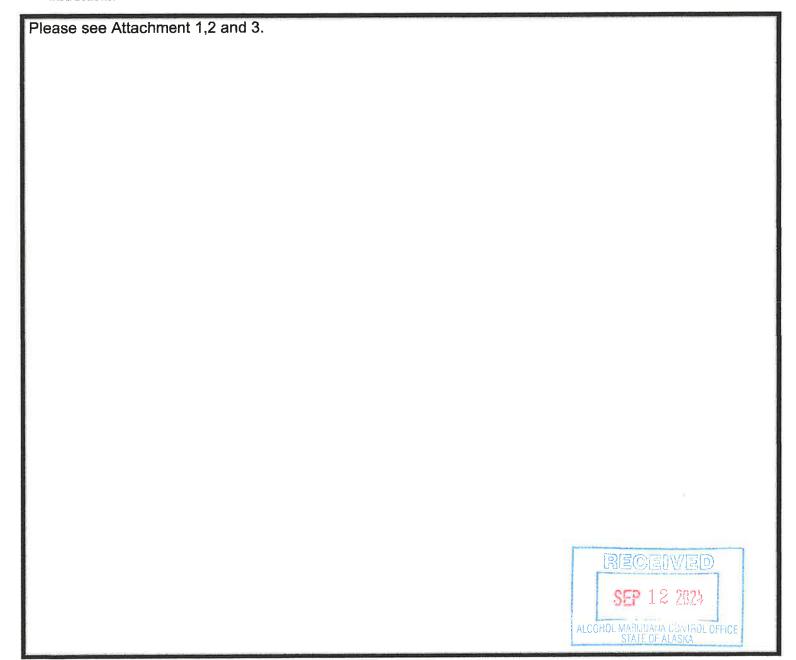
Phone: 907.269.0350

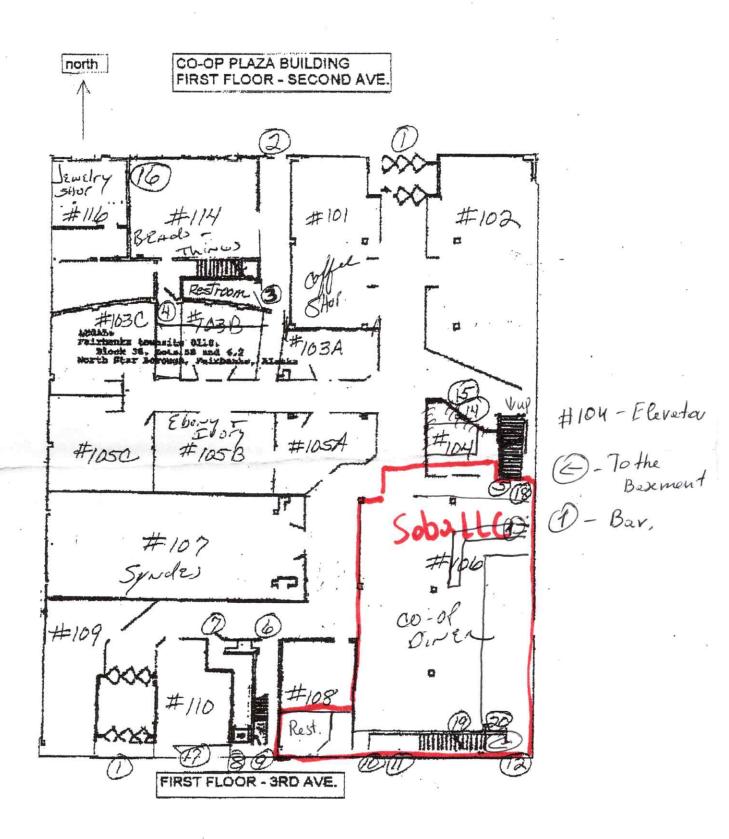
Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

