

**CLERK'S OFFICE**

**APPROVED**

Date: 1-7-03

Submitted by: Assembly Chair Traini

Prepared by: Clerk's Office

For reading: January 7, 2003

**ANCHORAGE, ALASKA**

**AR NO. 2003-23**

**A RESOLUTION OF THE ANCHORAGE MUNICIPAL ASSEMBLY STATING ITS  
TEMPORARY NON-OBJECTION TO THE TRANSFER OF OWNERSHIP OF A  
RESTAURANT/EATING PLACE LIQUOR LICENSE TO KINCAID GRILL AT 6700  
JEWEL LAKE ROAD**

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WHEREAS, R.A. Levinsohn LLC, dba Kincaid Grill, 6700 Jewel Lake Road, has applied for a transfer of ownership of a restaurant/eating place liquor license from Gesine's at 4 Corners Restaurant, same location, and a restaurant designation, and has filed that application with the Alcoholic Beverage Control Board; and

WHEREAS, the Anchorage Assembly has previously held public hearings on the location to which the license is being transferred and has granted a conditional use for that location; and

WHEREAS, Kincaid Grill is hopeful to begin its operations very soon; and

WHEREAS, the application for transfer of ownership will not be considered by the Assembly in the ordinary course of business until February 11, 2003; and

WHEREAS, the Assembly is willing to non-protest the transfer of ownership of this license subject to the conditions stated below.

**NOW, THEREFORE, IT IS HEREBY RESOLVED as follows:**

The Assembly resolves that it does not protest the transfer of ownership of the restaurant/eating place license from Gesine Franchetti, dba Gesine's 4 Corners Restaurant to R.A. Levinsohn, LLC dba Kincaid Grill.


- 2 This temporary non-protest is conditioned on final approval by the Assembly in the ordinary course of the Assembly's business.

This temporary non-objection is not intended to bind the Assembly to a future non-objection of this transfer of ownership.

4. A copy of this resolution may be presented to the Alcoholic Beverage Control Board as proof that the Anchorage Assembly, as the local governing body, has temporarily non-protested this transfer of ownership so as to permit the Director of the ABC Board to issue temporary approval to the transfer of ownership.

- 5 This resolution is subject to the terms of the prior conditional use granted for this location.

PASSED AND APPROVED by the Anchorage Municipal Assembly this 7<sup>th</sup> day of January of 2003.

  
Chair

ATTEST:

  
Municipal Clerk  
*Acting*

Alcoholic Beverage Control Board  
550 W. 7<sup>th</sup> Ave Suite #540  
Anchorage, AK 99501

## Liquor License Transfer

PAGE 1 OF 2

(907) 269-0350

Fax: (907) 272-9412

www.abc.revenue.state.ak.us

This application is for:

☐ Seasonal - Two 6-month periods in each year of the biennial period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
☒ Full 2-year period

Mo/Day

Mo/Day

Type of Application: ☒ Transfer of Ownership ☐ Relocation ☐ Establishment Name

M.O.A.  
2002 DEC 23 AM 9:29

SECTION A. LICENSE INFORMATION: Must be completed for all types of applications.			FEES
Current License #: 2115	License Type: Restaurant Eating Place ID	Filing Fee:	\$100.00
License Year: 12102	Local Governing Body: (City, Borough or Unorganized) Municipality of Anchorage	Total Submitted:	118.00
Statute Reference Sec. 04.11.100	Applicant's/transferee's name as it should appear on the license: R.A. Levinsohn LLC	Community Council Name(s) & Mailing Address (if applicable)	SANDHAKE Sherri Jackson 3626 Casper Ct. Anchorage AK 99502
Bus. Tel. # 243-0507	Applicant's/transferee's mailing address: 6751 Laudon Cir Anchorage AK 99502		
Fax #: 243-5110	Doing Business As (Business Name) Kincaid Grill		
Federal EIN: 71-0911572	Street Address or Location of Business: 6700 Jewel Lake Rd. City: Anchorage		
Email Address			

SECTION B. PREMISES TO BE LICENSED. Must be completed for Relocation applications.	
Name to be used on public sign or advertising: Kincaid Grill	<input type="checkbox"/> Premises is GREATER than 50 miles from the boundaries of an incorporated city, borough, or unified municipality.
Closest school grounds: 0.4 miles Sandhake Elementary	<input type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality.
Closest church: 0.3 miles Silipino Bible Church	<input checked="" type="checkbox"/> Not applicable
Distance measured under: miles -	<input type="checkbox"/> AS 04.11.410 OR
Premises to be licensed is: Kincaid Grill	<input type="checkbox"/> Local ordinance No.
	<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 & proposed buildings)
	<input type="checkbox"/> Diagram of premises attached

SECTION C. TRANSFER INFORMATION.	
<input checked="" type="checkbox"/> Regular Transfer	Name and Mailing Address of Current Licensee: Gesines Restaurant 6700 Jewel Lake Rd Anchorage AK 99502
<input type="checkbox"/> Transfer with security interest: 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 104.107). Real or personal property conveyed with this transfer must be described. Provide security interest documents.	Business Name (dba) BEFORE transfer: Gesines Restaurant
<input type="checkbox"/> Involuntary Transfer. Attach documents which evidence default under AS 04.11.670.	Street Address or Location BEFORE transfer: <del>SANDHAKE</del> 6700 Jewel Lake Rd

SECTION D. Individual, corporate officer, director, limited liability organization member, manager or partner background.				
Does any individual, corporate officer, director, or 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?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, complete the following. Attach additional sheets if necessary.				
Name	Name of Business	Type of License	Business Street Address	State

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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, attach written explanation	

Office use only		
License Number	Date Approved	Director's Signature

Transfer

M.O.A.

Limited liability organizations must be registered with the Alaska Department of Community and Economic Development.

Name of LLC or LLP <b>R.A. Levinsohn LLC</b>		Telephone Number <b>344-0692</b>		FAX Number <b>344-0692</b>	
LLC/LLP Mailing Address <b>6751 Louden Cir.</b>		City <b>Anchorage</b>		State <b>Alaska</b>	
Zip Code <b>99502</b>		Date of LLC Organization OR Date of Registration as a Foreign LLC: <b>August 22, 2002</b>		State of LLC Organization <b>Alaska</b>	
Name, Mailing Address, Telephone Number of Registered Agent <b>Alan Levinsohn (Managing Member)</b> <b>6751 Louden Cir</b> <b>Anchorage AK 99502 344-0692</b>		Date of LLP Registration:		State of LLP Formation:	
Is the limited liability organization in compliance with the reporting requirements of Title 10 of the Alaska Statutes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, attach written explanation					

Limited Liability Company Members and Managers OR Limited Liability Partnership Partners. Attach additional sheets if necessary.

Full Name <b>Alan Levinsohn</b>			Full Name <b>Raine Levinsohn</b>		
Mailing Address <b>6751 Louden Cir</b>			Mailing Address <b>6751 Louden Cir</b>		
City, State, Zip Code <b>Anchorage AK 99502</b>			City, State, Zip Code <b>Anchorage AK 99502</b>		
Date of Birth <b>9/27/62</b>	Home Telephone No. <b>344-0692</b>	Work Telephone No. <b>344-0692</b>	Date of Birth <b>3/22/83</b>	Home Telephone No. <b>344-0692</b>	Work Telephone No. <b>277-1364</b>
Title <b>Managing Member</b>		% of Ownership <b>50</b>	Title <b>Member</b>		% of Ownership <b>50</b>

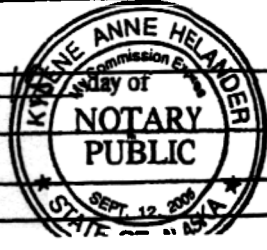
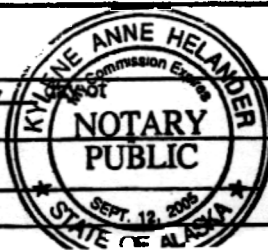
Full Name			Full Name		
Mailing Address			Mailing Address		
City, State, Zip Code			City, State, Zip Code		
Date of Birth	Home Telephone No.	Work Telephone No.	Date of Birth	Home Telephone No.	Work Telephone No.
Title		% of Ownership	Title		% of Ownership

Note: On a separate sheet provide information on ownership of corporations, limited liability organizations and/or partnerships that are members or partners of the licensee.

### 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.
- The undersigned certifies on behalf of the limited liability organization, 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) Signature <b>[Signature]</b>		SIGNATURE OF TRANSFEREE(S) Signature <b>[Signature]</b>	
Name & Title (Please Print) <b>Cesine Franchetti</b>		Name & Title (Please Print) <b>Alan Levinsohn Managing Member</b>	
Signature <b>[Signature]</b>		Signature <b>[Signature]</b>	
Name & Title (Please Print) <b>President</b>		Name & Title (Please Print)	
Subscribed and sworn to before me this <b>November 2002</b>		Subscribed and sworn to before me this <b>November 2002</b>	
<b>Kylene Helander</b> Notary Public in and for the State of Alaska My commission expires: <b>12/1/05</b>		<b>Kylene Helander</b> Notary Public in and for the State of Alaska My commission expires: <b>12/1/05</b>	



STATE OF ALASKA  
ALCOHOLIC BEVERAGE CONTROL BOARD  
APPLICATION FOR RESTAURANT DESIGNATION PERMIT - AS 04.16.049 & 15 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 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 ☒ Under AS 04.16.010(c) Bona fide restaurant/eating place.  
2 ☒ Persons between 16 & 21 may dine unaccompanied.  
3 ☒ Persons under 16 may dine accompanied by a person 21 years or older.  
4 ☒ Persons between 16 and 19 years may be employed. (See note below).

2002 DEC 23 AM 9:30

CLERKS OFFICE

LICENSEE:

R.A. Levinsohn LLC

D/B/A:

Kingard Grill

ADDRESS:

6700 Jewel Lake Rd.

1. Hours of Operation: 11AM to 10PM Telephone # 243-0507  
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: HST- Seating guests, Bussing Tables, Dishwashing, cooking

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.



Applicant(s) signature

Subscribed and sworn to before me this

18th day of November

Kylee Anne Helander  
Notary Public in and for Alaska

My Commission expires

9/12/05

Application approved (15 AAC 104.725(e))  
Governing Body Official

Director, ABC Board

Date:

AS 04.16.049(c) requires that written parental consent and an exemption by the Department 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.