



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,  
and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE  
550 West 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
Main: 907.269.0350

January 19, 2022

Municipality of Anchorage

VIA Email: [miranda.honest@anchorageak.gov](mailto:miranda.honest@anchorageak.gov); [kiana.belser@anchorageak.gov](mailto:kiana.belser@anchorageak.gov); [munilicenses@muni.org](mailto:munilicenses@muni.org)

<b>License Type:</b>	Beverage Dispensary	<b>License Number:</b>	4551
<b>Licensee:</b>	Led Ultra Lounge & Grill, LLC.		
<b>Doing Business As:</b>	Tri Grill, Led Ultra Lounge & Grill		
<b>Premises Address:</b>	420 W 3 <sup>rd</sup> Avenue		

- New Application
  Transfer of Ownership 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](mailto: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.

Licensee:	Robert Alexander		License #:	4551	
License Type:	Beverage Dispensary <sup>Duplicate</sup>		Statutory Reference:	04.11.090	
Doing Business As:	LED Ultra Lounge & Grill LLC				
Premises Address:	901 W 6 <sup>th</sup> Ave				
City:	Anchorage	State:	Alaska	ZIP:	99501
Local Governing Body:	MOA				

**Transfer Type:**

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

**OFFICE USE ONLY**

Complete Date:		Transaction #:	100305224
Board Meeting Date:		License Years:	20/21
Issue Date:		BRE:	CRB



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.

Licensee:	LED Ultra Lounge & Grill LLC			
Doing Business As:	Tri Grill, LED Ultra Lounge & Grill			
Premises Address:	420 W 3rd Ave			
City:	Anchorage	State:	Alaska	ZIP: 99501
Community Council:	Downtown			

Mailing Address:	8100 Sky Mt Ln			
City:	Anchorage	State:	Alaska	ZIP: 99502

Designated Licensee:	Robert Alexander		
Contact Phone:	Robert Alexander	Business Phone:	907-229-2053
Contact Email:	roba0809@hotmail.com		

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.

0.8 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.

0.3 mile



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**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).

This individual is an:  applicant  affiliate

Name:					
Address:					
City:		State:		ZIP:	

This individual is an:  applicant  affiliate

Name:					
Address:					
City:		State:		ZIP:	

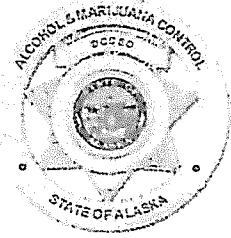
**Section 5 – Entity Ownership Information**

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*.

Entity Official:	Robert Alexander				
Title(s):	Member / Manager	Phone:	907 2292053	% Owned:	95%
Address:	8100 Sky Mt Ln				
City:	Anch	State:	AK	ZIP:	99502

AMCO



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

Entity Official:				
Title(s):	Phone:	% Owned:		
Address:				
City:	State:	ZIP:		

Entity Official:				
Title(s):	Phone:	% Owned:		
Address:				
City:	State:	ZIP:		

Entity Official:				
Title(s):	Phone:	% Owned:		
Address:				
City:	State:	ZIP:		

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.

DOC Entity #:	10131006	AK Formed Date:	4/29/20	Home State:	AK
Registered Agent:	Robert Alexander	Agent's Phone:	907 229-2053		
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?

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Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**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):

Master: 4531, 4552,  
BBL Duplexes  
LED Ultra Lounge & Grill  
Robert Alexander

**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:

[Empty box for disclosure]



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**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.

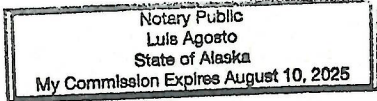
Robert Alexander

Signature of transferor

Robert Alexander

Printed name of transferor

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



[Signature]

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 \_\_\_\_\_.

My commission expires: \_\_\_\_\_



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 9 – Transferee Certifications**

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

Initials

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

RA

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

AA

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.

RA

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.

RA

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

RA

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.

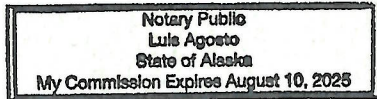
*Robert Alexander*

Signature of transferee

Robert Alexander

Printed name

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



*[Signature]*

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: August 10, 2025

AMCO  
NOV 19 2021





## 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.**

Yes No

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.

