January 19, 2022

Municipality of Anchorage

VIA Email: miranda.honest@anchorageak.gov; kiana.belser@anchorageak.gov; munilicenses@muni.org

<table>
<thead>
<tr>
<th>License Type:</th>
<th>Beverage Dispensary</th>
<th>License Number:</th>
<th>4531</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensee:</td>
<td>Led Ultra Lounge &amp; Grill, LLC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>Tri Grill, Led Ultra Lounge &amp; Grill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td>420 W 3rd Avenue</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ New Application  ☒ Transfer of Location Application  ☐ Transfer of Controlling Interest Application

We have received a completed application for the above listed license (see attached application documents) within your jurisdiction. This is the notice required under AS 04.11.480.

A local governing body may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the director and the applicant with a clear and concise written statement of reasons for the protest within 60 days of receipt of this notice, and by allowing the applicant a reasonable opportunity to defend the application before a meeting of the local governing body, as required by 3 AAC 304.145(d). If a protest is filed, the board will deny the application unless the board finds that the protest is arbitrary, capricious, and unreasonable. To protest the application referenced above, please submit your protest within 60 days and show proof of service upon the applicant.

AS 04.11.491 – AS 04.11.509 provide that the board will deny a license application if the board finds that the license is prohibited under as a result of an election conducted under AS 04.11.507.

AS 04.11.420 provides that the board will not issue a license when a local governing body protests an application on the grounds that the applicant’s proposed licensed premises are located in a place within the local government where a local zoning ordinance prohibits the alcohol establishment, unless the local government has approved a variance from the local ordinance.

Sincerely,

Glen Klinkhart, Director
amco.localgovernmentonly@alaska.gov
Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review Title 04 of Alaska Statutes and Chapter 304 of the Alaska Administrative Code. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

### Section 1 – Transferor Information

Enter information for the current licensee and licensed establishment.

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>Robert Alexander</th>
<th>License #:</th>
<th>4531</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary</td>
<td>Statutory Reference:</td>
<td>04.11.090</td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>Tal Gall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td>901 W 6th Ave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Anchorage</td>
<td>State:</td>
<td>Alaska</td>
</tr>
<tr>
<td>Local Governing Body:</td>
<td>MOA</td>
<td>ZIP:</td>
<td>99501</td>
</tr>
</tbody>
</table>

Transfer Type:

- [ ] Regular transfer
- [ ] Transfer with security interest
- [ ] Involuntary retransfer

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Date:</td>
</tr>
<tr>
<td>Transaction #:</td>
</tr>
<tr>
<td>Board Meeting Date:</td>
</tr>
<tr>
<td>License Years:</td>
</tr>
<tr>
<td>Issue Date:</td>
</tr>
<tr>
<td>BRE:</td>
</tr>
</tbody>
</table>

[Form AB-01] (rev 10/10/2016)
Alaska Alcoholic Beverage Control Board
Form AB-01: Transfer License Application

Section 2 – Transferee Information

Enter information for the new applicant and/or location seeking to be licensed.

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>LED Ultra Lounge &amp; Grill LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing Business As:</td>
<td>Tee Grill, LED Ultra Lounge &amp; Grill</td>
</tr>
<tr>
<td>Premises Address:</td>
<td>420 W 3rd Ave</td>
</tr>
<tr>
<td>City:</td>
<td>Anchorage</td>
</tr>
<tr>
<td>Community Council:</td>
<td>Downtown</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>8100 Sky Mt Ln</td>
</tr>
<tr>
<td>City:</td>
<td>Anchorage</td>
</tr>
<tr>
<td>Designated Licensee:</td>
<td>Robert Alexander</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>Robert Alexander</td>
</tr>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:roba0809@hotmail.com">roba0809@hotmail.com</a></td>
</tr>
<tr>
<td>State:</td>
<td>Alaska</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99501</td>
</tr>
</tbody>
</table>

Seasonal License?  
☐ Yes  ☒ No  
If “Yes”, write your six-month operating period: 

Section 3 – Premises Information

Premises to be licensed is:

☒ an existing facility  
☐ a new building  
☐ a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

☐ 8 mile

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

☐ 3 mile

[Form AB-01] (rev 10/10/2016)
Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

<table>
<thead>
<tr>
<th>This individual is an:</th>
<th>applicant</th>
<th>affiliate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td>State:</td>
</tr>
<tr>
<td>ZIP:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This individual is an: | applicant | affiliate |

| Name:                  |           |           |
| Address:               |           |           |
| City:                  |           | State:    |
| ZIP:                   |           |           |

Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6. If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the following information must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer.
- If the applicant is a limited liability organization, the following information must be completed for each member with an ownership interest of 10% or more, and for each manager.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each partner with an interest of 10% or more, and for each general partner.

