



CITY OF WASILLA

290 E. HERNING AVE.
WASILLA, ALASKA 99687
PHONE: (907) 373-9050
FAX: (907) 373-0788

COUNCIL MEMORANDUM NO. 91-28

FROM: Clerk's Office


DATE: April 18, 1991

SUBJECT: Liquor License Approval; Antlers Italian Restaurant

Beth Nelson, Alcoholic Beverage Control Board Records & Licensing Supervisor called regarding Antlers Restaurant. Letters of non-objection may be used for liquor license renewals, but new liquor license applications must be either approved or disapproved according to State law.

Attached is the liquor license and restaurant designation applications for Antlers Italian Restaurant.

Recommendation: That the Wasilla City Council approve the new liquor license application and restaurant designation submitted for Antlers Italian Restaurant.


Marjorie D. Harris, CMC
Deputy Clerk

STATE OF ALASKA
ALCOHOLIC BEVERAGE CONTROL BOARD *OKL*
APPLICATION FOR RESTAURANT DESIGNATION PERMIT - AS 04.16.049 & 15 AAC 104.715-795
FEE: \$50.00

The granting of this permit allows access of persons under 21 years of age to designated licensed premises for purposes of dining, and persons under the age of 19 for employment. If for employment, please state, in detail, how the person will be employed, duties, etc. (15 AAC 104.745).

This application is for designation of premises where: (please mark appropriate items)

1. persons between 16 & 21 may dine unaccompanied.
2. persons under 16 may dine accompanied by a person 21 years or older.
3. persons between 16 and 19 years may be employed. (See note below)

LICENSEE: *Pierice Tech*

D/B/A: *Litsea*

ADDRESS: *111 N. Parkway Anchorage*

1. Hours of Operation: *11 AM* to *9 PM* Telephone # *376-8680*
2. Have police ever been called to your premises by you or anyone else for any reason:
Yes No If Yes, date(s) and explanation(s):

3. Duties of employment: *Kitchen, waitress*
4. Are video games available to the public on your premises? *no*
5. Do you provide entertainment? Yes No If Yes, describe.
6. How is food served? Table Service buffet service Counter service Other*
7. Is the owner, manager, or assistant manager always present during business hours?
Yes No

A MENU AND A DETAILED LICENSED PREMISES DIAGRAM MUST ACCOMPANY THIS APPLICATION

This permit remains in effect until the liquor license is transferred OR at the discretion of the Alcoholic Beverage Control Board. (15 AAC 104.795)

I certify that I have read AS 04.16.049, AS 04.16.060, 15 AAC 104.715-795 and have instructed my employees about provisions contained therein.

[Signature]
Application approved (15 AAC 104.725(e))
Governing Body Official

Date: APRIL 22, 1991

[Signature]
Applicant(s) signature

Subscribed and sworn to before me
this 18 day of March 1991.
Betty M. Peterson
Notary Public in and for Alaska
My Commission expires 11-02-92

Director, ABC Board
Date: _____

Note: AS 04.16.049(c) requires that written parental consent and an exemption by the Dept. of Labor must be provided to the licensee by the employee who is under 19 years of age. Persons 19 and 20 years of age are not required to have the consent or exemption.

* Describe how food is served on back of form

LIQUOR LICENSE APPLICATION

(Please read separate instructions)

State of Alaska
Alcoholic Beverage Control Board
550 W. Seventh Avenue
Anchorage, Alaska 99501
(907) 277-8638

Send Parts 1 and 2 to the ABC Board.
Keep Part 3 for your files.

This application is for: (check one) A full calendar year The six month period beginning _____ and ending _____

| SECTION A. LICENSE INFORMATION. Must be completed for all types of applications. | | | | FEES | |
|---|--|---|---|----------------------------------|--|
| Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer of License Holder <input type="checkbox"/> Relocation | License Type <u>RESTAURANT</u> <u>ESTABLISHMENT</u> Current Liquor License Number | Statute Reference Sec. 04.11. <u>400</u> | For License Year <u>1991</u> | Federal EIN <u>84-1076091</u> | License Fee \$ <u>300</u> |
| <input checked="" type="checkbox"/> Within a Municipality (Specify) _____ OR <input type="checkbox"/> Outside Municipality | | | | Filing Fee \$ 100.00 | |
| If renewal, has the license been exercised or active at least 30 eight-hour days during the past calendar year? (AS 04.11.330(3)) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | Penalty (If applicable) \$ | |
| If no, application will be denied unless written request for waiver of operation is approved by the Alcoholic Beverage Control Board. | | | | Total Submitted \$ <u>400</u> | |
| Enter applicant's or transferee's name and mailing address as it should appear on the license: <u>Charles S. Teich</u> <u>735 W. Parks Hwy.</u> <u>Wasilla, AK. 99687</u> | | | Doing Business As (Business Name) <u>Antlers</u> Street Address or Location of Business <u>735 W. Parks Hwy.</u> City <u>Wasilla, AK. 99687</u> Business Phone Number(s) <u>376-8680</u> | | Community Council Name and Mailing Address (See Instructions) |
| <input type="checkbox"/> THIS IS A NEW MAILING ADDRESS | | | | | |

| SECTION B. PREMISES TO BE LICENSED. Must be completed for New and Relocation applications. | |
|--|---|
| Name to be used on public sign or in advertising to identify premises: <u>Antlers</u> | Is location of premises greater than or less than 50 miles from the boundaries of a municipality (Incorporated city, borough or unified municipality)? <input type="checkbox"/> Greater than 50 miles <input type="checkbox"/> Less than 50 miles <input checked="" type="checkbox"/> Not Applicable |
| Closest School Grounds: <u>3 miles</u> | Distance measured under: <input type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local Ordinance No.: |
| Closest Church: <u>2 miles</u> | |
| Premises to be licensed is: <input checked="" type="checkbox"/> Existing Facility <input type="checkbox"/> New Building <input type="checkbox"/> Proposed Building | |
| <input type="checkbox"/> Plans submitted to Fire Marshall (Required for new and proposed buildings) <input checked="" type="checkbox"/> Diagram of Premises Attached (Required for all New and Relocation applications) | |