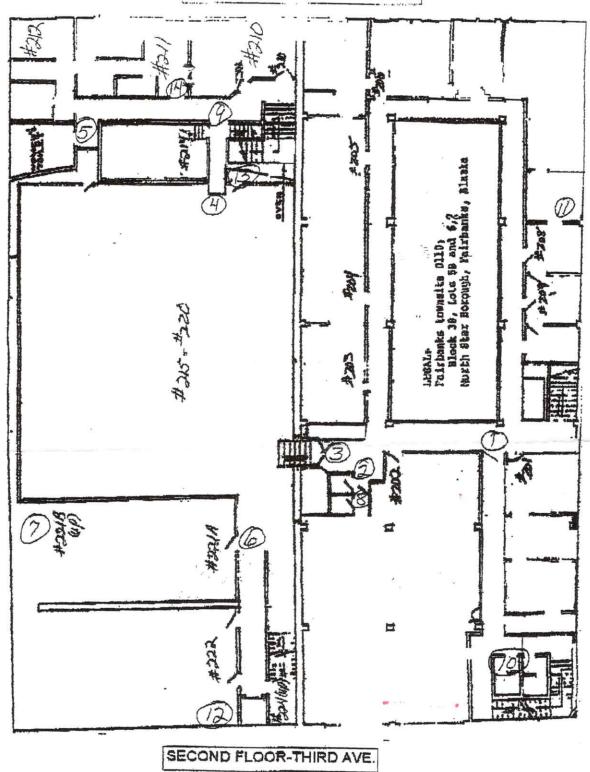
Section 2 - Detailed Premises Diagram

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

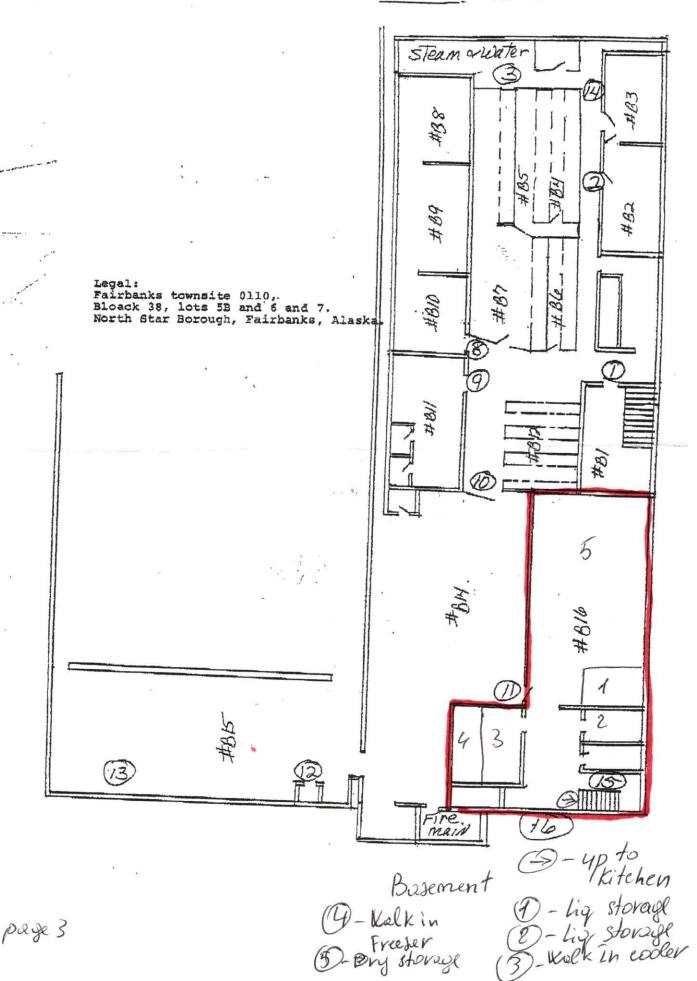




CO-OP PLAZA BUILDING SECOND FLOOR-SECOND AVE.



Proment - Second Rue.



23'

THIED FLOOR

Blakewood Business Forms (800) 443-1004

page 4



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Alaska Alcoholic Beverage Control Board

Restaurant Endorsement Application

This endorsement application form is required to apply for a restaurant endorsement to support your underlying license or pending license application. Applicants should review and become familiar with AS 04.09.450, Title 04 of Alaska Statutes and Chapter 305 of the Alaska Administrative Code. This form must be completed and submitted along with all other required forms and documents before any endorsement application will be considered complete and placed in the queue for our licensing examiners review.

Section 1 - Establishment and Contact Information

Enter information for the current licensee and licensed establish.

| Licensee: | Soba LLC | | License #: | | 3489 |
|---------------------------|---|--------|---|------|---------------------|
| Doing Business As: | Soba Authentic Moldovan Cuisine | | Soba Authentic Moldovan Cuisine License Type: | | Beverage Dispensary |
| Licensee Mailing Address: | 535 2nd Ave #106 Fairbanks AK 99701 | | Phone Number: | | 9074607622 |
| Full Premises Address: | 535 2nd Ave #106 Fairbank | 99701 | | | |
| City: | Fairbanks | State: | AK | ZIP: | 99701 |
| Local Governing Body: | Fairbanks, Fairbanks North Star Borough | Email: | sobaalaska | a@g | gmail.com |

Section 2 - Endorsement Requested

| Restaurant Endorsement: | AS 04.09.450. A restaurant endorsement authorizes the holder of a beverage dispensary license, fair |
|-------------------------|---|
| | license, golf course license, sporting activity or event license, club license, outdoor recreation |
| | lodge license, destination resort license, or beverage dispensary tourism license. |
| | The biennial fee for a restaurant endorsement is \$200 with a \$25 application fee. |



An application for a restaurant endorsement must specify the establishment or portion of the establishment that constitutes a bona fide restaurant, that there is supervision on the premises adequate to reasonably ensure that a person under 21 years of age will not obtain alcoholic beverages. This endorsement application is for the request of a 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)
- Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)
- 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.

Section 3 – Access to Persons Under 21 Years of Age

Review AS 04.16.049(a); AS 04.16.049(c)

Be specific in your list where within the premises persons under 21 years of age are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Persons under 21 years of age will only be allowed in the dining area OR will only be employed and present in the kitchen).

Persons under 21 years of age will only be allowed in the dining area, entertainment area and

restroom. Persons under 21 years of age will not be allowed in bar area. Employed persons under 21 years of age will only be allowed in the dining area and restroom, OR will only be employed and present in the kitchen.

If persons under 21 years of age is employed as busser, this person is allowed to take from the table only used glasses and bring them straight to the dishwasher area.

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Alaska Alcoholic Beverage Control Board

Restaurant Endorsement Application

Describe the policies, practices and procedures that will be in place to ensure that persons under 21 years of age do not gain access to alcoholic beverages while dining or employed at your premises. Outline how and where alcoholic beverages are stored on premises. Acknowledge that employees who sell and serve alcoholic beverages must have a current Server Education Card.

Only persons 21 years old or older will be allowed to work as a server/waiter. No employed persons under 21 years of age are allowed to open or serve alcohol beverages.

If persons under 21 years of age is employed as busser, this person is allowed to take from the table only used glasses and bring them straight to the dishwasher area. All alcohol beverages will be stored in keyed rooms and only employees over 21 years of age are allowed to restock alcohol beverages.

Persons under 21 years of age will not be allowed in bar, bar mixing area or alcohol beverage storage area.

No persons under 21 years of age will be allowed to seat at the bar counter.

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 |
|-----|----|
| V | |

Section 4 - Food Service Establishment Permit

Per AS 04.21.080(b) 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.

Link to the Alaska Department of Environmental Conservation (ADEC) Food Safety Website:

http://dec.alaska.gov/eh/fss/food/

Link to the Municipality of Anchorage 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:

SG

I have attached a copy of the current food service permit for this premises OR the plan review approval.

*Note: If a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.

Section 5 - Hours of Operation

Review AS 04.16.010(c).

Include variances in weekend/weekday hours, and indicate AM/PM:

Days/Hours of Operation

| Weekday | From Time of Day | To Time of Day |
|-----------|------------------|----------------|
| Sunday | 11AM | p pm |
| Monday | 11AM | 11 PM |
| Tuesday | 11AM | 11 PM |
| Wednesday | 11AM | 11 PM |
| Thursday | 11AM | 11 PM |
| Friday | 11AM | 11 PM |
| Saturday | 11AM | M PM |

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Alaska Alcoholic Beverage Control Board

Restaurant Endorsement Application

| | Section 6 - A | reas Covered by | Endorsemen | τ | outs and the second |
|--|--|---|---|--|---|
| Does the endorsemen | t apply to your entire licen | sed premises as approved | by the ABC Board? | Yes 🗸 | No |
| Does the requested en | ndorsement expand your co | urrently licensed premises? | , | Yes | No 🗸 |
| covered b | ach the approved diagram, i by various requested endors ne outer perimeter of the area | ements. You must use a soli | d, contiguous colored | line in any color | of the premises other than red to |
| | ements are overlapping, provi a varying colors for each requ | | istinguish each endorse | ement from the o | ther (e.g., keyed |
| • If your p the stain • Any end informat or remove vent. A | diagrams drawn to scale) Include cross-streets A north arrow, and any sig North. All entrances, exits, walls, remises includes multiple is between each floor, and torsement application that tion about the barriers, pra yed from the permitted pr | floors, please include a see each hallway/corridor that includes outdoor space a ctices, and personnel that emises and to prevent the tested for other proposed on 7 – Entertainm | res. Points of references parate diagram of each set of the leads to each set of the required to submit are to be used to ensure to be used to ensure to be access of alcohol by locations on a case-but access. | ach floor. You make stairs. It a security plar ure that alcohol a minor during y-case basis. | npass showing nust identify n that includes is not introduced the permitted |
| Entertainment as des | No ntertainment offered or av scribed by AS 04.09.210, in | cludes dancing, karaoke, li | | | s, but does not include |
| | st performances without li | | | | |
| Dancing, karao | ke, live performance | s. | | | |
| Food and beverage s | service offered or anticipat Buffet Service | ed is: Counter Service | Other: | Cateving | } |

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Alaska Alcoholic Beverage Control Board

Restaurant Endorsement Application

Section 8 - Attestations

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.

Initials

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 3AAC 305.340.



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 of 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, and or endorsement. I further understand that this is a Class A misdemeanor under AS 11.56.210 to falsify an application and commit the crime of unsworn falsification.