<table>
<thead>
<tr>
<th>Entity Official:</th>
<th>Robert Alexander</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>Member, Manager</td>
</tr>
<tr>
<td>Address:</td>
<td>8100 Sky Mt Ln</td>
</tr>
<tr>
<td>City:</td>
<td>Anch</td>
</tr>
<tr>
<td>State:</td>
<td>AK</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99502</td>
</tr>
<tr>
<td>Phone:</td>
<td>907 2292053</td>
</tr>
<tr>
<td>% Owned:</td>
<td>95</td>
</tr>
</tbody>
</table>

[Form AB-01] (rev 10/10/2016)
Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:

<table>
<thead>
<tr>
<th>Title(s):</th>
<th>Phone:</th>
<th>% Owned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>ZIP:</td>
</tr>
</tbody>
</table>

Entity Official:

<table>
<thead>
<tr>
<th>Title(s):</th>
<th>Phone:</th>
<th>% Owned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>ZIP:</td>
</tr>
</tbody>
</table>

Entity Official:

<table>
<thead>
<tr>
<th>Title(s):</th>
<th>Phone:</th>
<th>% Owned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>ZIP:</td>
</tr>
</tbody>
</table>

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

<table>
<thead>
<tr>
<th>DOC Entity #:</th>
<th>AK Formed Date:</th>
<th>Home State:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10331004</td>
<td>4/29/2020</td>
<td>AK</td>
</tr>
</tbody>
</table>

Registered Agent: Robert Alexander

Agent's Mailing Address: 8100 Sky Mountain Ln

City: Anchorage

State: AK

ZIP: 99502

Residency of Agent:

Yes  No

Is your corporation or LLC’s registered agent an individual resident of the state of Alaska?

☑
Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes ☑ No ☐

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

☑ ☐

If “Yes”, disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

4551 4552, BBL Duplaced, LED Ultra Lounge & Grill

Robert Atupander

Section 7 – Authorization

Communication with AMCO staff:

Yes ☐ No ☑

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

☐ ☑

If “Yes”, disclose the name of the individual and the reason for this authorization:

[Blank space]
Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

[Signature of transferor]

Printed name of transferor

Subscribed and sworn to before me this ___ day of November, 20__.

[Signature of Notary Public]

Notary Public in and for the State of Alaska.

My commission expires: August 10, 2025.

[Signature of transferor]

Printed name of transferor

Subscribed and sworn to before me this ___ day of ______________, 20__.

[Signature of Notary Public]

Notary Public in and for the State of Alaska.

My commission expires: __________________.
Section 9 – Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

I certify that all proposed licensees have been listed with the Division of Corporations.

I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.

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

As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.

Signature of transferee

Printed name

Subscribed and sworn to before me this 01 day of November, 2021.

Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: August 10, 2025.
Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The second page of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO’s main office before any license application will be considered complete.

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>LEO Ultra Lounge Grill</th>
<th>License Number:</th>
<th>4531</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Beverage Dispensary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing Business As:</td>
<td>Tri Grill, LEO Ultra Lounge &amp; Grill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td>420 W 3rd Ave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Anchorage</td>
<td>State: Ak</td>
<td>ZIP: 99501</td>
</tr>
</tbody>
</table>

[Form AB-02] (rev 06/24/2016)  Page 1 of 2
Form AB-03: Restaurant Designation Permit Application

What is this form?

