

Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE

550 West 7th Ave, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

TO: Bob Klein, Chair, and Members of the

Alcoholic Beverage Control Board

FROM: Erika McConnell, Director RE: 3694 Courtyard by Marriott

Anchorage Airport

January 23, 2018

Requested Action: Approve transfer of ownership of beverage dispensary – tourism

license

Statutory Authority: AS 04.11.040(a): "A license issued under this title may not be

transferred to another person except with the written consent of the

DATE:

board."

Staff Recommendation: Approve the transfer of ownership

Background: This application is to transfer a beverage dispensary – tourism license in Anchorage from NANA Management Services, LLC, to Airport Courtyard, LLC. The Municipality of Anchorage does not protest, the Departments of Labor and Revenue do not object, and background investigations are complete.

Attachments: Application



Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

3694

04.11.400d

alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Form AB-01: Transfer License Application

What is this form?

Licensee:

License Type:

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.

Section 1 - Transferor Information

License #:

Statutory Reference:

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.

NANA Management Services, LLC

Beverage Dispensary Tourism

Enter information for the current licensee and licensed establishment.

D : D : .				- CO		
Doing Business As:	Courtyard by Marriott					
Premises Address:	4901 Spenard Road,		18			
City:	Anchorage	State:	AK	Z	IP:	99517
Local Governing Body:	MOA					
Regular transfer				į.		
Transfer with securi				AI	LCOHOL	SEP 1 1 20
		SE ONLY		AL	LCOHOL	SEP 1 1 20 MARIJUANA CONTR STATE OF ALASKA
	fer		saction #:	15476	LCOHOL	SEP 1 1 20° MARIJUANA CONTR STATE OF ALASKA
Involuntary retransi	fer	Trans	saction #: se Years:		LCOHOL	SEP 1 1 20 MARIJUANA CONTE



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Licensee:	Airport Courtyard, LLC					
Doing Business As:	Courtyard by Marriott Anch	orage Airp	ort			
Premises Address:	4901 Spenard Road,					
City:	Anchorage	State:	AK		ZIP:	99517
Community Council:	Spenard CC		- 1			
Mailing Address:	P.O. BOX 202845				***	
City:	Anchorage	State:	AK		ZIP:	99520-284
Designated Licensee:	Leonard Hyde					
Contact Phone:	223-3801	Business	Phone:	279-80	68	
Contact Email:	lhyde@jlproperties.com					W/s
remises to be licensed is:	Section 3 – Pren					
all existing facility	a new building	a propos	ed building			
What is the distance of t	st be completed by <u>beverage dispensa</u> the shortest pedestrian route from the the nearest school grounds? Include t	e public entra	nce of the bui	lding of your	propose	

SEP 21 2017 ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA



alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

	Section 4 – Sole Prop	orietor Ownership	Information
If more space is needed, pl	leted by any <u>sole proprietor</u> who lease attach a separate sheet wire must be completed for each licen applicant affiliate	th the required information.	
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 <u>entity</u>, 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 <u>corporation</u>, 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 <u>limited liability organization</u>, 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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.

Entity Official:	Leonard Hyde				
Title(s):	Manager	Phone:	223-3801	% Own	ed: 0
Address:	10102 Pointe Resolution Dr.				
City:	Anchorage	State:	AK	ZIP:	99515

