

Application for Conditional Use Retail Sale Alcoholic Beverages

Municipality of Anchorage
Planning Department
PO Box 196650
Anchorage, AK 99519-6650

Please fill in the information asked for below.

PETITIONER*	PETITIONER REPRESENTATIVE (IF ANY)
Name (last name first) Gallo, Abraham	Name (last name first) Johnston, Renee
Mailing Address 10601 Stroganof Dr. Anchorage AK 99516	Mailing Address PO Box 111846 Anch, AK 99511
Contact Phone: Day: 907-9337 Night:	Contact Phone: Day: 771-6062 Night: 830-3520
FAX: (907) 344-6714	FAX: 344-6714
E-mail: gallostk@gmail.com	E-mail: gallostk@gmail.com

*Report additional petitioners or disclose other co-owners on supplemental form. Failure to divulge other beneficial interest owners may delay processing of this application.

PROPERTY INFORMATION		
Property Tax #(000-000-00-000):	013-071-54	
Site Street Address:	135 W Diamond Blvd #6#H	
Property Owner (if not the Petitioner):	Gallo Limited Partnership	
Current legal description: (use additional sheet in necessary)	Martens Industrial #1, Tract 2A-1	
Zoning: I-1	Acreage: 3.63	Grid # SW 2230

ALCOHOLIC BEVERAGE CONTROL BOARD LICENSE PROPOSED		
<input checked="" type="checkbox"/> Beverage Dispensary	<input type="checkbox"/> Private Club	<input type="checkbox"/> Restaurant, exempt
<input type="checkbox"/> Beverage Dispensary-Tourism	<input type="checkbox"/> Public Convenience	<input type="checkbox"/> Theater
<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Recreational	<input type="checkbox"/> Other (Please explain):
<input type="checkbox"/> Package Store	<input type="checkbox"/> Restaurant	
Is the proposed license: <input type="checkbox"/> New	<input checked="" type="checkbox"/> Transfer of location: ABC license number: 3716	
	Transfer license location:	
	Transfer licensed premises doing business as: Coyote Santo	

I hereby certify that (I am)(I have been authorized to act for) owner of the property described above and that I petition for a retail sale of alcoholic beverages conditional use permit in conformance with Title 21 of the Anchorage Municipal, Code of Ordinances. I understand that payment of the application fee is nonrefundable and is to cover the costs associated with processing this application, and that it does not assure approval of the conditional use. I also understand that assigned hearing dates are tentative and may have to be postponed by Planning Department, Municipal Clerk, or the Assembly for administrative reasons.

9-23-14	Abraham Gallo
Date	Signature (Agents must provide written proof of authorization)

Accepted by: PM	Poster & Affidavit: 1+ affidavit	Fee: \$4,500	Case Number: 2014-0178
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