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 entrees prepared onsite 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 334.795. 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: | LED Ultra Lounge & Grill UC |
| License Type: | Beverage Dispensary |
| License Number: | 4531 |
| Doing Business As: | Tri Grill, LED Ultra Lounge & Grill UC |
| Premises Address: | 420 W 2nd Ave |
| City: | Anchorage |
| State: | AK |
| ZIP: | 99501 |
| Contact Name: | Robert Alexander |
| Contact Phone: | 907-229-2052 |

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):

1. Dining after standard closing hours: AS 04.16.010(c)
2. Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
3. Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
4. Employment for persons 16 or 17 years of age: AS 04.16.049(c)

NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.
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.)

Minor not allowed in kitchen, or seated at the bar.
Minors are allowed in dining room only.

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.

All be required to show proper ID at the door or before served any type of service.
All staff is required to have alcohol training that covers serving minors. All minors should have legal guardian before entry to the building.

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

Yes [ ] No [ ]

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:

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.

AMCO
Page 2 of 5
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:

Monday thru Saturday: each day 11am - 5am

Section 6 – Entertainment & Service

Review AS 04.11.100(g)(2)

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?

Yes [☑] No [☐]

If “Yes”, describe the entertainment offered or available and the hours in which the entertainment may occur:

Live music, DJ possibly every nite
Entertainment will vary from day to day and the time may change from time to time from the hours between 11am - 3am

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:
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 entrees 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 declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: August 10, 2025

Subscribed and sworn to before me this 01 day of November, 2021.

Local Government Review (to be completed by an appropriate local government official):

Signature of local government official

Date

Printed name of local government official

Title
# Form AB-03: Restaurant Designation Permit Application

<table>
<thead>
<tr>
<th>AMCO Enforcement Review:</th>
<th>Enforcement Recommendation:</th>
<th>Approve</th>
<th>Deny</th>
</tr>
</thead>
</table>

Signature of AMCO Enforcement Supervisor  
Printed name of AMCO Enforcement Supervisor

---

**Enforcement Recommendations:**

---

**AMCO Director Review:**

Signature of AMCO Director  
Printed name of AMCO Director

---

**Limitations:**

---

[Form AB-03] (rev 4/16/2019)  
Page 5 of 5
### TRI-GRILL A LA CARTE

#### CHOW MEIN OR CHOP SUEY

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetable</td>
<td>$8.95</td>
</tr>
<tr>
<td>Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>Pork</td>
<td>$10.95</td>
</tr>
<tr>
<td>Beef</td>
<td>$10.95</td>
</tr>
<tr>
<td>Shrimp</td>
<td>$11.95</td>
</tr>
<tr>
<td>Tri Grill Combination</td>
<td>$12.95</td>
</tr>
</tbody>
</table>

#### VEGETABLE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetable with tofu</td>
<td>$9.95</td>
</tr>
<tr>
<td>Snow Pea &amp; Mushrooms</td>
<td>$9.95</td>
</tr>
<tr>
<td>Broccoli with Oyster Sauce</td>
<td>$9.95</td>
</tr>
<tr>
<td>Hot Bean Curd</td>
<td>$9.95</td>
</tr>
<tr>
<td>Tri Grill Vegetable Deluxe</td>
<td>$10.95</td>
</tr>
</tbody>
</table>

#### CHICKEN

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweet &amp; Sour Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>Almond Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>Cashew Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>Sesame Chicken or General</td>
<td>$10.95</td>
</tr>
<tr>
<td>Vegetable Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>Garlic Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>Snow Pea Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>* Kung Pao Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>Orange Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>* Szechwan Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>Chicken with Broccoli</td>
<td>$10.95</td>
</tr>
<tr>
<td>* Curry Chicken</td>
<td>$10.95</td>
</tr>
<tr>
<td>Moo Goo Gai Pan</td>
<td>$10.95</td>
</tr>
</tbody>
</table>

#### BEEF

- Mongolian Beef $11.95
- Beef with Vegetable $11.95
- Kung Pao Beef $11.95
- Beef with Snow Peas or Broccoli $11.95
- * Hunan Beef $11.95

#### SEAFOOD

- Sweet & Sour Shrimp $12.95
- Shrimp with Lobster Sauce $12.95
- Shrimp with Snow Peas $12.95
- Shrimp with Broccoli $12.95
- * Kung Pao Shrimp $12.95
- Shrimp with Vegetables $12.95
- Garlic Shrimp $12.95
- Sizzling Rice Shrimp $12.95
- * Curry Shrimp $12.95
- * Scallop with Spicy Garlic Sauce $12.95
- * Spicy Squid $12.95