SEP 1 2017

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA



alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Jonathan Rubini									
Manager		Phon	e:	223-3803		% Ow	ned:	0	
2655 Marston Dr	• 03								
Anchorage		State	:	AK		ZIP:	995	17	
Anchorage Hotel	Portfolio, L	LC							
Member		Phon	e:	279-8068		% Owi	ned:	100	
813 D Street, Sui	ite 200								
Anchorage		State	:	AK		ZIP:	995	01	
					•				
		100							
		Phon	e:			% Owr	ned:		
		State	:			ZIP:			
pleted by any applican sion of Corporations (E	t that is a corpo	oration o a registe	or LLO ered a	C. Corporations a agent who is an i	ınd LLCs a ndividual	re require resident	ed to b	e in g state	good of
10062096	AK Formed	Date:	6/2	23/2017	Home	State:	AK		
Leonard Hyde			A	gent's Phone:	279-80	068			
P.O. BOX 2028	45		I	10		-			
Anchorage	State:		AK		ZIP:		9952	20-2	845
.C's registered agent a	n individual res	ident of	the s	tate of Alaska?			Yes]	No
	Anchorage Hotel Member 813 D Street, Sui Anchorage Deted by any applican sion of Corporations (D 10062096 Leonard Hyde P.O. BOX 2028 Anchorage	Manager 2655 Marston Dr. Anchorage Anchorage Hotel Portfolio, L Member 813 D Street, Suite 200 Anchorage Anchorage Deted by any applicant that is a corposition of Corporations (DOC) and have 10062096 AK Formed Leonard Hyde P.O. BOX 202845 Anchorage State:	Manager 2655 Marston Dr. Anchorage State Anchorage Hotel Portfolio, LLC Member Phone 813 D Street, Suite 200 Anchorage State Phone Phone State Phone In the state of	Manager 2655 Marston Dr. Anchorage Anchorage Hotel Portfolio, LLC Member 813 D Street, Suite 200 Anchorage State: Phone: State: Oleted by any applicant that is a corporation or LLC sion of Corporations (DOC) and have a registered at 10062096 Leonard Hyde P.O. BOX 202845 Anchorage State: AK	Manager Phone: 223-3803 2655 Marston Dr. Anchorage State: AK Anchorage Hotel Portfolio, LLC Member Phone: 279-8068 813 D Street, Suite 200 Anchorage State: AK Phone: State: AK Phone: 1 Oletted by any applicant that is a corporation or LLC. Corporations a sion of Corporations (DOC) and have a registered agent who is an information of Corporation (DOC) and have a registered Agent's Phone: 1 10062096 AK Formed Date: 6/23/2017 Leonard Hyde Agent's Phone: P.O. BOX 202845	Manager 223-3803 2655 Marston Dr. Anchorage State: AK Anchorage Hotel Portfolio, LLC Member Phone: 279-8068 813 D Street, Suite 200 Anchorage State: AK Phone: State: AK Phone:	Manager Phone: 223-3803 % Ow 2655 Marston Dr. Anchorage State: AK ZIP: Anchorage Hotel Portfolio, LLC Member Phone: 279-8068 % Own 813 D Street, Suite 200 Anchorage State: AK ZIP: Phone: % Own State: ZIP: Oleted by any applicant that is a corporation or LLC. Corporations and LLCs are required on of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registered agent who is an individual resident sion of Corporations (DOC) and have a registere	Manager Phone: 223-3803 % Owned: 2655 Marston Dr. Anchorage State: AK ZIP: 995 Anchorage Hotel Portfolio, LLC Member Phone: 279-8068 % Owned: 813 D Street, Suite 200 Anchorage State: AK ZIP: 9950 Phone: % Owned: 2IP: 9950 Phone: % Owned: 2IP: 9950 Phone: % Owned: 4III State: AK ZIP: 9950 Anchorage State: AK ZIP: 9950 ARK Formed Date: 6/23/2017 Home State: AK Leonard Hyde Agent's Phone: 279-8068 P.O. BOX 202845 Anchorage State: AK ZIP: 9950	Manager Phone: 223-3803 % Owned: 0 2655 Marston Dr. Anchorage State: AK ZIP: 99517 Anchorage Hotel Portfolio, LLC Member Phone: 279-8068 % Owned: 100 813 D Street, Suite 200 Anchorage State: AK ZIP: 99501 Phone: % Owned: State: ZIP: 99501 Phone: % Owned: 10062096 AK Formed Date: 6/23/2017 Home State: AK Leonard Hyde Agent's Phone: 279-8068 P.O. BOX 202845 Anchorage State: AK ZIP: 99520-2

[Form AB-01] (rev 10/10/2016)





alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

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 Al license number(s) and license type(s):	aska, wh	ich
Jonathan Rubini and Leonard Hyde have ownership in Beverage Dispensary Tourism #3849, River's Edge Hotel, LLC dba Rivers Edge Resort & Chena's Alaskan Grill.	Licen:	se
Section 7 – Authorization		
ommunication 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:		
The Law Offices of Ernouf & Coffey, P.C., they are assisting with the transfer process		

SEP 1 1 2017

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA



alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

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.

