

# 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:	Milano's Pizza Nome LLC				
License Type:	Restaurant/Eating Place	License	Number:	1450	
Doing Business As:	Milano's Pizzaria				
Premises Address:	110 Front St. #102				
City:	Nome	State:	AK	ZIP:	99762
Contact Name:	Andrew Im	Contact	Phone:	(206)	288-9699

### 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):

		OFFICE USE ONLY
		required to employ a person 18 - 20 years of age.
		NOTE: Under AS 04.16.049(d), a Department of Labor and Workforce Development work permit is not
4.	$\square$	Employment for any persons under 21 years of age: AS 04.16.049(c)
3.	$\checkmark$	Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
2.	$\checkmark$	Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
1.		Dining after standard closing hours: AS 04.16.010(c)

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#### 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 in the dining area. (Restaurant does not have separate bar. Only dining tables)

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.

alcoholic beverages will be kept in a separate storage area only accessible for employees over 21. Ready to serve alcoholic beverage will be stored in a fridge only accessible for the servers and not customers.

Yes	No

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?

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.



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### **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:

mon ~ sun 11:00 am to 10:00 pm

Section 6 – Entertainment & Service		
Review AS 04.11.100(g)(2)	Yes	No
Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?		
If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur:		
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:



Alcohol and Marijuana Control Office 550 W 7th 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

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#### **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.

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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		

Signature of licensee

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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: