



MEMORANDUM

CC-26-060

Authorizing the Issuance of a Letter of Non-Objection to the Alcoholic Beverage Control Board Regarding Renewal Applications from Finn's, Boat Yard Café, and Grog Shop East End and New Applications from Cosmic Kitchen and Red Table BBQ.

Item Type: Action Memorandum
Prepared For: Mayor Lord and City Council
Date: March 18, 2026
From: Scott Lynn, Deputy City Clerk
Through: Melissa Jacobsen, City Manager

The City Clerk's Office has been notified by the AMCO Board of applications for the following renewals and new applications from businesses located within City of Homer. Homer Police Department reviewed the applications and had no objections to the renewals and applications. Staff recommend that Council authorize the issuance of a letter of non-objection for all of the following applications.

Renewals:

License Type: Restaurant Eating Place License
License #: 4164
DBA Name: Finn's
Service Location: 4287 Homer Spit Road, Unit #8, Homer, AK 99603
Licensee: Finn's LLC
Contact Person: Bjorn Larson

License Type: Restaurant Eating Place License
License #: 6079
DBA Name: Boat Yard Café
Service Location: 5075 Kachemak Drive, Homer, AK 99603
Licensee: DNLS LLC
Contact Person: David Nelson

License Type: Package Store License
License #: 2301
DBA Name: Grog Shop East End
Service Location: 3125 E End Road, Homer, AK 99603

Licensee: Uncle Thirsty's LLC
Contact Person: Thomas Beck

New Applications:

License Type: Restaurant/Eating Place
License #: 5500
DBA Name: Cosmic Kitchen
Service Location: 510 Pioneer Ave, Homer, AK 99603
Licensee: Cosmic Homer LLC
Contact Person: Steve Nolan

License Type: Restaurant/Eating Place
License #: 60154
DBA Name: Red Table BBQ
Service Location: 4400 Homer Spit Rd, No 1, Homer, AK, 99603
Licensee: Spittoon LLC
Contact Person: Erika Nolan

RECOMMENDATION: Voice non objection and approval for the Liquor License Renewals and Premise Change Application.

Fiscal Note: Revenues.

Attachments:

Renewal Application for License #4164 Finn's – Restaurant Eating Place
Renewal Application for License #6079 Boatyard Café - Restaurant Eating Place
Renewal Application for License #2301, Grog Shop East End - Package Store with Sampling Endorsement
New application for Cosmic Kitchen - Restaurant Eating Place
New application for Red Table BBQ – Restaurant Eating Place



Document reference ID : 6539

Renewal Application Summary

Application ID:	6539
License No:	4164
License Type applied for Renewal:	Restaurant Eating Place License (REPL)
Licensee Name:	Finn's, Llc
License Expiration Date:	12/31/2025
Doing Business As:	Finn's
Premises Address:	4287 Homer Spit Road, Unit #8, Homer, AK, 99603
Application Status:	In Review
Application Submitted On:	03/11/2026 12:05 PM AKDT

Entity Information

Business Structure:	Limited liability company
FEIN/SSN Number:	
Alaska Entity number (CBPL):	74088D
Alaska Entity Formed Date:	
Home State:	

Entity Contact Information

Entity Address:

PO Box 1435, Homer, AK, 99603

Local Government and Community Council Details

City/Municipality:

Homer

Borough:

Kenai Peninsula Borough

Renewal Information

Are there any changes to your ownership structure that have not been reported to AMCO prior to this application?:

No

As set forth in AS 04.11.330, how many hours did you operate during the first calendar year for this renewal period?:

The license was regularly operated continuously throughout the first calendar year for this renewal period.

As set forth in AS 04.11.330, how many hours did you operate during the second calendar year for this renewal period?:

The license was regularly operated continuously throughout the second calendar year for this renewal period.

Please select the seasonality:

Seasonal

Please Provide your six-month operating period:

4/1 through 9/30

Operation Period Details:

We are normally open beginning the first week in May continuously through sometime in September. The exact dates depend largely on staffing, but also on our seasonal water utility. There is the possibility that we can be open at most through the entire month of September.

Has any person or entity in this application been convicted or disciplined for a violation of Title 04, 3 AAC 304 or 305, or a local ordinance adopted under AS 04.21.010 in the preceding two calendar years?!

No

Have any notices of violation or citations been issued for this license during the preceding two years?:

No

Restaurant Affidavit

Revenue in Food Sales during the first Calendar Year in the Renewal Period	\$xxx.xx
Revenue in Alcohol Sales during first Calendar Year in the Renewal Period	\$xxx.xx
% of Gross Revenue from Food Sales during the first Calendar Year in the Renewal Period	82.91
Revenue in Food Sales during the second Calendar Year in the Renewal Period	\$xxx.xx
Revenue in Alcohol Sales during second Calendar Year in the Renewal Period	\$xxx.xx
% of Gross Revenue from Food Sales during the second Calendar Year in the Renewal Period	84.82

Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c)	Yes
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	Yes
Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)	No

Employment for any persons under 21 years of age: AS 04.16.049(c) Yes

List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minors will be allowed in the dining area and kitchen.

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.

Due to the small scale of the restaurant minors are at all times attended by TAP professionals.

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

Food Service Permit

Is your license located in Municipality of Anchorage? No

Do you have Approved food service permit for this premises? Yes

Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises? No

Food and beverage service offered or anticipated is: Other

Describe the manner of food and beverage service offered or anticipated:

Food is ordered and delivered at either the counter or at the tables. We are a mix of counter service and table service.