Signature of transferor Printed name of transferor AMARIES Utocribed OTARY OF TEXAS OF TEXAS	and sworn to before me this	AM.	Signature of Notary Public s: 0-10-17
Signature of transferor			
Printed name of transferor Subscribed	and sworn to before me this	day of	20
		_ au, o	, 20
			Signature of Notary Public
	Notary Public in and	for the State of	
		My commission expire	s:

[Form AB-01] (rev 10/10/2016)





alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Page 7 of 7

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 - Transferee Certifications

Read each line below, a	nd then sign your initials in the box t	o the right of each statement:	Initials
I certify that all proposed	d licensees (as defined in AS 04.11.26	50) and affiliates have been listed on this application.	N
I certify that all proposed	d licensees have been listed with the	Division of Corporations.	
I certify that I understand for rejection or denial of	d that providing a false statement on this application or revocation of any I	this form or any other form provided by AMCO is grounds license issued.	
patron will complete an a serving alcoholic beverag	approved alcohol server education co	serve alcoholic beverages or check the identification of a burse, if required by AS 04.21.025, and, while selling or w a current course card or a photocopy of the card burse, if required by 3 AAC 304.465.	
l agree to provide all info	rmation required by the Alcoholic Be	verage Control Board in support of this application.	
As an applicant for a liquidath this application, including the state of transferee	or license, I declare under penalty of puding all accompanying schedules and	perjury that I have read and am familiar with AS 04 and 3 Ad statements, is true, correct, and complete.	AC 304, and
Jonathan B. Rubin	İ		
Printed name	Subscribed and sworn	to before me thisday of	20
	GER GRAN	Signature of	Notary Public
	ADUBLIC STATE OF ALAMINING	Notary Public in and for the State of	N-2021
Form AB-01] (rev 10/10/20	16)	L DEGEMEN	Page 7 of 7

2017 Tourism Statement Airport Courtyard, LLC

1. Explain how the issuance of a liquor license at your establishment has/will encourage tourism.

The central focus of the business plan for the Courtyard by Marriott Anchorage Airport involves catering to out of town tourists, local, and regional guests. The licensee will continue to run advertising in travel/tourism publications and directories as well as through electronic methods, including an online presence via property specific website and other relevant platforms. The hotel has and continues to develop relationships with tour bus companies, the Alaska railroad, and cruise ship industry to enhance, cater to, and expand tourism opportunities.

2. Explain how the facility was/will be constructed or improved in accordance with this application.

This facility is located near the Ted Stevens Anchorage Airport. As such it is ideal for travelers who want an overnight stay in a beautiful location conveniently located between regular tourist destinations.

3. Who operates the facility for which a liquor license is being applied?

Airport Courtyard, LLC operates the liquor license. Mr. John Rubini, and Leonard Hyde are the Managers of the entity.

- 4. Do you offer room rentals to the traveling public? Yes.
- 5. If so, how many of these rooms are available? Do any of the rental rooms have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)? If yes, how many of the rental rooms have kitchen facilities that meet this definition? Do you stock alcoholic beverages in quest rooms?

There are 154 rooms for rent at the hotel. None of the rooms are equipped with kitchen facilities. No we do not stock alcoholic beverages in the rooms.



6. Does your establishment include a dining facility?

Yes. The Courtyard by Marriott Anchorage Airport has a casual themed Bistro concept serving breakfast, lunch, dinner and snacks daily in a comfortable setting.

