



City & Borough of Sitka

Municipal Clerks Office

100 Lincoln Street, Sitka AK 99835
Telephone: 907-747-1808 Fax: 907-747-4004



MEMORANDUM

June 5, 2013

TO: Mayor and Assemblymembers

FR: Colleen Ingman, Municipal Clerk 

RE: Liquor License Transfer - New Owner - New Location - Restaurant Designation

FROM: The Bayview Restaurant LLC

DBA: The Bayview Restaurant LLC

Location: 407 Lincoln Street

TO: Teal West

DBA: Homeport Eatery

Location: 209 Lincoln Street

Telephone: 907-738-8813

A notice was published in the local newspaper and posted to the new establishment as required by Sitka General Code. A memo was circulated to the various departments who may have a reason to protest. To date, no protests have been received.

☐ Seasonal List Dates of Operation:

101世

Restaurant or Eating Place

WAGNER, JULIUS V. 1869-1940; BIRTH: 1869; DEATH: 1940

Journal of Management Inquiry 20(4) 409-424

former + later

57. AK

CHEN, A. K.

The Bayview Restaurant and Pub

(d) If the purpose of applying for a trademark is to obtain a legal monopoly, the trademark must be filed with the appropriate local or personal property court, and in this transfer must be described from the relevant intellectual document.

התאחדות המורים והמורות

(distance to closest school grounds)
 0.3 miles
 (distance to closest church)
 0.33 ft.
 (distance to closest railroad)
 0.33 ft.

[illegible]

☐ Approved handling
☐ Various factors
☐ New building

Alcoholic Beverage Control Board
2400 Viking Drive
Anchorage, AK 99501

Transfer Liquor License

(907) 263-5900
Fax: (907) 263-5930
<http://commerce.alaska.gov/dnn/abc>

SECTION D - LICENSEE INFORMATION

1. Does any individual, corporate officer, director, limited liability organization member, manager or partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state?

☐ Yes ☒ No If Yes, complete the following. Attach additional sheets if necessary.

| Name | Name of Business | Type of License | Business Street Address | State |
|------|------------------|-----------------|-------------------------|-------|
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2. Has any individual, corporate officer, director, limited liability organization member, manager or partner named in this application 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?

☐ Yes ☒ No If Yes, attach written explanation.

SECTION E - OWNERSHIP INFORMATION - CORPORATION

Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.

| | | | |
|---|-------|---|-------------------------|
| Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an Individual ownership): | | Telephone Number: | Fax Number: |
| Corporate Mailing Address: | City: | State: | Zip Code: |
| Name, Mailing Address and Telephone Number of Registered Agent: | | Date of Incorporation OR Certification with DCED: | State of Incorporation: |
| Is the Entity in "Good Standing" with the Alaska Division of Corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If no, attach written explanation. Your entity <i>must</i> be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee. | | | |

| Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with at least 10%) | | | | | |
|---|-------|---|---------------------------------|-----------------------|---------------|
| Name | Title | % | Home Address & Telephone Number | Work Telephone Number | Date of Birth |
| | | | | | |
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Alcoholic Beverage Control Board
2400 Viking Drive
Anchorage, AK 99501

Transfer Liquor License

(907) 263-5900
Fax: (907) 263-5930
<http://commerce.alaska.gov/dm/abc/Home.aspx>

NOTE: If you need additional space, please attach a separate sheet.

SECTION F - OWNERSHIP INFORMATION - SOLE PROPRIETORSHIP (INDIVIDUAL OWNER & SPOUSE)