| SECTION C. RENEWAL INFORMATION. Must be completed for Renewal applications only. | | |
|---|--|---|
| Has the area where alcoholic beverages are sold, served, consumed, possessed and/or stored been changed from the last diagram submitted? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Has the statement of financial interest changed from the last statement submitted to the Alcoholic Beverage Control Board? <input type="checkbox"/> YES <input type="checkbox"/> NO | PACKAGE STORE. Is the notice to sell alcoholic beverages in response to written orders being renewed? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| SECTION D. TRANSFER INFORMATION. Must be completed for Transfer of License Holder and Relocation applications only. | |
|--|--|
| <input type="checkbox"/> Involuntary Transfer. Attach documents which evidence "default" under AS 04.11.670. <input type="checkbox"/> Regular Transfer. Any instrument executed under AS 04.11.670 for purposes of applying AS 04.11.360(4)(B) in a later involuntary transfer, must be filed with this application (15 AAC 104.105(f)). Real or personal property conveyed with this transfer is: (Attach extra sheets if necessary) | Name(s) and Mailing Address of Current Licensee(s) BEFORE TRANSFER, Doing Business As: (Business Name) BEFORE TRANSFER, Street Address or Location |

| SECTION E. CORPORATION INFORMATION. Must be completed if applicant or co-applicant is a corporation. (AS 04.11.390) | | |
|--|---|---|
| Corporate Name Mailing Address City, State, Zip Code | Doing Business As (Business Name) Street Address or Location of Business City and State | Date of Incorporation in Alaska Corporate Office Phone No. |
| Is the above named corporation in good standing with the State of Alaska, Department of Commerce and Economic Development? <input type="checkbox"/> YES <input type="checkbox"/> NO | Registered Agent (Name and Mailing Address) | Agent's Alaska Residency Years: _____ Months: _____ Agent's Phone No. |
| CORPORATION DIRECTORS AND STOCKHOLDERS (Use additional sheets if necessary) | | |
| Full Name (Do not use initials) | Home Address | Date of Birth |
| | | |
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SECTION F. INDIVIDUAL/CORPORATE OFFICER INFORMATION. The following information must be provided for each applicant or corporate officer. If the applicant or co-applicant is a corporation, the officers listed must include the President, Vice-President, Secretary and Treasurer. Use additional pages as necessary.

| | | | | | |
|--|-------------------------------|--|--|--|------------|
| Full Name (Do not use initials) <i>Charles Stuart Teich</i> | | | Full Name (Do not use initials) | | |
| Mailing Address <i>P.O. Box 1875756 900 1691 84-107691</i> | | | Mailing Address | | |
| City, State, Zip Code <i>Wasilla AK 99687</i> | | | City, State, Zip Code | | |
| Home Address (if different from mailing address) <i>545 West Cove Dr.</i> | | | Home Address (if different from mailing address) | | |
| Date of Birth <i>5-2-48</i> | Home Phone <i>376-7661</i> | Work Phone <i>376-8680</i> | Date of Birth | Home Phone | Work Phone |
| Length of Alaska Residency Years: <i>18</i> Months: <i>5</i> | | If applicant is a corporation, identify the corporate office you hold. | | Length of Alaska Residency Years: _____ Months: _____ | |
| Full Name (Do not use initials) <i>737 Wilcox Hwy 735 W 2</i> | | | Full Name (Do not use initials) | | |
| Mailing Address <i>Wasilla, AK 99687 Wasilla</i> | | | Mailing Address | | |
| City, State, Zip Code <i>376-868</i> | | | City, State, Zip Code | | |
| Home Address (if different from mailing address) | | | Home Address (if different from mailing address) | | |
| Date of Birth | Home Phone <i>376-8685</i> | Work Phone | Date of Birth | Home Phone | Work Phone |
| Length of Alaska Residency Years: _____ Months: _____ | | If applicant is a corporation, identify the corporate office you hold. | | Length of Alaska Residency Years: _____ Months: _____ | |

SECTION G. INDIVIDUAL/CORPORATE OFFICER BACKGROUND. Must be completed for all types of applications.

Does any individual or corporate officer named above now have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state?

NO YES If yes, give state, name of business, and address.

Has any individual or corporate officer listed above been convicted of a felony, a violation of AS 04, or been convicted as a licensee or manager of licensed premises in another state of the liquor laws of that state since the filing of the last application?

NO YES If yes, please explain on separate sheet of paper.

SECTION H. DECLARATION. Must be read and certified by each applicant.

I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the applicant(s) or licensee(s) has any direct or indirect financial interest in the licensed business.

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

If application is for a Beverage Dispensary or Package Store license, I certify that each applicant named on this application has resided in the state of Alaska for at least one year prior to the date of this application; and/or the applicant is a corporation registered and qualified to do business in the state of Alaska for one year prior to the date of this application, or all of the shareholders have resided in the state of Alaska for at least one year prior to the date of this application.

| | | | |
|--|--|--|--|
| SIGNATURE(S) OF CURRENT LICENSEE(S) (APPLICANT) | | SIGNATURE(S) OF TRANSFEREE(S) | |
| <i>Charles S. Teich</i> | | | |
| Subscribed and sworn to before me this <i>28th</i> | | Subscribed and sworn to before me this _____ | |
| day of <i>February</i> , 19 <i>91</i> | | day of _____, 19 _____ | |