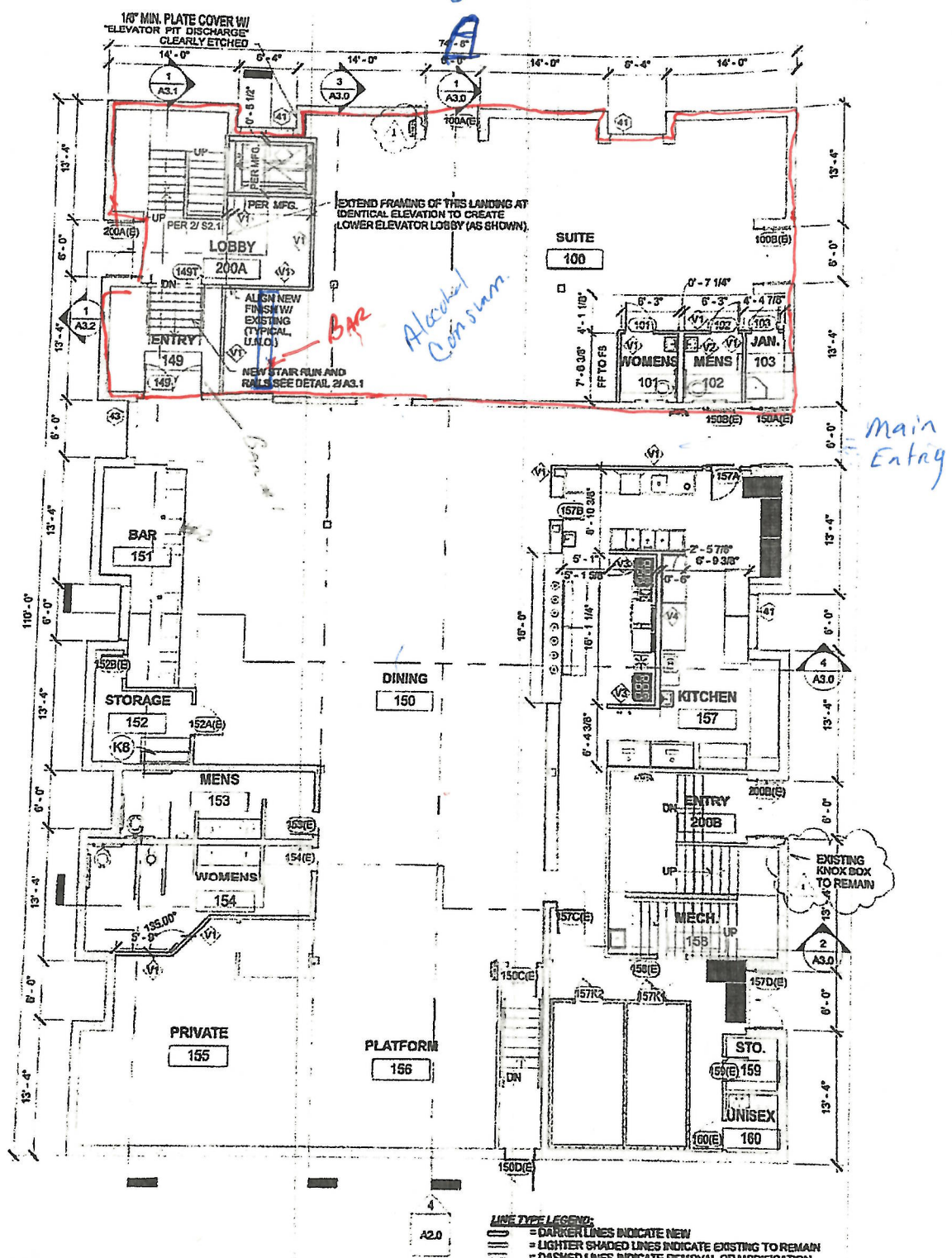
Licensee:	LED Ultra Lounge Grill LLC	License Number:	4551
License Type:	Beverage Dispensary Duplicate		
Doing Business As:	Tri Grill, LED Ultra Lounge & Grill		
Premises Address:	420 W 3rd Ave		
City:	Anchorage	State:	AK
		ZIP:	99501

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Municipality of Anchorage  
 Development Services Department  
**REVIEWED FOR CODE COMPLIANCE**  
 Permit # C20-2101 Date: 05/11/21

Construction shall be in accordance with these plans. No modifications or changes shall be made without prior approval of the building official. The issuance of a permit shall not be construed to grant approval of any violation or violations that exist at the time of issuance of the Certificate of Occupancy. Any change or correction to these plans shall be made in accordance with the Certificate of Occupancy or occupancy shall be done in accordance with Anchorage Municipal Code.