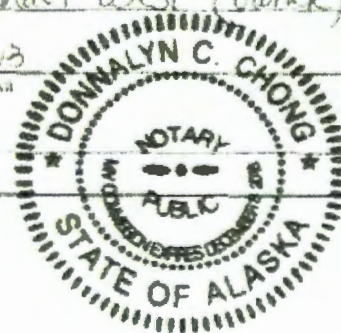
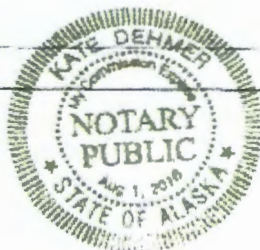
Individual Licensees/Affiliates (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)

| | | | |
|-------------------------------------|---|-----------------------------------|---|
| Name: <u>Michael West</u> | Applicant <input type="checkbox"/> Affiliate <input checked="" type="checkbox"/> | Name: <u>TEAL WEST</u> | Applicant <input checked="" type="checkbox"/> Affiliate <input type="checkbox"/> |
| Address: <u>209 Cedar Beach Rd.</u> | | Address: <u>209 Cedar Beach</u> | |
| <u>Sitka AK 99835</u> | | <u>Sitka AK 99835</u> | |
| Home Phone: <u>907-738-8812</u> | Date of Birth: <u>09-18-1975</u> | Home Phone: <u>738-8813</u> | Date of Birth: <u>05/23/85</u> |
| Work Phone: <u>Same.</u> | | Work Phone: <u>623-0910 (907)</u> | |
| Name: | Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> | Name: | Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> |
| Address: | | Address: | |
| Home Phone: | Date of Birth: | Home Phone: | Date of Birth: |
| Work Phone: | | Work Phone: | |

Declaration

- 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, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- 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 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.

| | |
|---|---|
| Signature of Current Licensee(s) <u>[Signature]</u> | Signature of Transferee(s) <u>[Signature]</u> |
| Name & Title (Please Print) <u>Michael West</u> | Name & Title (Please Print) <u>Teal West Michael West (owner)</u> |
| Subscribed and sworn to before me this <u>26</u> day of <u>April</u> , <u>2013</u> | Subscribed and sworn to before me this <u>26</u> day of <u>April</u> , <u>2013</u> |
| Notary Public in and for the State of Alaska <u>Kate Dehmer</u> | Notary Public in and for the State of Alaska <u>Donna Lyn C. Chong</u> |
| My commission expires <u>Aug 1, 2016</u> | My commission expires <u>12-31-16</u> |



STATE OF ALASKA
ALCOHOLIC BEVERAGE CONTROL BOARD
APPLICATION FOR RESTAURANT DESIGNATION PERMIT - AS 04.16.049 & 13 AAC 104.715-794
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 20 for employment. If for employment, please state in detail, how the person will be employed, duties, etc.

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

- 1 ☒ Under 13 AAC 104.305 Bona fide restaurant/eating place.
2 ☐ Persons age 16 to 20 may dine unaccompanied.
3 ☒ Persons under 16 may dine accompanied by a person 21 years or older.
4 ☒ Persons between 16 and 20 years of age may be employed. *See note below.

License Number 4771

LICENSEE: Teal West

D/B/A: HomePORT Eatery

ADDRESS: 209 Lincoln St. SITKA

1. Hours of Operation: 6:00 am to 9:00 pm Telephone # 738-8813 (907)

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: Boat Tables, assist customers, prepare food, serve food, clean
vending station, cashier duties.

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
Limited table service will be provided from Nov 1st to April 1st
7. Is the owner, manager, or assistant manager always present during business hours? ☐ Yes ☐ No

*** A MENU AND A DETAILED LICENSED PREMISE DIAGRAM MUST ACCOMPANY THIS APPLICATION ***

I have read and am familiar with Title 4 of the Alaska statutes and its regulations.