Stanislav Gutsul

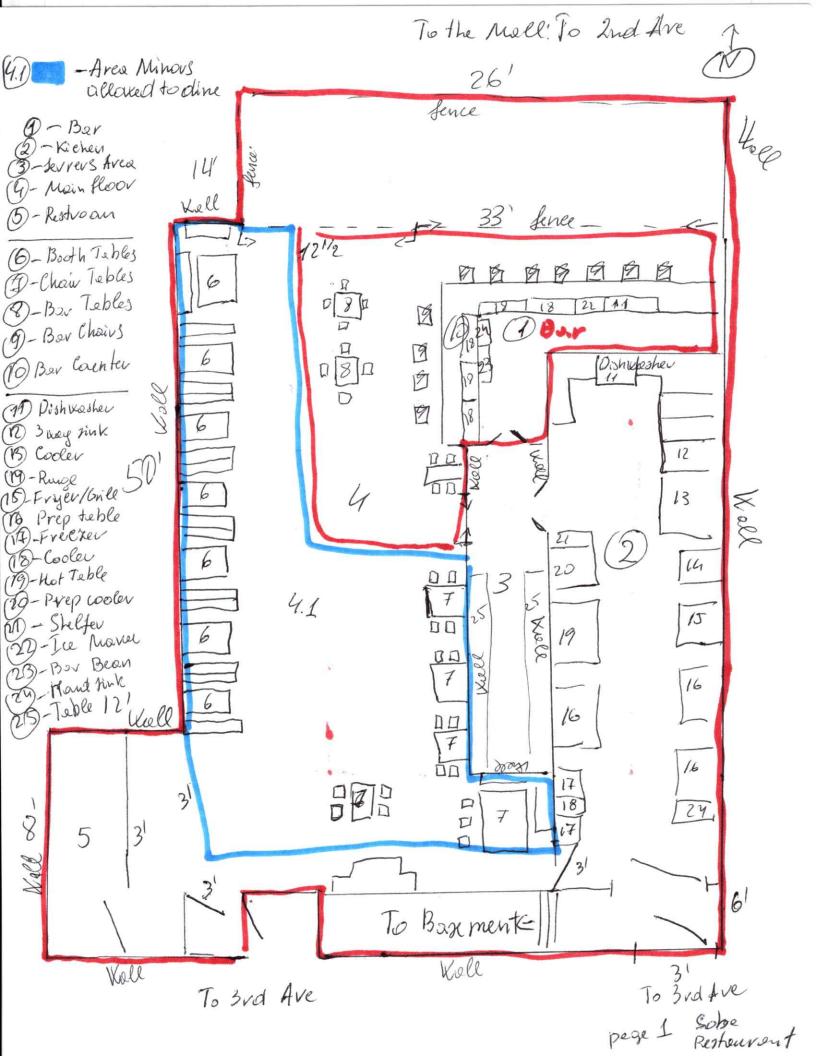
Printed name of licensee

Signature of licenses

1/14/25

Date

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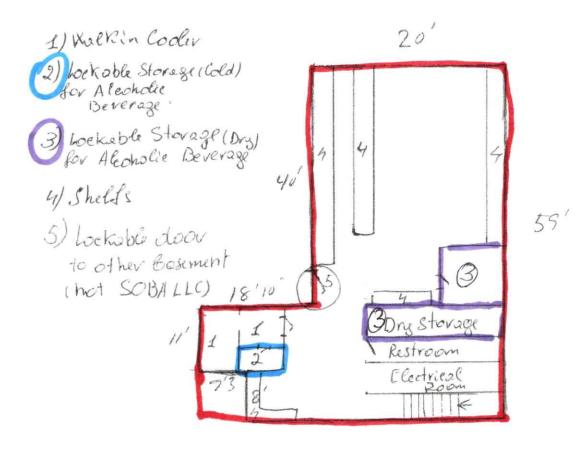
| 1 | N |
|---------|------------|
| 11 | H |
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| ARCHITECTO, H | ie. |
| 520 7th Avenue | |
| FAIRBANKS, ALASKA 9 | 701 |

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|---------------|------------|---------------------------------------|
| JOB | Co-op Dine | Basemert |
| SHEET NO | | OF |
| CALCULATED BY | | DATE |
| CHECKED BY | DS. | DATE |
| SCALE | 1"= 15 | |

SoballBasement

Soba LLC Basement will be used only for as storage for Alcoholic Beverage in only designated avecs as Cold Storage and Dry storage.



1469 \$



Alaska Food Code 2025 Establishment Permit

Division of Environmental Health Food Safety & Sanitation Program

Permit Number:

9058

Issued to:

SOBA LLC

For:

SOBA LLC

For Operation Of:

FF-6 Deli/Takeout/Drive-in Food Service

Located at:

535 2nd AVE STE 106 Fairbanks, AK 99701

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, 2025

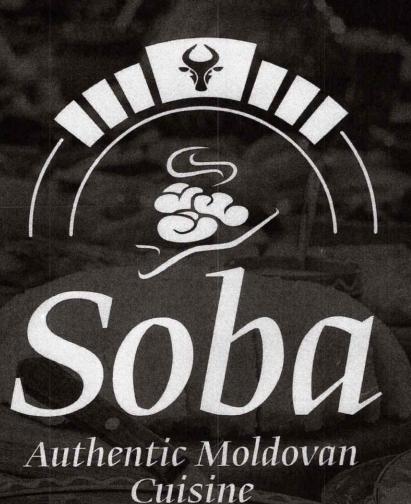
Program Manager:

If you have questions or concerns regarding safe food handling practices call toll free:

1-87-SAFE-FOOD

(in Anchorage call 334-2560)