Hours Of Operation

Sunday 12:00 PM - 08:00 PM

Monday 12:00 PM - 08:00 PM

Tuesday 12:00 PM - 08:00 PM

Wednesday	12:00 PM - 08:00 PM
Thursday	12:00 PM - 08:00 PM
Friday	12:00 PM - 08:00 PM
Saturday	12:00 PM - 08:00 PM

Attestations

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 305, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and the license being potentially expired if I do not comply with statutory or regulatory requirements.

I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, has a direct or indirect financial interest in the licensed business.

I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and I have provided AMCO with all required changes of the ownership structure of the business license and have provided all required documents for any new or changes of officers.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 305.700.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature

This application was digitally signed by : Bjorn Larson on 03/11/2026 12:23 PM AKDT

Payment Info

Payment Type : CC

Payment Id: f69283d1-c7b5-4ccc-9311-c20f940a947d

Receipt Number: 101206949

Payment Date: 11/21/2025 11:01 AM AKST

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806

This is to certify that the owner

FINNS, LLC

is licensed by the department to do business as

FINN'S, LLC

PO BOX 1435, HOMER, AK 99603

for the period

November 10, 2025 to December 31, 2027
for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Julie Sande
Commissioner

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	FINNS, LLC

Entity Type: Limited Liability Company

Entity #: 74088D

Status: Good Standing

AK Formed Date: 8/30/2001

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2027

Entity Mailing Address: PO BOX 1435, HOMER, AK 99603

Entity Physical Address: 4287 HOMER SPIT RD UNIT 8, HOMER, AK 99603

Registered Agent

Agent Name: Bjorn Larson

Registered Mailing Address: PO BOX 1435, HOMER, AK 99603

Registered Physical Address: 196 W CHARLES WAY, HOMER, AK 99603

Officials

Show Former

AK Entity #	Name	Titles	Owned
	BJORN LARSON	Member	49.00
	SASHA RAUPP	Member	51.00

Filed Documents

Date Filed	Type	Filing	Certificate
8/30/2001	Creation Filing		
9/06/2001	Biennial Report		
5/09/2003	Initial Report	Click to View	
2/18/2007	Biennial Report	Click to View	
2/18/2007	Biennial Report	Click to View	
2/18/2007	Biennial Report	Click to View	
11/21/2011	Biennial Report	Click to View	
11/21/2011	Biennial Report	Click to View	
3/12/2013	Biennial Report	Click to View	

Date Filed	Type	Filing	Certificate
4/22/2013	Agent Change	Click to View	
4/03/2015	Biennial Report	Click to View	
11/30/2016	Biennial Report	Click to View	
5/22/2019	Biennial Report	Click to View	
12/10/2020	Biennial Report	Click to View	
4/14/2023	Biennial Report	Click to View	
4/14/2023	Agent Change	Click to View	
4/22/2025	Biennial Report	Click to View	

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Document reference ID : 6517

Renewal Application Summary

Application ID:	6517
License No:	6079
License Type applied for Renewal:	Restaurant Eating Place License (REPL)
Licensee Name:	Dnls Llc
License Expiration Date:	12/31/2025
Doing Business As:	Boatyard Cafe
Premises Address:	5075 Kachemak Drive, Homer, AK, 99603
Application Status:	In Review
Application Submitted On:	11/19/2025 03:42 PM AKST

Entity Information

Business Structure:	Limited liability company
FEIN/SSN Number:	
Alaska Entity number (CBPL):	10119775
Alaska Entity Formed Date:	
Home State:	

Entity Contact Information

Entity Address: 5075 Kachemak Drive, Homer, AK, 99603

Local Government and Community Council Details

City/Municipality: Homer

Borough: Kenai Peninsula Borough

Renewal Information

Are there any changes to your ownership structure that have not been reported to AMCO prior to this application?:

No

As set forth in AS 04.11.330, how many hours did you operate during the first calendar year for this renewal period?:

The license was regularly operated continuously throughout the first calendar year for this renewal period.

As set forth in AS 04.11.330, how many hours did you operate during the second calendar year for this renewal period?:

The license was regularly operated continuously throughout the second calendar year for this renewal period.

Please select the seasonality:

Year-round

Has any person or entity in this application been convicted or disciplined for a violation of Title 04, 3 AAC 304 or 305, or a local ordinance adopted under AS 04.21.010 in the preceding two calendar years?!

No

Have any notices of violation or citations been issued for this license during the preceding two years?:

No

Restaurant Affidavit

Revenue in Food Sales during the first Calendar Year in the Renewal Period	\$xxx.xx
Revenue in Alcohol Sales during first Calendar Year in the Renewal Period	\$xxx.xx
% of Gross Revenue from Food Sales during the first Calendar Year in the Renewal Period	95.92
Revenue in Food Sales during the second Calendar Year in the Renewal Period	\$xxx.xx
Revenue in Alcohol Sales during second Calendar Year in the Renewal Period	\$xxx.xx
% of Gross Revenue from Food Sales during the second Calendar Year in the Renewal Period	95.89

Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c)	No
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	Yes
Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)	Yes
Employment for any persons under 21 years of age: AS 04.16.049(c)	Yes

List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

minors allowed in dining with parents. Minors will only be employed and present in the kitchen

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.

Alcohol is only sold from a closed beer cased only accessible by licensed employees

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

Food Service Permit

Is your license located in Municipality of Anchorage? No

Do you have Approved food service permit for this premises? Yes

Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises? No

Food and beverage service offered or anticipated is: Counter Service

Hours Of Operation

Sunday	Close
Monday	Close
Tuesday	11:00 AM - 04:00 PM
Wednesday	11:00 AM - 04:00 PM
Thursday	11:00 AM - 04:00 PM
Friday	11:00 AM - 04:00 PM
Saturday	11:00 AM - 04:00 PM

Attestations

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 305, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and the license being potentially expired if I do not comply with statutory or regulatory requirements.

I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, has a direct or indirect financial interest in the licensed business.

I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and I have provided AMCO with all required changes of the ownership structure of the business license and have provided all required documents for any new or changes of officers.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 305.700.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature

This application was digitally signed by : David Nelson on 11/19/2025 03:59 PM AKST

Payment Info

Payment Type : CC

Payment Id: 73572177-800a-4e3b-9927-e1cef1f1693a

Receipt Number: 101205267

Payment Date: 11/19/2025 04:01 PM AKST

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806

This is to certify that

Boat Yard Cafe

5075 Kachemak dr., Homer, AK 99603

owned by

DNLS, LLC

is licensed by the department to conduct business for the period

December 15, 2024 to December 31, 2026
for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Julie Sande
Commissioner

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	DNLS, LLC

Entity Type: Limited Liability Company

Entity #: 10119775

Status: Good Standing

AK Formed Date: 12/16/2019

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2027

Entity Mailing Address: 3675 JENNIFER PL., HOMER, AK 99603

Entity Physical Address: 5075 KACHEMAK DR., HOMER, UT 99603

Registered Agent

Agent Name: David Nelson

Registered Mailing Address: 3675 JENNIFER PL, HOMER, AK 99603

Registered Physical Address: 3675 JENNIFER PL, HOMER, AK 99603

Officials

Show Former

AK Entity #	Name	Titles	Owned
	DAVID NELSON	Manager, Member	50.00
	LILA STEWART	Member	50.00

Filed Documents

Date Filed	Type	Filing	Certificate
12/16/2019	Creation Filing	Click to View	Click to View
2/28/2021	Biennial Report	Click to View	
7/22/2022	Change of Officials	Click to View	
12/30/2022	Biennial Report	Click to View	
1/03/2025	Biennial Report	Click to View	

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Document reference ID : 6183

Renewal Application Summary

Application ID:	6183
License No:	2301
License Type applied for Renewal:	Package Store License(PSL)
Licensee Name:	Uncle Thirsty's Llc
License Expiration Date:	12/31/2025
Doing Business As:	Grog Shop East End
Premises Address:	3125 E End Rd., Homer, AK, 99603
Application Status:	In Review
Application Submitted On:	11/21/2025 11:41 AM AKST

Entity Information

Business Structure:	Limited liability company
FEIN/SSN Number:	██████████
Alaska Entity number (CBPL):	10189583
Alaska Entity Formed Date:	
Home State:	

Entity Contact Information

Entity Address: 369 E Pioneer Avenue, Homer, AK, 99603

Local Government and Community Council Details

City/Municipality: Homer

Borough: Kenai Peninsula Borough

Renewal Information

Are there any changes to your ownership structure that have not been reported to AMCO prior to this application?:

No

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in the next two years?:

No

As set forth in AS 04.11.330, how many hours did you operate during the first calendar year for this renewal period?:

The license was regularly operated continuously throughout the first calendar year for this renewal period.

As set forth in AS 04.11.330, how many hours did you operate during the second calendar year for this renewal period?:

The license was regularly operated continuously throughout the second calendar year for this renewal period.

Please select the seasonality:

Year-round

Has any person or entity in this application been convicted or disciplined for a violation of Title 04, 3 AAC 304 or 305, or a local ordinance adopted under AS 04.21.010 in the preceding two calendar years?!

No

Have any notices of violation or citations been issued for this license during the preceding two years?:

No

Endorsements

License #	License Type	Trade Name	License Status	City
16759	Package Store Sampling Endorsement (PSE)	Grog Shop East End	Active	Homer

Attestations

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 305, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and the license being potentially expired if I do not comply with statutory or regulatory requirements.

I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, has a direct or indirect financial interest in the licensed business.

I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and I have provided AMCO with all required changes of the ownership structure of the business license and have provided all required documents for any new or changes of officers.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 305.700.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature

This application was digitally signed by : Thomas Beck on 11/21/2025 11:43 AM AKST

Payment Info

Payment Type : CC

Payment Id: 8f816b8e-3243-492d-bcf7-687fd9bb31aa

Receipt Number: 101207016

Payment Date: 11/21/2025 11:47 AM AKST

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806

This is to certify that the owner

Uncle Thirsty's LLC

is licensed by the department to do business as

The Grog Shop east end

369 E. Pioneer Ave., c/o The Grog S, Homer, AK 99603

for the period

December 9, 2025 to December 31, 2027
for the following line(s) of business:

44-45 - Retail Trade



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Julie Sande
Commissioner

Details

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	Uncle Thirsty's LLC

Entity Type: Limited Liability Company

Entity #: 10189583

Status: Good Standing

AK Formed Date: 3/10/2022

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2028

Entity Mailing Address: 369 E PIONEER AVE, HOMER, AK 99603

Entity Physical Address: 369 E PIONEER AVE, HOMER, AK 99603

Registered Agent

Agent Name: Tom Beck

Registered Mailing Address: 369 E PIONEER AVE, HOMER, AK 99603

Registered Physical Address: 369 E PIONEER AVE, HOMER, AK 99603

Officials

Show Former

AK Entity #	Name	Titles	Owned
	Thomas Beck	Member	100.00

Filed Documents

Date Filed	Type	Filing	Certificate
3/10/2022	Creation Filing	Click to View	Click to View
5/20/2022	Initial Report	Click to View	
10/07/2022	Change of Officials	Click to View	
3/28/2024	Biennial Report	Click to View	
2/19/2025	Agent Change	Click to View	
2/24/2026	Biennial Report	Click to View	

Close Details

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Document reference ID : 5500

Licensing Application Summary

Application ID: 5500
Applicant Name: Cosmic Homer, Llc
License Type applied for: Restaurant Eating Place License (REPL) (AS 04.09.210)
Application Status: In Review
Application Submitted On: 05/16/2025 01:08 PM AKDT

Entity Information

Business Structure: Limited liability company
FEIN/SSN Number: [REDACTED]
Member Managed or Manager Managed: Member Managed
Alaska Entity Number (CBPL): 10288521
Alaska Entity Formed Date: 10/16/2024
Home State: AK

Entity Contact Information

Name	Phone	Email	Relation
Lisa Nolan	[REDACTED]	[REDACTED]	Designated Licensee

Mailing Address: 510 E Pioneer Ave, PO Box 297, Homer, AK, 99603-7623, USA

Designated Licensee Information

Authority Type: I am authorized user by the designated licensee with binding authority

Legal First Name: Lisa

Legal Last Name: Nolan

Email Address: [REDACTED]

Phone Number: [REDACTED]

Additional Authorized Users

Legal Name	Relation with Applicant
John Kelly	Other
Erika Nolan	Family Member
Robert Nolan	Family Member
Steve Nolan	Designated Licensee

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Cosmic Homer, Llc	Lisa Nolan	Member	50
Cosmic Homer, Llc	Steve Nolan	Member	50

Premises Address

Address: 510 E Pioneer Ave, Homer, AK, 99603-7623, USA

Does the proposed site include a valid street address? Yes

Basic Business information

Business/Trade Name: Cosmic Kitchen

What is your primary business at this location? Restaurant

Premises Contact Details

Contact Person Name Lisa Nolan

Business Phone Number [REDACTED]

Alternate Phone Number [REDACTED]

Email Address [REDACTED]

Local Government and Community Council Details

City/Municipality Homer

Borough Kenai Peninsula Borough

Property Ownership

Do you, the applicant, own the land, building, and/or warehouse at this proposed licensed location?

Yes

Property Utilization Status

An Existing Facility

Property Ownership Deed

[Cosmic Deed.pdf](#)

Premises Diagram

Will the license or permit embrace the entire premises address?

Yes

Premises Diagram

- [Premise Layout_Cosmic.pdf](#)

Security Plan

- [Outdoor Security Plan_Cosmic.pdf](#)

Restaurant Detail

Applicant meant to say Yes question of dining by persons 16-20 years of age... (confirmed by email 2.18.26). JPS/PC2/AMCO

Dining after standard closing hours: AS 04.16.010(c)	No
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	No
Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)	Yes
Employment for any persons under 21 years of age: AS 04.16.049(c)	Yes

List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minors will be allowed in the dining room and all kitchen areas.

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.

ID required to purchase alcoholic beverages Alcohol stored in locked area with access by 21 years 21-year-old or older for restocking Alcohol to be sold, access behind counter where sold, Counter salesperson will be 21 years or older.

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

Food Service Permit

Is your license located in Municipality of Anchorage?	No
---	----

Do you have Approved food service permit for this premises?	Yes
---	-----

Copy of the current food service permit for this premises OR the plan review approval.	Food Service Permit_Cosmic.pdf
--	--

Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises? No

Food and beverage service offered or anticipated is: Counter Service

Restaurant Declaration

Please upload the finalized or expected Food and Alcohol Menu. [Cosmic Menu.pdf](#)

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 entrées 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, Beverage Dispensary Tourism, Club, Sporting Activity or Event License, Outdoor Recreation Lodge, Golf Course, Destination Resort, OR Restaurant or Eating Place, Seasonal REPL Tourism License.

Hours Of Operation

Sunday	09:00 AM - 05:00 PM
Monday	09:00 AM - 05:00 PM
Tuesday	09:00 AM - 05:00 PM
Wednesday	09:00 AM - 05:00 PM
Thursday	09:00 AM - 05:00 PM
Friday	09:00 AM - 05:00 PM
Saturday	09:00 AM - 05:00 PM

Other Licenses Involvement

Does any representative or owner named 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?

Yes

Description

Kelt LLC dba Fat Olives, Homer, AK

Individual Certification and Financial Interest

I hereby certify that no person other than a proposed licensee listed on the liquor license application has a direct or indirect financial interest, as defined in AS 04.11.450(f) in the business for which a liquor license is being applied for.

I hereby certify that any ownership change shall be reported to the board as required under AS 04.11.040, AS 04.11.045, AS 04.11.050, and AS 04.11.055.

Public Notice Posting Attestation and Publishers Affidavit

Have you posted your application at both required locations for ten consecutive days?	Yes
What was the other conspicuous location of your post? (Please include the full address)	Safeway Community Board - 90 Sterling Hwy, Homer, AK 99603
What was the first day you posted your application?	05/02/2025
If the newspaper advertisement was published did you advertise once a week for three consecutive weeks or if by radio twice week for three successive weeks?	Yes
What was the final date your advertisement was published/broadcasted?	05/11/2025

Newspaper/Publishers Affidavit

[Cosmic Affidavit_May 2025.pdf](#)

I attest that I have met the public posting notice requirement set forth under AS 04.11.310 by posting a copy of my application for the 10-day period at the location of the proposed licensed premises and at another conspicuous location in the area of the proposed premises as listed in this application.

I hereby attest that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Attestations

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

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 305.700.

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

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

I certify that all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations.

I certify I have provided a menu of a variety of types of food appropriate for meals that are prepared on the licensed premises.

I certify that non-employees under 21 years of age will not enter and remain on the licensed premises except for the purposes of dining only.

I certify that the sale and service of food and alcoholic beverages and any other business on the licensed premises is under the sole control of the licensee.

I certify the licensed premises is a bona fide restaurant as defined in AS 04.21.080(b).

I certify there is supervision on the licensed premises adequate to reasonably ensure that a person under 21 years of age will not gain access to alcoholic beverages.

Signature

This application was digitally signed by : Lisa Nolan on 04/19/2025 08:08 AM AKDT

Payment Info

Payment Type : CC

Payment Id: 010a13d6-314a-4629-ba95-2f0c27ccff4b

Receipt Number: 101068915

Payment Date: 05/16/2025 01:16 PM AKDT

Documents

#	File Name	Type	Added On
1	Cosmic Deed.pdf	License property ownership document	04/19/2025 07:50 AM AKDT
2	Premise Layout_Cosmic.pdf	License Location Diagram Document	04/19/2025 07:51 AM AKDT
3	Outdoor Security Plan_Cosmic.pdf	License Location Diagram Security Plan Document	04/19/2025 07:51 AM AKDT
4	Food Service Permit_Cosmic.pdf	LicenseRestaurantDetailFoodServicePermitDocumen t	04/19/2025 08:01 AM AKDT

5	Cosmic Menu.pdf	LicenseRestaurantDeclarationFoodAlcoMenuDocume nt	04/19/2025 08:07 AM AKDT
6	Cosmic Affidavit_May 2025.pdf	Publishers Affidavit	05/16/2025 01:13 PM AKDT

welcome to COSMIC KITCHEN

Buenos Dias! BREAKFAST SERVED UNTIL 1PM

CLASSIC BREAKFAST BURRITO \$12
scrambled eggs, hashbrowns, cheese, pico de gallo and choice of sausage or bacon, wrapped in a large flour tortilla.

MEXICAN BREAKFAST BURRITO \$14
scrambled eggs, rice, beans, cheese, pico de gallo and choice of carne asada, carnitas or pollo wrapped in a large flour tortilla.

VERDURAS BREAKFAST BURRITO \$12
scrambled eggs, hashbrowns, cheese, pico de gallo

BREAKFAST TACOS \$12
scrambled eggs, hashbrowns, cheese, pico de gallo and choice of meat wrapped in a large flour tortilla.

HUEVOS RANCHEROS \$12
scrambled eggs, hashbrowns, cheese, pico de gallo and choice of meat wrapped in a large flour tortilla.

OLD SCHOOL BREAKFAST \$12
scrambled eggs, hashbrowns, cheese, pico de gallo and choice of meat wrapped in a large flour tortilla.



COSMIC TACOS two fancy tacos per order

CARNE ASADA \$12
carne asada, cabbage, grilled onions, avocado, radish

CARNITAS \$14
carnitas with lettuce, pickled red onion, salsa, cilantro

POLLO \$12
diced chicken with lettuce, onion, pico & cotija

PEZ DE ROCA \$12
rockfish, pineapple salsa, chipotle spread, cilantro, cabbage

VEGETARIANA \$12
beans, cabbage, tomato, avocado, pickled onion

make it a combo!
add rice & beans to your order \$5

GRINGO TACOS two regular tacos per order

STEAK \$12
our carne asada with lettuce, tomato & cheese

PORK \$14
shredded pork with lettuce, tomato & cheese

CHICKEN \$12
diced chicken with lettuce, tomato & cheese

ROCKFISH \$12
rockfish with lettuce, tomato & cheese



BURRITOS MAKE IT WET \$2 covered in enchilada sauce

COSMIC BURRITO \$12
beans, rice, pico de gallo, cheese with choice of carne asada, pollo or carnitas.

VEGGIE BURRITO \$12
rice, black beans, avocado, tomato, cheese, lettuce & pico de gallo.

BEAN BURRITO \$14
refried beans, rice, pico de gallo & cheese.

QUESADILLAS

DELUXE QUESADILLA \$12
cheddar, lettuce, tomato, onion, chipotle spread with choice of carne asada, pollo or carnitas.

MEXICAN QUESADILLA \$12
cheddar, refried beans, pico de gallo with choice of carne asada, pollo or carnitas.

PLAIN QUESADILLA \$14
flour tortilla & cheddar cheese.

COMBO PLATE served with rice, beans & flour or corn tortillas

CARNE ASADA COMBO \$12

POLLO COMBO \$12

CARNITAS COMBO \$14

NACHOS

COSMIC NACHOS \$12
beans, tomato, onion, melted cheddar.
add carne asada, pollo or carnitas \$4

MEXICAN QUESADILLA \$12
cheddar, refried beans, pico de gallo with choice of carne asada, pollo or carnitas.

PLAIN NACHOS \$14
corn chips & melted cheddar

SMASH BURGERS THIRD POUND ANGUS BEEF SERVED WITH FRY'S OR SALAD

CHEESE BURGER \$12
lettuce, tomato, onion, pickle, cosmic sauce, on brioche bun.

BACON BURGER \$14
lettuce, tomato, onion, pickle, cosmic sauce with cheddar on a brioche bun.

JUAREZ BURGER \$12
jalapenos, chipotle spread, lettuce, tomato, onion & cheddar on brioche bun.

TORTA BURGER \$12
lettuce, tomato, onion, cosmic sauce & cheddar folded into a large flour tortilla

SALMON BURGER \$12
alaskan salmon patty, slaw, onion, cosmic sauce on a brioche bun

BLACK BEAN BURGER \$12
vegetarian black bean patty with lettuce, tomato, onion, cosmic sauce on a brioche bun.

HANDHELDS served with fry's or salad

BEEF & CHEDDAR \$12
steak, cheddar & grilled onions with cosmic sauce on toasted bread

CALIFORNIA \$14
grilled chicken, bacon, avocado, chipotle spread & cheddar on toasted bread

GRILLED CHEESE \$12
the classic with cheddar & sliced tomato

SALADS & SOUP

TACO SALAD \$12
steak, cheddar & grilled onions with cosmic sauce on toasted bread

HOUSE SALAD \$14
grilled chicken, bacon, avocado, chipotle spread & cheddar on toasted bread

CAESAR SALAD \$12.50
the classic with cheddar & sliced tomato

COSMIC CHILI OR TOMATO BASIL \$5.5/7.5
the classic with cheddar & sliced tomato

Outdoor Security Plan – Cosmic Kitchen

ID will be required when purchasing alcoholic beverages

All alcoholic beverages will be stored in locked area with access by 21-year-old for restocking

Alcohol to be sold, access behind counter only, counter salesperson will be 21 years old or older

All outdoor eating areas are surrounded by 54” solid barrier

All outdoor eating areas will be monitored continuously by restaurant staff



Alaska Food Code 2025 Food Establishment Permit

Division of Environmental Health
Food Safety & Sanitation Program

Permit Number: 17310
Issued to: COSMIC HOME LLC
For: Cosmic Kitchen
For Operation of: FF-1 Food Service
Located at: 510 E Pioneer AVE Homer, AK 99603

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:
December 31, 2025

Program Manager:

A handwritten signature in black ink, appearing to read "Kimberly S. V.", is written over the printed name of the Program Manager.

If you have questions or concerns regarding safe food handling practices call or text 907-764-9825 or visit our website to file a complaint (dec.alaska.gov/eh/fss/report-illness-issue/)





Alcoholic Beverage Control Office

Public Notice

Application for Alcoholic Beverage License

Application ID: 5501
License Type: Restaurant Eating Place License (REPL) AS
04.09.210
License Number: 60154
Seasonality: 04/15-09/15
Doing Business As: Red Table BBQ
Premises Address: 4400 Homer Spit Rd, No 1, Homer, AK, 99603,
USA
Name: Erika Nolan
Agent's Phone Number: 360-609-6524
Agent's Email: [REDACTED]
Address: PO Box 297, Homer, AK, 99603, USA
The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office? Yes
City/Municipality: Homer
Borough: Kenai Peninsula Borough

Licensee

Licensee Name: Spittoon Llc
Type: Limited liability company
Licensee Email: [REDACTED]
Licensee Phone: 509-845-9856
Licensee Mailing Address: 4400 Homer Spit Rd #1, PO Box 297, Homer, AK,
99603, USA
Entity Member #1
Type: Person

Name: Lisa Nolan
Title: Member
Percentage of Ownership: 50%
Phone number: [REDACTED]
Email: [REDACTED]
Mailing Address: PO Box 297, Homer, AK, 99603, USA

Entity Member #2

Type: Person
Name: Steve Nolan
Title: Member
Percentage of Ownership: 50%
Phone number: [REDACTED]
Email: [REDACTED]
Mailing Address: PO Box 297, Homer, AK, 99603, USA

Interested persons may object to the application by submitting a written statement of reasons for the objection to their local government, the applicant, and the Alcohol & Marijuana Control Office (AMCO). Written comments should be sent to AMCO at alcohol.licensing@alaska.gov or to 550 W 7th Ave. Suite 1600, Anchorage, AK 99501.

Posting Date:



Document reference ID : 5501

Licensing Application Summary

Application ID: 5501
Applicant Name: Spittoon Llc
License Type applied for: Restaurant Eating Place License (REPL) (AS 04.09.210)
Application Status: In Review
Application Submitted On: 03/06/2026 09:43 AM AKST

Entity Information

Business Structure: Limited liability company
FEIN/SSN Number: 332289839
Member Managed or Manager Managed: Member Managed
Alaska Entity Number (CBPL): 10289606
Alaska Entity Formed Date: 10/28/2024
Home State: AK

Entity Contact Information

Name	Phone	Email	Relation
Lisa Nolan	[REDACTED]	[REDACTED]	Designated Licensee

Mailing Address: 4400 Homer Spit Rd #1, PO Box 297, Homer, AK, 99603, USA

Tell Us About You

Authority Type: I am authorized user by the designated licensee with binding authority

Legal First Name: Lisa

Legal Last Name: Nolan

Email Address: [REDACTED]

Phone Number: [REDACTED]

Additional Authorized Users

Legal Name	Relation with Applicant
John Kelly	Other
Robert Nolan	Family Member
Erika Nolan	Family Member
Steve Nolan	Designated Licensee

Registered Agent Information

Name Erika Nolan

Agent's Phone Number [REDACTED]

Agent's Email [REDACTED]

Address PO Box 297, Homer, AK, 99603, USA

The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office? Yes

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Spittoon Llc	Lisa Nolan	Member	50
Spittoon Llc	Steve Nolan	Member	50

Premises Address

Address: 4400 Homer Spit Rd, No 1, Homer, AK, 99603-8003, USA

Does the proposed site include a valid street address? Yes

Basic Business information

Business/Trade Name: Red Table BBQ

What is your primary business at this location? Restaurant

Premises Contact Details

Contact Person Name Lisa Nolan

Business Phone Number [REDACTED]

Alternate Phone Number [REDACTED]

Email Address [REDACTED]

Local Government and Community Council Details

City/Municipality Homer

Borough Kenai Peninsula Borough

Property Ownership

Do you, the applicant, own the land, building, and/or warehouse at this proposed licensed location?

No

Property Utilization Status

An Existing Facility

Are you operating under?

Lease

Add Copy of Lease\Sublease document

[Spittoon LLC Lease.pdf](#)

Premises Diagram

Will the license or permit embrace the entire premises address?

No

Premises Diagram

- [Premise Layout_Spittoon.pdf](#)

Security Plan

- [Outdoor Security Plan_Spittoon.pdf](#)

Seasonal Information

Are you conducting seasonal business? Yes

Please Provide your six-month operating period 04/15-09/15

Operation Period Details

Operating food/beverage counter services from 04/15-09/15, operating 11am-8pm daily.

Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c) No

Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2) Yes

Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3) Yes

Employment for any persons under 21 years of age: AS 04.16.049(c) Yes

List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minors will only be allowed in dining area or employed to work in kitchen.

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.

Alcohol will be stored in coolers where minors do not have access, and all persons handling alcohol will be 21 years of age or older.

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

Food Service Permit

Is your license located in Municipality of Anchorage? No

Do you have Approved food service permit for this premises? No

Copy of the current food service permit for this premises OR the plan review approval. [Food Service.pdf](#)

Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises? No

Food and beverage service offered or anticipated is: Counter Service

Restaurant Declaration

Please upload the finalized or expected Food and Alcohol Menu.

[Red Table_menu.pdf](#)

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 entrées 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, Beverage Dispensary Tourism, Club, Sporting Activity or Event License, Outdoor Recreation Lodge, Golf Course, Destination Resort, OR Restaurant or Eating Place, Seasonal REPL Tourism License.

Hours Of Operation

Sunday	11:00 AM - 08:00 PM
Monday	11:00 AM - 08:00 PM
Tuesday	11:00 AM - 08:00 PM
Wednesday	11:00 AM - 08:00 PM
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Kelt LLC dba Fat Olives, Homer AK

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I hereby certify that no person other than a proposed licensee listed on the liquor license application has a direct or indirect financial interest, as defined in AS 04.11.450(f) in the business for which a

liquor license is being applied for.

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Public Notice Posting Attestation and Publishers Affidavit

Have you posted your application at both required locations for ten consecutive days?	Yes
What was the other conspicuous location of your post? (Please Include the full address)	Safeway Community Board - 90 Sterling Hwy, Homer, AK 99603
What was the first day you posted your application?	05/02/2025
If the newspaper advertisement was published did you advertise once a week for three consecutive weeks or if by radio twice week for three successive weeks?	Yes
What was the final date your advertisement was published/broadcasted?	05/11/2025

Newspaper/Publishers Affidavit

[Spittoon Affidavit_May 2025.pdf](#)

Upload Paper form Application

[Re_60154- Applicant Notice of Incomplete New Restaurant License - Red Table BBQ- verify answer to one question.pdf](#)

I attest that I have met the public posting notice requirement set forth under AS 04.11.310 by posting a copy of my application for the 10-day period at the location of the proposed licensed premises and at another conspicuous location in the area of the proposed premises as listed in this application.

I hereby attest that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

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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 305.700.

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

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

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I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations.

I certify I have provided a menu of a variety of types of food appropriate for meals that are prepared on the licensed premises.

I certify that non-employees under 21 years of age will not enter and remain on the licensed premises except for the purposes of dining only.

I certify that the sale and service of food and alcoholic beverages and any other business on the licensed premises is under the sole control of the licensee.

I certify the licensed premises is a bona fide restaurant as defined in AS 04.21.080(b).

I certify there is supervision on the licensed premises adequate to reasonably ensure that a person under 21 years of age will not gain access to alcoholic beverages.

Signature

This application was digitally signed by : Lisa Nolan on 04/19/2025 08:36 AM AKDT

Payment Info

Payment Type : CC

Payment Id: da2054bf-854e-4326-a66f-3ab97a73997f

Receipt Number: 101068922

Payment Date: 05/16/2025 01:29 PM AKDT

Documents

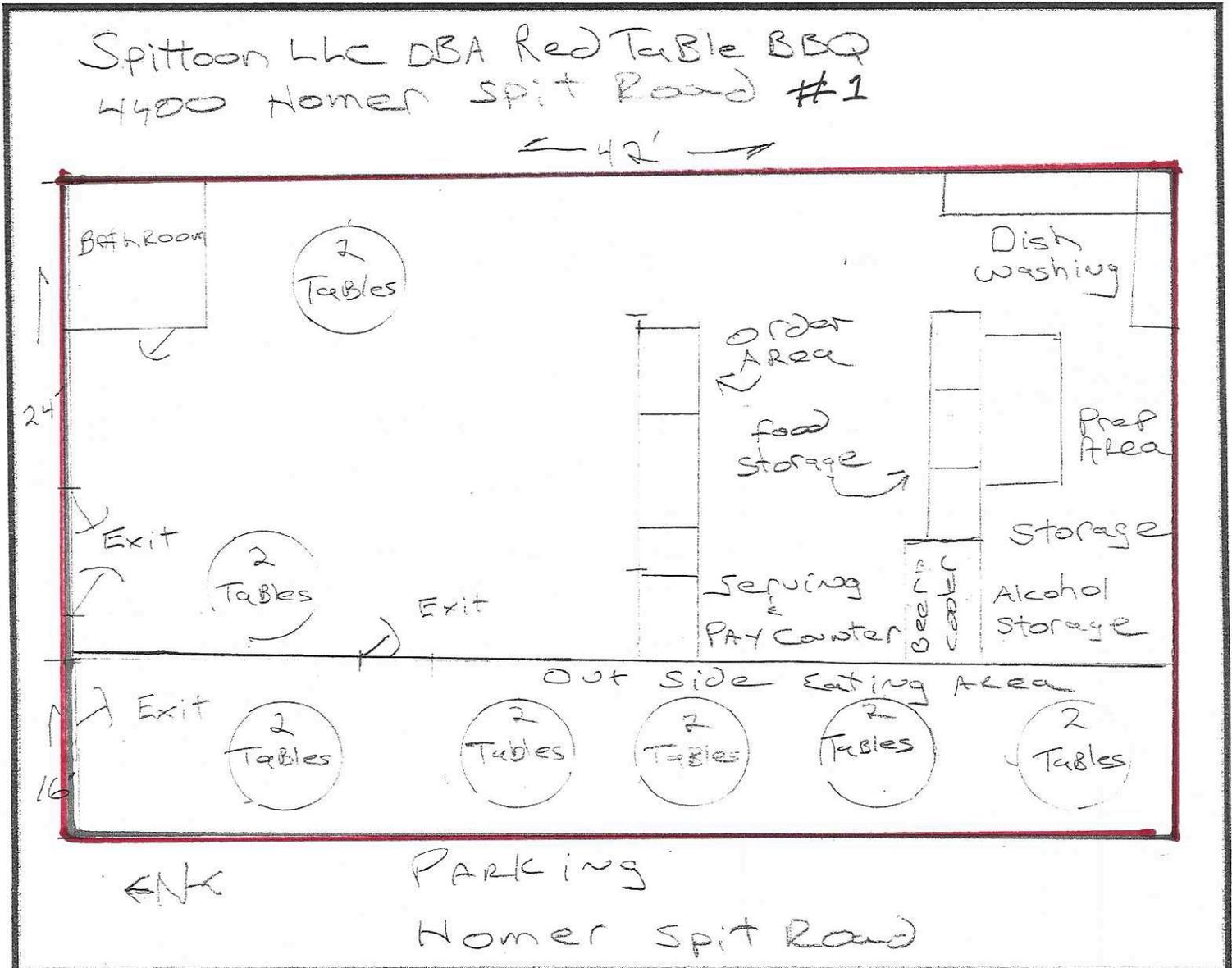
#	File Name	Type	Added On
1	Spittoon LLC Lease.pdf	License Lease\Sublease document	04/19/2025 08:17 AM AKDT
2	Premise Layout_Spittoon.pdf	License Location Diagram Document	04/19/2025 08:18 AM AKDT
3	Outdoor Security Plan_Spittoon.pdf	License Location Diagram Security Plan Document	04/19/2025 08:18 AM AKDT
4	Food Service.pdf	LicenseRestaurantDetailFoodServicePermitDocumen t	04/19/2025 08:28 AM AKDT
5	Red Table_menu.pdf	LicenseRestaurantDeclarationFoodAlcoMenuDocume nt	04/19/2025 08:36 AM AKDT
6	Spittoon Affidavit_May 2025.pdf	Publishers Affidavit	05/16/2025 01:25 PM AKDT
7	Re_ 60154- Applicant Notice of Incomplete New Restaurant License - Red Table	License Paper Form Application Document	03/06/2026 09:44 AM AKST



Alaska Alcoholic Beverage Control Board Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.



Outdoor Security Plan – Red Table BBQ

ID will be required when purchasing alcoholic beverages

All alcoholic beverages will be stored in locked area with access by 21-year-old for restocking

Alcohol to be sold, access behind counter only, counter salesperson will be 21 years old or older

All outdoor eating areas are surrounded by 54” solid barrier

All outdoor eating areas will be monitored continuously by restaurant staff



Red Tables BBQ

Proteins by the pound

Pulled Pork

Brisket

Reindeer Sausage

Turkey Breast

Sides by volume size

Potato Salad

Baked Beans

Pickles

Coleslaw

Mac & Cheese

Jalapeno Poppers

Brioche Buns

Beverages

Bottled Soda, assorted

Bottled Beer, assorted

Glass Wine, assorted



Alaska Food Code 2026 Food Establishment Permit

Division of Environmental Health
Food Safety & Sanitation Program

Permit Number: 17699
Issued to: **SPITTOON LLC**
For: **Red Table BBQ**
For Operation of: **FF-6 Deli/Takeout/Drive-in Food Service**
Located at: **4400 Homer Spit RD Homer, AK 99603**

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:
December 31, 2026

Program Manager:

A handwritten signature in black ink, appearing to read "Kimberly S. O'Neil", is written over the printed name of the Program Manager.

If you have questions or concerns regarding safe food handling practices call or text 907-764-9825 or visit our website to file a complaint (dec.alaska.gov/eh/fss/report-illness-issue/)