7. Are additional amenities available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists)?

No, the Courtyard by Marriott Anchorage Airport does not provide any additional tourist type amenities to its guests. We do recommend tours, and have a list on our website of close by tours, trips, and rentals, for our guests. The resort is ideal for travelers who want an overnight stay in a beautiful setting conveniently located between regular tourist destinations. Courtyard by Marriott Anchorage Airport will continue to operate the facility as a tourist facility. In short, all of those things, which are routinely done by hotels in Alaska to encourage tourism, will continue to be done by the operators of the hotel.





alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

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.	0	

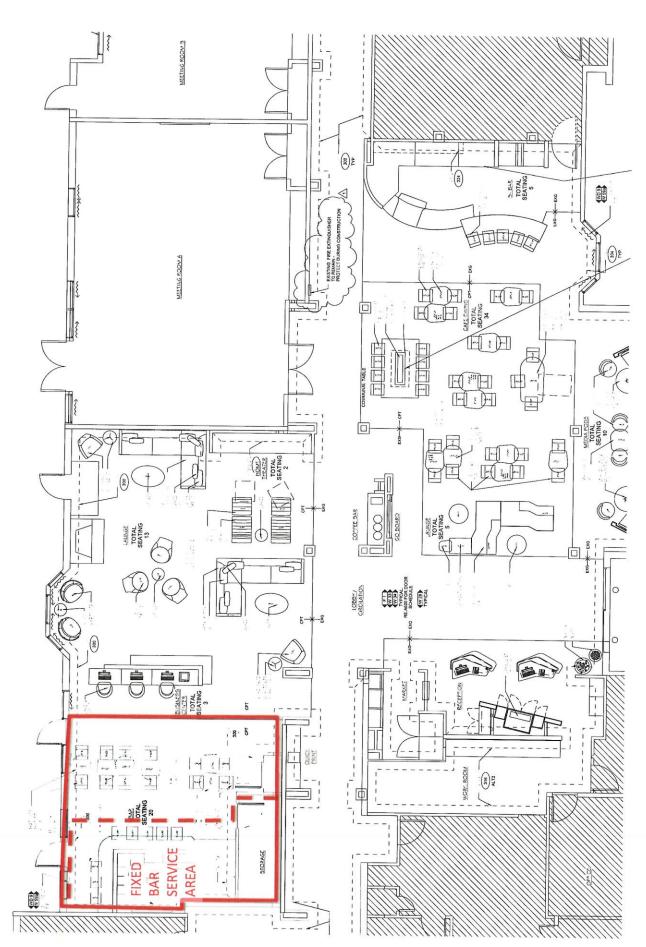
Section 1 - Establishment Information

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

Licensee:	Airport Courtyard, LLC	License	Number:	3694	
License Type:	Beverage Dispensary Tourism	····		<u> </u>	
Doing Business As:	Courtyard by Marriott Anchorage Airport				
Premises Address:	4901 Spenard Road,				
City:	Anchorage	State:	AK	ZIP:	99517









550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Alcohol and Marijuana Control Office

Phone: 907.269.0350

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 detailed floor plan of the proposed designated and undesignated areas of the licensed business and a menu or expected menu listing the meals to be offered to patrons 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

Licensee:	Airport Courtyard, LLC				
License Type:	Beverage Dispensary Tourism	License	Number:	3694	
Doing Business As:	Courtyard by Marriott Anchorage Airport		A THE RESIDENCE OF THE PARTY OF		
Premises Address:	4901 Spenard Road				
City:	Anchorage	State:	AK	ZIP:	99517
Contact Name:	Leonard Hyde	Contact Phone:		279-8068	

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):

✓ Dining after standard closing hours: AS 04.16.010(c)	RECEIVED
✓ Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	SEP 1 1 2017 ALCOHOL MARIJUANA CONTROL OFFICE
Dining by persons under the age of 16 years, accompanied in	by a person over the age of 21: AS 04.16.049(a)(3)
Employment for persons 16 or 17 years of age: AS 04.16.049 NOTE: Under AS 04.16.049(d), this permit is not required to	O(c) employ a person 18 - 20 years of age.