North ↑  
 3rd Ave ←  
 E Street ↓



21 FIRST FLOOR PLAN - RENOVATION  
 1/8" = 1'-0"

**LINE TYPE LEGEND:**  
 = DARKER LINES INDICATE NEW  
 = LIGHTER SHADED LINES INDICATE EXISTING TO REMAIN  
 = DASHED LINES INDICATE REMOVAL OR MODIFICATION

You are currently running an experimental version of Earth.

[Learn more](#)

[Send feedback](#)



William A. Egan Civic & Convention Center

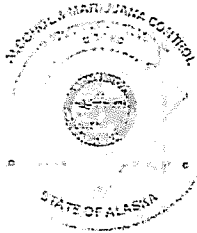
Jade Lady Meditation

Google Earth

50 m

Camera: 416 m 61°13'12"N 149°53'26"W

26 m



Alaska Alcoholic Beverage Control Board

**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 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:	LED Ultra Lounge & Grill LLC		
License Type:	Beverage Dispensary <sup>Duplicate</sup>	License Number:	4551
Doing Business As:	Tri Grill, LED Ultra Lounge & Grill LLC		
Premises Address:	420 W 3rd Ave		
City:	Anchorage	State:	AK ZIP: 99501
Contact Name:	Robert Alexander	Contact Phone:	907-229-2053

**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.

OFFICE USE ONLY			
Transaction #:	100305224	Initials:	CRB

NOV 10 2021



Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

**Form AB-03: Restaurant Designation Permit Application**

**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 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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:

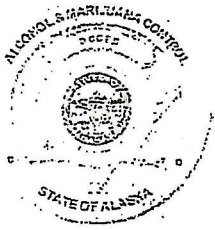
Initials

I have attached a copy of the current food service permit for this premises OR the plan review approval.

*LA*

\*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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Alaska Alcoholic Beverage Control Board

**Form AB-03: Restaurant Designation Permit Application**

**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 Sunday : 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:



Alaska Alcoholic Beverage Control Board

**Form AB-03: Restaurant Designation Permit Application**

**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.

Robert Alexander  
Signature of licensee

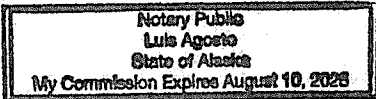
[Signature]  
Signature of Notary Public

Robert Alexander  
Printed name of licensee

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):

Approved

Denied

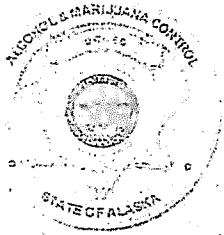
\_\_\_\_\_  
Signature of local government official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of local government official

\_\_\_\_\_  
Title

NOV 1 2021



Alaska Alcoholic Beverage Control Board

**Form AB-03: Restaurant Designation Permit Application**

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:**

NOV 1 0 2021



Subject to change at anytime

**TRI-GRILL FAMILY FUN COMBINATION**

Served with Spring Roll, Pork fried Rice, Sweet & Sour Pork or Chicken  
AND Your Choice of Entrée from the TRI GRILL A La Carte  
(Please add 3.00 per Seafood entrée)

Family Fun with 2 Entrees	\$ 30.95
Family Fun with 3 Entrees	\$ 40.95
Family Fun with 4 Entrees	\$ 50.95

**TRI GRILL A LA CARTE**

**CHOW MEIN OR CHOP SUEY**

Vegetable	\$ 8.95
Chicken	\$ 10.95
Pork	\$ 10.95
Beef	\$ 10.95
Shrimp	\$ 11.95
Tri Grill Combination	\$ 12.95

**VEGETABLE**

Vegetable with tofu	\$ 9.95
Snow Peas & Mushrooms	\$ 9.95
Broccoli with Oyster Sauce	\$ 9.95
* Hot Been Curd	\$ 9.95
Tri Grill Vegetable Deluxe	\$ 10.95

**CHICKEN**

Sweet & Sour Chicken	\$ 10.95
Almond Chicken	\$ 10.95
Cashew Chicken	\$ 10.95
Sesame Chicken or General	\$ 10.95
Vegetable Chicken	\$ 10.95
Garlic Chicken	\$ 10.95
Snow Pea Chicken	\$ 10.95
* Kung Pao Chicken	\$ 10.95
Orange Chicken	\$ 10.95
* Szechwan Chicken	\$ 10.95
Chicken with Broccoli	\$ 10.95
* Curry Chicken	\$ 10.95
Moo Goo Gai Pan	\$ 10.95