#### PORK

- Sweet & Sour Pork $11.95
- * Spicy Pork with Vegetable $11.95
- * Twice Cooked Pork $11.95
- * Ma Po Tofu $11.95
- Spicy Pork with Garlic Sauce $11.95
- Szechwan Pork $11.95
- Pork with Vegetables $11.95
- Hot Pepper Pork $11.95
- Mushroom Pork $11.95

#### DRINKS – free refills

- * HOT & SPICY $2.50

#### SOUTHERN CUISINE

### APPETIZERS

- Fried Red Tomato $6.95
- Fried Dill Pickles $3.50
- Pickled Shrimp $3.50
- Buffalo Wings (12) $8.95
- Fried okra $4.95
- Chicken Strips $7.95
- Hush-puppies $4.95

### Entree

- **Carnaroo’s Chicken & Dumplings** $12.95
- **Grandma Jo’s Fried Chicken with Gravy & Biscuit** $9.95
- **Ayama’s Catfish Po’boy & Spicy Cole Slaw or Beer Buttered Onion Rings** $12.50
- **Cesar’s Cajun Shrimp & Fries** $11.95
- **Robert’s Famous Red Hot Fried Ribs (1/2 rack) & Spicy Cole Slaw** $14.50
- **Nita’s Deep Fried Whole Cornish Game Hen with Fries**
  - Cornish Game Hen soaked in our house brine then fried in a golden crust and brushed with a habanero sauce & served w/ Fries $12.95
- **Brisket Sandwich with Spicy Cole Slaw** $12.95
- **Frank’s Pulled Pork Sandwich with Cole Slaw & Fries** $12.95

### SIDES - all sides $3.95

- Pop’s Spicy Cole Slaw
- Collard Greens
- Serena’s Famous biscuit
- Biscuit & Gravy
- Candied Yams
- Southern Black Eyed Peas
- Johnny’s Favorite Macaroni & Cheese
- Baked Beans

### DRINKS – free refills

- $2.50

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**Hours of Operation**

- Delivery • Dine In • Carry Out
- Tues - Sun: 11:30am - 8:00pm
- CLOSED Mondays & 3pm-4pm daily

**Contact:** 677-8797

**Address:**

7521 Brayton Drive
Anchorage, AK 99507
# Application for Plan Review

**Establishment Name:**
Tri Grill LED Ultra Lounge & Grill LLC

**Site Address:**
420 W 3rd Ave Anchorage

**Mailing Address:**
8100 Sky Mountain Lane

**Owner Name:**
Robert Alexander

**Address:**
8100 Sky Mountain Anchorage AK

**Phone:**
299-2653

**Fax:**

**Email:**
roba0809@hotmail.com

**Contact Name:**
Robert Alexander

**Address:**
8100 Sky Mountain

**Phone:**
299-2653

**Email:**

**Square feet:**
7000

**If Food, Menu Provided:**
Yes  No

**Applicant's Signature:**
Robert Alexander

**Application Date:**
1/3/2022

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**Department Notes / Comments:**

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**OFFICE USE ONLY**

<table>
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<th>Amount Received</th>
<th>Payment Type</th>
<th>Receipt Number</th>
<th>Date Received</th>
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**Fees:**

- **Spa**
  - $300.00
  - (Date Paid)

- **Pool**
  - 0-1600 sq. ft.: $500.00
    - (Date Paid)
  - 1600 sq. ft. +: $750.00
    - (Date Paid)

- **Food**
  - 0-1000 sq. ft.: $220.00
    - (Date Paid)
  - 1001-4000 sq. ft.: $330.00
    - (Date Paid)
  - 4001 sq. ft. +: $550.00
    - (Date Paid)

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Facility ID: ______________________
PE: ______________________
Plan Review Project Number: ______________________
Plan Review: ______________________

7-036 Rev. 8_18* DISTRIBUTION: White - FS&S Canary - FS&S Accounting Pink - Customer