OFFICE USE ONLY				
Issue Date:	Transaction #:	BRE:	-	



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 – Additional Information
Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:
Breakfast Mon-Fri 6am - 10am Sat & Sun 7am - 11am, Dinner Mon - Sun 5pm - 10pm
Are any forms of entertainment offered or available within the licensed business or on the proposed designated portions of the premises?
If "Yes", describe the entertainment offered or available:
Food and beverage service offered or anticipated is: Table service Duffet service Counter service Other SFP 1 1 2017
If "other", describe the manner of food and beverage service offered or anticipated: ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA
Is an owner, manager, or assistant manager 21 years of age or older always present on the premises during business hours?
Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the third page of this form.
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the third page of this form that meet the requirements of this form.



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 5 - Certifications and Approvals

	ocitineations and Approvais		
Read each line below, and then sign your initials	in the box to the right of each statement:		Initials
I have included with this form a detailed floor pla business for purposes of this application. I unders	n of the proposed designated and undesignated areas stand that this diagram is different than my licensed p	of the licensed remises diagrar	n.
I have included with this form a menu, or an expe	ected menu, listing the meals to be offered to patrons.		
I certify that the license for which I am requesting golf course, or restaurant or eating place license.	designation is either a beverage dispensary, club, rec	reational site,	
I declare under penalty of perjury that this form, is correct, and complete. Signature of licensee Leonard Hyde	ncluding all attachments and accompanying schedules Cath Signature of Notary Notary Public in and for the State of	Public	s, is true,
Printed name of licensee	Motary Public III and for the State of	1000 100	•
Subscribed	My commission expland sworn to before me this 31 day ofAux		
Local Government Review (to be completed by a	n appropriate local government official):	Approved	Disapproved
Signature of local government official	Date		
Printed name of local government official	Title	SEP ALCOHOL MARISU	EIVED* 1 1 2017 ANA CONTROL OFFIC
		STATE	OF ALASKA



alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

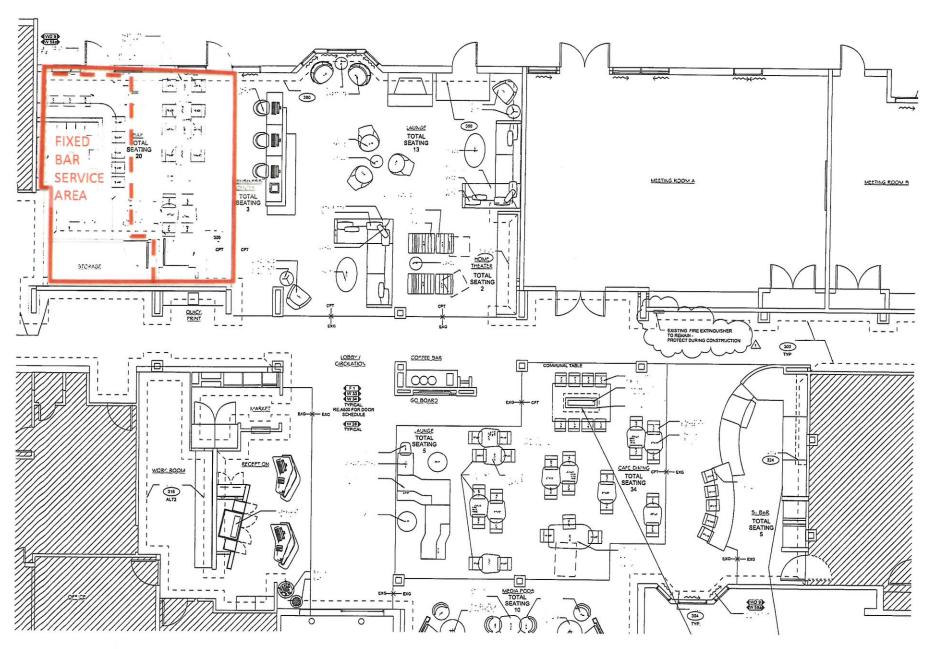
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:			
Signature of AMCO Enforcement Supervisor	Printed name of AMCO Enforcement Supervisor		
Enforcement Recommendations:			
		is .	
AMCO Director Review:		Approved	Disapproved
/			
Signature of AMCO Director	Printed name of AMCO Director	-	
Date			
Limitations:			
		RECE	IVED
		REGE SEP 1	1 2017
,		ALCOHOL MARIJUAN STATE OF	IA CONTROL OFFICE ALASKA