Teal West
Applicant signature

Subscribed and sworn to before me this

17th day of May, 2013

Donna Lyn C. Chong
Notary Public in and for Alaska



Local Governing Body Approval

My Commission expires 12-08-2016

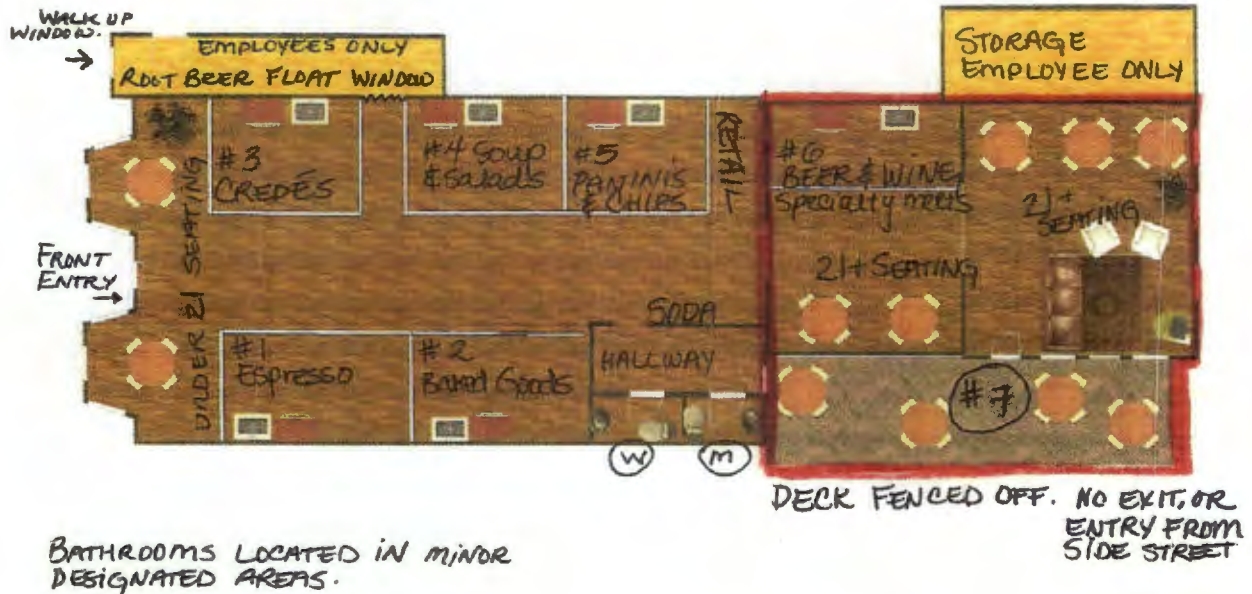
Director, ABC Board

Date:

* Employees 16 and 17 years of age must have a valid work permit and a letter maintained in your files from a parent or guardian authorizing employment at your establishment.

** If more space is required, to explain food service, entertainment, etc., please add on back or attach additional page(s).

HOMEPORT EATERY 209 Lincoln St. Sitka Ak.



TEAL WEST (907)738-8813 tealwest@gmail.com

Homeport Battery



Menu:

Food Items to be served in the eatery

Station # 4 and #5 Soup and Sandwiches:

Salmon Chowder
Daily Special Soup
Ham and Cheese Panini with Chips
Roast Beef Panini with Chips
Turkey Panini with Cranberry Sauce and Cream Cheese and Chips
Fish Tacos

Station #2 Baked Goods:

Bread
Cookies
Cake
Cupcakes
Doughnuts
Specialty Pastries
Cinnamon Rolls
Also in Station #6, Specialty Pretzels and Dips
Muffins

Station #5 Dumplings:

An Assortment of Dumplings with Dipping Sauces

Station #3 Crepes (thin pancake):

Smoked Salmon Crepe with Kelp Pickle's and Sour Cream Sauce
Nutella and Banana Crepe
Baked Apple and Butter Crepe
Three Berry Crepe with Whipped Cream and Pecans
Ham and Cheese Crepe
Breakfast Crepe with Egg, Cheese, Potatoes and Veggies

Station #6 Beer and Wine & Specialty Meat and Cheese Platters:

Diners will have a choice of Three or Four of the following options for one platter:

Smoked Salmon
Smoked Blackcod
Smoked Halibut
Smoked Salmon Dip Served in a Bread Bowl
Smoked Havarti Cheese
Smoked Cheddar Cheese
Smoked Dill Infused Cheese
Smoked Sharp Cheddar
Smoked Gouda Cheese

*Platters will be served along with Fresh Grapes and Local Seasonal Fruit and Veggie Options.