2nd Ave, Ste 106,

sobaalaska@gmail.com

(907) 460 - 7622



| | APPERIZERS | |
|----------------|--|--------------------------------|
| | Cheese Platter A variety of European cheeses served with grapes, walnuts, and honey. | \$ 16 ⁹⁵ |
| | Salami Platter European salamis served with pickled carrots. | \$ 15 ⁹⁵ |
| | Limba Soacrei Eggplant rolls with garlic mayonnaise sauce and fresh tomatoes, served with Gern rye bread and pickled carrots. | \$ 12 9. |
| | Assorted Meat Platter Handcrafted house meat: chicken roulette, chicken schnitzel and oven-roasted po | \$ 17 ⁹⁵ |
| | Raci Crawfish tail meat sautéed in butter, white wine and garlic, served with flatbread a | \$ 19 ⁹⁵ and lemon. |
| | Plăcintă Traditional Moldovan pastry filled with cheese, fresh dill and green onion. | \$ 11 ⁴ |
| | Icre de Vinete și Dovlecei Eggplant and zucchini spread served with flat bread. | \$ 10 ⁹ |
| | Stuffed Mushrooms Oven-roasted Portobello mushrooms stuffed with meat and cheese. | \$ 16 55 |
| | SIDE ORDERS | |
| French Fries | y | \$ 6 95 |
| Pickled Vegeta | ables of v | \$ 6 95 \$ 9 45 |
| Sour Cream | | \$ 1 ⁹⁵ |
| Feta Cheese | | \$ 2 ⁹⁵ |
| Mashed Potat | oes with Ceamy Mushroom Sauce | \$ 7 45 |

| | SOUPS | |
|--|--|---------------------|
| | TWO OF THE FOLLOWING AVAILABLE DAILY: | |
| 2 20 | Zeamă | \$ 8 95/bowl |
| | Traditional chicken soup with homemade noodles. | \$ 2 95/cup |
| | Borş 🗃 | \$ 8 95/bowl |
| | Red beets soup with pork and vegetables. | \$ 2 95 / cup |
| | Supa de Mazare | \$ 8 95/bowl |
| | Split pea soup with potatoes, carrots, bell peppers, onlons and fresh parsley. | \$ 2 95/cup |
| W. Car | Supa de Perișoare | \$ 8 95/bowl |
| | Traditional meatball soup with rice and vegetables, garnished with parsley. | \$ 2 95/cmp |
| | SALADS | |
| 10 to 30 | Salată Țărănească | \$ 13 45 |
| | Village-style salad made with cucumbers, tomatoes, bell peppers, green onions, with a light sunflower oil dressing. | feta cheese |
| | Salată Cezar | \$ 12 ⁴⁵ |
| | Green salad of romaine lettuce, croutons, parmesan cheese, tossed in a creamy Caesar dressing. Add chicken for \$2 | |
| ALC: | Salată Vinegret | \$ 13 ⁹⁵ |
| 365 | Classic European salad made with red beets, potatoes, carrots, pickles, green pe and onion. | eas |
| 13 | Turkey Salad | \$ 13 95 |
| 00 | Romaine lettuce, roasted turkey, bell peppers, apples, tomatoes, eggs, red onlor parsley, with a light sunflower oil dressing. | rs, and |
| | Salată de Varză | \$ 8 95 |
| | Salad made with freshly - cut green cabbage, peas and green onlons with a light | t dressing. |
| (808) | House Salad | \$ 10 ⁹ |
| | Salad of fresh Romaine lettuce, tomatoes, cucumbers and shredded cheese. | |
| Contract of the Contract of th | Salată Olivie | \$ 14 ⁴⁵ |
| | German bologna, and pickles with a light mayo dressing. | |



Mămăligă 📾

or chicken, scrambled eggs, sour cream, feta cheese and garlic sauce.



\$ 26 95 Tocană cu Mămăligă

Moldova's favorite dish is corn polenta served with stewed pork. Tasty and nourishing vegetable stew served with a side of Mamaliga, feta cheese, sour cream and garlic sauce.



Potato pierogies topped with bacon, fried onions and served

Coltunași cu Cartofi

\$ 17 95

Pelmeni

Dumplings with minced park and beef, served with sour cream.



Mici

with sour cream.

\$ 2345

Grilled lamb sausage served with french fries and cabbage salad.



Zrazy

\$ 19 95

Potato cutlets stuffed with ground chicken and served with a side salad.



Pârjoale

\$ 21 45

Bătută

Pan-fried chicken schnitzel, served with mashed potatoes, creamy mushroom sauce, and sauerkraut.

Meat patties served with mashed potatoes, creamy mushroom sauce and pickles.

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Sarmale

Traditional cabbage wraps stuffed with rice and pork.



\$ 26 95

\$ 23 45 Pește Prăjit

Pan-fried Alaska Salmon in corn flour breading served with a side of polenta (Mămăligă).



Costiță de Porc a

Grilled pork chop marinated in red wine sauce and served with vegetables, and homestyle potatoes.



\$ 25 95 Coaste de Vită

Oven-roasted beef ribs with potatoes and vegetables, served with pickles.



Paste cu Creveți

German egg noodles with garlic shrimp in a special vegetable sauce.



\$ 23 95 Soba Burger

Well deserved hand - pressed beef burger with Lithuania style cheese and veggies, served with french fries



* Consuming raw or undercooked meat, poultry, seafood, shellfish, or eggs may increase your risk of foodborn

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KIDS MENU

Your choice of entree

5 9 95



Colțunași cu Cartofi

Potato pierogies topped with bacon, fried onions and served with sour cream.



Pelmeni

Dumplings with minced pork and beef, served with sour cream.



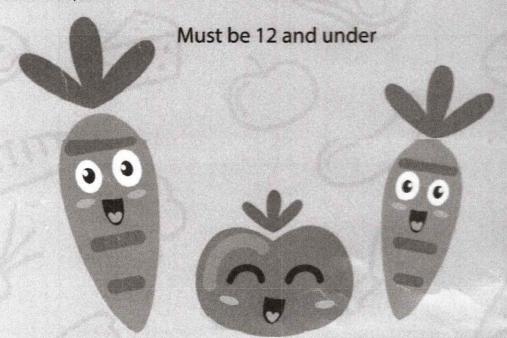
Pârjoale

Two meat patties served with fries or mashed potatoes, creamy mushroom sauce and pickles.



Zrazy

Two potato cutlets stuffed with ground chicken and served with a side salad.



* Consuming raw or undercooked meat, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness.

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Rolled up sour cherry crepes with sweet cream and shaved chocolate.



Cușma lui Guguță \$ 10 45 Traditional Moldovan Crepes

Crepes filled with sweet farmer cheese and raisins, served warm.



Honey Cake

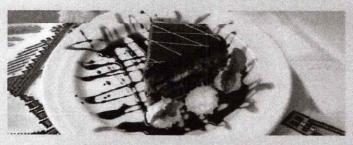
Honey backed into the cake layers and perfectly paired with a cream frosting.



\$ 6 95

\$ 6 95 Sour Cream Cake

Sour cream layers with honey cream and walnut.



Dream Cake

A delightful chocolate cake.



Ice Cream

2 scoops of Vanilla or Chocolate Ice Cream with the following toppings:

Quince Preserve / Young Walnut Preserve / Fig Preserve / Honey



\$ 6 95

* Consuming raw or undercooked meat, poultry, seafood, shellfish, or eggs may increase your risk of foodborne library

Espresso Drinks (North Pole Coffee)

| Americano | \$ 2 ⁴⁵ |
|---|-------------------------------------|
| Late 16 oz Add caramel or vanilla flavor for \$0.50 | 54° |
| Mocha 16 oz | \$ 4 ⁵⁰ |
| White Chocolate Mocha 16 oz | \$ 4 ⁵⁰ |
| Brewed Coffee | \$2 [∞] |
| Hot Cocoa | \$3 ⁴⁵ |
| Loose Leaf Hot Tea Jasmine / Earl Gray / Blueberry Nights / Spring Melody / Herbal | \$5 ⁴⁵ |
| Juice Peach / Apple / Strawberry-Banana. | \$ 2 ⁴⁵ |
| Compot Non-alcoholic sweet homemade beverage on fruit base. | \$ 2 95 / glass \$ 5 95 / carafe |
| Coca-Cola Products | \$ 2 45 |
| European Sparkling Mineral Water | \$ 2 95 |
| European Flavored Soda | \$3 ⁴⁵ |