BREAKFAST 4.5

with milk or juice

French Toast with fruit

Small Scramble with bacon and fruit

Cereal with milk and banana

DINNER 4.5

with milk or juice

choice of: fresh cut fruit, chips, apple wedges, vegetable sticks or yogurt

Chicken Fingers

Turkey Sandwich lettuce & tomato if you wish

PB&J whole grain bread

Kid Burger with or without cheese

Cheese Quesadilla

Caesar Salad slightly smaller

Grilled Cheese



VE PROUDLY SERVE CAGE FREE EGGS

individual calone needs may vary. Additional written nutritional information is available upon request

24 6 (VIDS-2017) © 2016 MARRIOTT INTERNATIONAL, ALL RIGHTS RESERVED

MORNING

CLASSIC OATMEAL 280 cal.

BALANCED START 540 cal catmeal, banana and orange juice.

BREAKFAST CEREAL 110-280 cal.

GRANOLA YOGURT PARFAIT 330 cm

RIPE STRAWBERRIES OR FRESH CUT FRUIT 60-185 cal

STRAWBERRY BANANA SMOOTHIE 215 cal.

MORNING SCRAMBLE 680-1070 cat whole or whites, with crisp bacon, sausage or turkey sausage, bistro potatoes, toast

THICK OUT FRENCH TOAST 530 and with fresh strawberries and country syrup

DAYBREAK FRIED EGGS* 680 1070 cal cooked to order, up or over, with crisp bacon, sausage or turkey sausage, bistro potatoes, toast

EGG WHITE FRITTATA* 300 cat cheddar 8 jack cheeses; lightly dressed spinach, avocado, cucumber, and salsa.

SUNRISE STARTER 785 cal bacon, egg, sharp cheddar on a La Brea artisan roll

HEALTHY START 390 cal egg whites, roast turkey spinach, havarti cheese on english muffin

HAM, EGG AND CHEDDAR 680 call croissant breakfast sandwich

STARTERS & SHARES

HALF-DOZEN WINGS carrots, celery, dipping sauce THALSWEET CHILL 670 cal. / CLASSIC BUFFALD 650 cal. / BBQ 680 cal.

SPICY CHICKEN & SPINACH FLATBREAD 490 car

TOMATO MOZZARELLA FLATBREAD 355 cal

BBO CHICKEN FLATBREAD 530 call bacon, scallions, jack cheese

GRILLED CHICKEN QUESADILLA 550 cal. salsa, sour cream

SHRIMP POTSTICKERS 340 cal. soy ginger sauce

Salva HUMMUS 390 call crisp vegetables, flatbread

SOUP & SALADS

TODAY'S SOUP call vary add a cup of soup to any sandwich or salad

CITRUS SPINACH SALAD 775 cal. with chicken 6 quinoa walnuts, cranberries, red wine vinaigrette

PERFECT CAESAR SALAD 580 cal. add chicken +95 cal.

ASIAN CHICKEN SALAD 495 cal. with chili lime vinalgrette, cucumbers, carrots, scallions & peanuts

SOUTHWESTERN COBB SALAD 470 cal avocado, chicken, corn, bacon θ jack cheese, green chile ranch dressing

SOMETHING MORE

TURKEY BLT 490 cal. sourdough toast

ALBACORE TUNA SALAD CROISSANT 610 cal

CHEDDAR FRENCH DIP 610 cal.

La Brea® artisan roll topped with shaved roast beef, aged cheddar, served with dipping jus.

CHICKEN CIABATTA 495 cal melted jack, hot peppers on a La Brea artisan roll.

TURKEY REUBEN ON MARBLE RYE 660 call hot turkey, swiss cheese, sauerkraut

these sandwiches come with choice of two sides. coleslaw, red quinoa salad, chips, vegetable sticks, fruit

CHEESE OR CLASSIC PEPPERONI PIZZA 1380-1660 cal

ROAST BEEF, HAVARTI & HORSERADISH 549 call with today's soup

BISTRO BURGER* 895 cat sharp cheddar, bacon, lettuce, tomato, bistro sauce

CUP / MUG

What Kelololay also vice cytely to ball acted.