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AMCO

**BEEF**

Mongolian Beef	\$ 11.95
Beef with Vegetable	\$ 11.95
* Kung Pao Beef	\$ 11.95
Beef with Snow Pea 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 \$ 2.50

\* **HOT& SPICY**

**SOUTHERN CUISINE**

**APPETIZERS**

Fried Red Tomato	\$ 6.95
Fried Dill Pickles	\$ 3.50
Pickled Shrimp	\$ 5.95
Buffalo Wings (12)	\$ 8.95
Fried okra	\$ 4.95
Chicken Strips	\$ 7.95
Hush-puppies	\$ 4.95

**Entrée**

**Carmaro's Chicken & Dumplings	\$12.95
**Grandma Jo's Fried Chicken with Gravy & Biscuit	\$ 9.95
*Ayana's Cat Fish Po'boy & Spicy Cole Slaw or Beer Battered Onion Rings	12.50
**Ceasar's Cajun Shrimp & Fries	\$11.50
**Robert's Famous Red Hot Fried Ribs (1/2 rack) & Spicy Cole Slaw	\$14.50
**Nia's Deep Fried Whole Cornish Game Hen with Fries	\$ 12.50

(Cornish Game Hen soaked in our house brine then fried to a golden crisp and brushed with a herb butter sauce & served w/ Fries)

**Brisket Sandwich with Spicy Cole Slaw	\$ 12.50
**Frank's Pulled Pork Sandwich with Cole Slaw & Fries	\$ 12.50

**SIDES** – all sides \$3.95

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

**Drinks** – free refills \$ 2.50

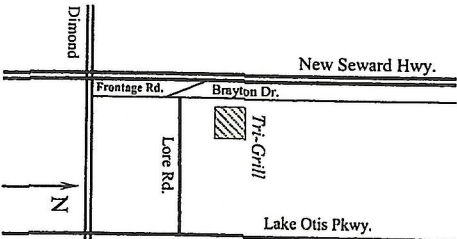


Hours of Operation  
Delivery • Dine In • Carry Out  
Tues - Sun ..... 11:30am - 8:00pm

CLOSED  
Mondays & 3pm-4pm daily

677-8797

7521 Brayton Drive  
Anchorage, AK 99507





Municipality of Anchorage  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**ENVIRONMENTAL SERVICES / FOOD SAFETY & SANITATION**  
 825 L Street, P.O. Box 196650, Anchorage, Alaska 99519-6650  
 Telephone: (907) 343-4200 Fax: (907) 343-4786  
 www.muni.org/EHonline



### APPLICATION FOR PLAN REVIEW

Remodel/Upgrade      New Construction/Existing Building      New Construction/New Building

Establishment Name: <b>Tri Grill LED Ultra Lounge &amp; Grill LLC</b>			
Site Address: <b>420 W 3rd Ave Anchorage</b>		Mailing Address: <b>8100 Sky Mountain Lane</b>	
Owner Name: <b>Robert Alexander</b>	Address: <b>8100 Sky Mt Ln Anch AK</b>	Phone: <b>229-2053</b>	Fax:
Email: <b>roba0809@hotmail.com</b>			
Contact Name: <b>Robert Alexander</b>	Address: <b>8100 Sky Mt Ln</b>	Phone: <b>229-2053</b>	Fax:
Email: <b>Same</b>			
Square feet: <b>7000</b>	If Food, Menu Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicants Signature: <b>Robert Alexander</b>		Application Date: <b>1/3/2022</b>	

**Department Notes / Comments**

RECEIVED EHS  
1-3-22 (Tm)

**OFFICE USE ONLY**

Amount Received:	Payment Type:	Receipt Number:	Date Received:
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**Fees:**

Spa	\$ 300.00	_____ (Date Paid)	Facility ID: _____
Pool			PE: _____
0-1600 sq. ft.:	\$ 500.00	_____ (Date Paid)	Plan Review Project Number: _____
1600 sq. ft. +:	\$ 750.00	_____ (Date Paid)	Plan Review: _____
Food			<b>AMCO</b>
0-1000 sq. ft.:	\$ 220.00	_____ (Date Paid)	<b>JAN 3 2022</b>
1001-4000 sq. ft.:	\$ 330.00	_____ (Date Paid)	
4001 sq. ft. +:	\$ 550.00	_____ (Date Paid)	