^{*}Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness.

A 2,000 calone diet is used as the basis for general nutrition advice, however, individual calone needs may vary. Additional written nutritional information is available upon request.

HEAB ROASTED HALF CHICKEN 780 cat	15.75
RIGATONI WITH SAUSAGE can be prepared with gluten free pasta upon request 1380 cat	16.25 / 15.75
spinach, tomatoes, shaved parmesan or skip the sausage add mushrooms 1220 cai	
SIMPLY GRILLED FISH* market vegetables, extra virgin olive oil call vary	32
PAN-SEARED SALMON FILLET* warm green beans and potatoes, mustard vinaigrette 300 cal	25
NY STRIP STEAK* garlic mushrooms, crisp fries, steak butter 380 car	24.5
HEARTY SPICED CHICKPEA BOWL guinos & brown rice 780 cat	18.5
SLOW ROASTED CARNITAS* shredded cabbage, salsa, avocado, flour torullas. 417 cal	9.95

6

SEASONAL SPECIALS TO A SUBJECT OF THE PROPERTY
SIDES

SAUTÉED GREEN BEANS mustard vinaigrette 185 cal.
GRILLED ASPARAGUS balsamic & preserved.
lemon 130 cal.

QUINOA & BROWN RICE PILAF 275 cal. PAN ROASTED MUSHROOMS 265 cal.

SWEETS

MOLTEN CHOCOLATE CAKE vanilla ice cream 590 cal WARM CARAMEL NUT BROWNIE SUNDAE 688 cal IGED LEMON POUND CAKE strawberries 46.1 cal

WARM APPLE CRANBERRY COBBLER vanilla ice cream 630 cal

5.75

STARTERS & SHARES —————————	
SPICY CHICKEN & SPINACH FLATBREAD 490 cat	9.95
TOMATO MOZZARELLA FLATBREAD 355 cal	9.25
BBQ CHICKEN FLATBREAD bacon, scallions, jack cheese 530 cal.	9.95
HALF DOZEN WINGS carrots, celery, dipping sauce	9.95
THAI SWEET CHILI 670 cal / CLASSIC BUFFALO 650 cal. / BBQ 680 cal.	
GRILLED CHICKEN QUESADILLA saìsa, sour cream 550 cat.	9.95
SHRIMP POTSTICKERS soy ginger sauce 340 cat.	9.75
HUMMUS crisp vegetables, flatbread 390 cat.	7.5
SOUP & SALADS —————	
SOUL & SALADS	
Today's Soup add a cup of soup to any sandwich or salad call vary (4.25) cup / 5.5 mug / 6	
CITRUS SPINACH SALAD chicken, quinoa, walnuts & cranberries, red wine vinaigrette 775 cal.	12.5
PERFECT CAESAR SALAD 585 cal. [add chicken + 95 cal., \$3.5]	8.5
SOUTHWESTERN COBB SALAD avocado, chicken, corn, bacon & jack cheese,	12.5
green chili ranch dressing 470 cal.	12.5
ASIAN CHICKEN SALAD chili lime vinaigrette, cucumbers, carrots, scallions & peanuts 495 cal.	12.3
SOMETHING MORE	
TURKEY BLT** 490 cal	10.95
CHEDDAR FRENCH DIP** 610 cal.	10.95
La Brea artisan roll topped with shaved roast beef, aged cheddar served with dipping jus	10.33
CHICKEN CIABATTA** melted jack, hot peppers on a La Brea artisan roll 495 cal.	10.25
ALBACORE TUNA SALAD CROISSANT** 610 cal.	10.25
**these sandwiches come with choice of two sides: coleslaw, red quinoa salad, chips, vegetable sticks, fruit	40.5
BISTRO BURGER* sharp cheddar, bacon, lettuce, tomato, bistro sauce 1100 cal.	12.5
ROAST BEEF, HAVARTI & HORSERADISH 549 cal. served with today's soup soup cal. vary.	10.95
CHEESE OR CLASSIC PEPPERONI PIZZA 1380-1660 cal.	14.25

