



MEMORANDUM

TO: Board Chair and
Members of the ABC Board

DATE: June 12, 2018

FROM: Erika McConnell, Director

RE: #4387 Gold Country Services

This is an application for the ownership transfer of a Beverage Dispensary – Tourism license that was first issued April 22, 2004 and is located in Central, which is an unincorporated census designated place in the unorganized borough.

AS 04.11.400(d)(1)(A) requires 10 rental rooms if the population is less than 1,501. Central has a certified population of 86.

The applicant offers 10 hotel rooms and two cabins, and one of the cabins includes a kitchenette. Alcohol is not stocked in the rental rooms, and the establishment has a full-service restaurant.

Sheila Symons
dba Gold Country Services
P.O. Box 30114
Central, AK 99730-0114
907-520-5600; Fax 907-520-5601

May 16, 2018

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

Re: Compliance Letter
Transfer of Beverage Dispensary-Tourism License 4387

Dear Madam/Sirs:

Sheila Symons dba Gold Country Services (GCS) actively promotes tourism in the Central and Circle, Alaska areas. We provide the following tourist services:

- GCS has 10 hotel rooms and two cabins. Kitchen facilities are available in only one cabin and neither cabins nor rooms are stocked with alcoholic beverages. The population of Central is 86 per the Alaska Energy Authority (based on State information of drivers' licenses and permanent fund dividends).
- GCS sells gas, diesel fuel, and propane. The next place fuel is available is 35 miles farther up the Steese Highway (propane is not available in Circle).
- GCS has the only restaurant and alcohol Dispensary License in the Central/Circle area.
- GCS is one of three Package Stores in the Central/Circle area.
- GCS is a Yukon Quest checkpoint and hosts the YK300 Finisher Banquet, in addition to celebration events such as Memorial Day and 4th of July BBQ's, New Year's, and Mother's Day, Saint Patrick's Day, and Easter Brunches.
- GCS is an Alaska Department of Fish and Game license vendor and many hunters avail themselves of GCS services during hunting seasons.
- GCS actively encourages tourists to visit the Circle Mining District Museum in Central, a wonderful asset in our community.
- GCS provides free wifi, along with a convenience store and laundry and shower facilities, which are popular with tourists.
- We are a member of CHARR and plan to advertise in the Milepost and join the Fairbanks Tourist Bureau to increase visitors' awareness of the advantages of our area.

A copy of our menu is attached. Thank you for your consideration.

Sincerely,
Gold Country Services



Sheila Symons





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: | Central Corner, LLC | License #: | 4387 |
| License Type: | Beverage Dispensary-Tourism AS | Statutory Reference: | 04.11.400(d) |
| Doing Business As: | Central Corner | | |
| Premises Address: | Mile 128 Steese Highway (Central) | | |
| City: | Central | State: | AK |
| | | ZIP: | 99730 |
| Local Governing Body: | Outside City Limits, Unorganized Borough | | |

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY

| | | | |
|---------------------|--|----------------|-------|
| Complete Date: | | Transaction #: | 78372 |
| Board Meeting Date: | | License Years: | 18/19 |
| Issue Date: | | BRE: | CDC |





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: | Richard G Symons and Sheila L Symons | | | |
| Doing Business As: | Gold Country Services | | | |
| Premises Address: | Mile 128 Steese Highway (Central) | | | |
| City: | Central | State: | AK | ZIP: 99730 |
| Community Council: | | | | |

| | | | | |
|------------------|--------------|--------|----|------------|
| Mailing Address: | PO Box 30114 | | | |
| City: | Central | State: | AK | ZIP: 99730 |

| | | | |
|----------------------|--------------------------------------|-----------------|--------------|
| Designated Licensee: | Richard G Symons and Sheila L Symons | | |
| Contact Phone: | 907-520-5600 | Business Phone: | 907-520-5600 |
| Contact Email: | judyschenk202@gmail.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.

35 miles

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.

2 miles





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: | Sheila L Symons | | | | |
| Address: | PO Box 30114 | | | | |
| City: | Central | State: | AK | ZIP: | 99730 |

This individual is an: applicant affiliate

| | | | | | |
|----------|------------------|--------|----|------|-------|
| Name: | Richard G Symons | | | | |
| Address: | PO Box 30114 | | | | |
| City: | Central | State: | AK | ZIP: | 99730 |

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





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 #: | | AK Formed Date: | | Home State: | |
| Registered Agent: | | | Agent's Phone: | | |
| Agent's Mailing Address: | | | | | |
| City: | | State: | | ZIP: | |

Residency of Agent:

Yes No

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





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):

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:

Judith Schenk, Bookkeeper, 907-520-5667, judyschenk202@gmail.com
Judy assisted in completing the Application.





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

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.

Randi Scott

Signature of transferor

Randi Scott

Printed name of transferor

Subscribed and sworn to before me this 5th day of January, 2018.

Ruth A Bernier

Signature of Notary Public

Notary Public in and for the State of Michigan.

My commission expires: 2-8-2019

RUTH A. BERNIER
NOTARY PUBLIC - MICHIGAN
CHARLEVOIX COUNTY
MY COMMISSION EXPIRES 02-08-2019
ACTING IN CHARLEVOIX COUNTY

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 8 - Transferor Certifications

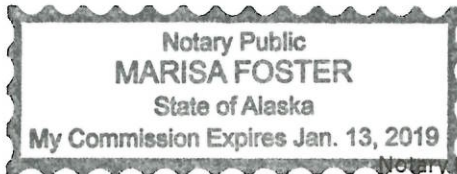
Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

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]
Signature of transferor

John R Howard
Printed name of transferor

Subscribed and sworn to before me this 12 day of February, 2018.



[Signature]
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Jan 13 2019

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.

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

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

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

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

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

Sheila L Symons
Signature of transferee

Sheila L Symons

Printed name

Subscribed and sworn to before me this 26th day of February, 20 18.

Notary Public
J.H. SCHENK
State of Alaska
My Commission Expires Aug. 28, 2021

J.H. Schenk
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Aug 28th, 2021





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.

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

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

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

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

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

Signature of transferee

Richard G Symons
Printed name

Subscribed and sworn to before me this 26th day of February, 2018.

Signature of Notary Public

Notary Public
J.H. SCHENK
State of Alaska
My Commission Expires Aug. 28, 2021

Notary Public in and for the State of Alaska

My commission expires: Aug 28th, 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.

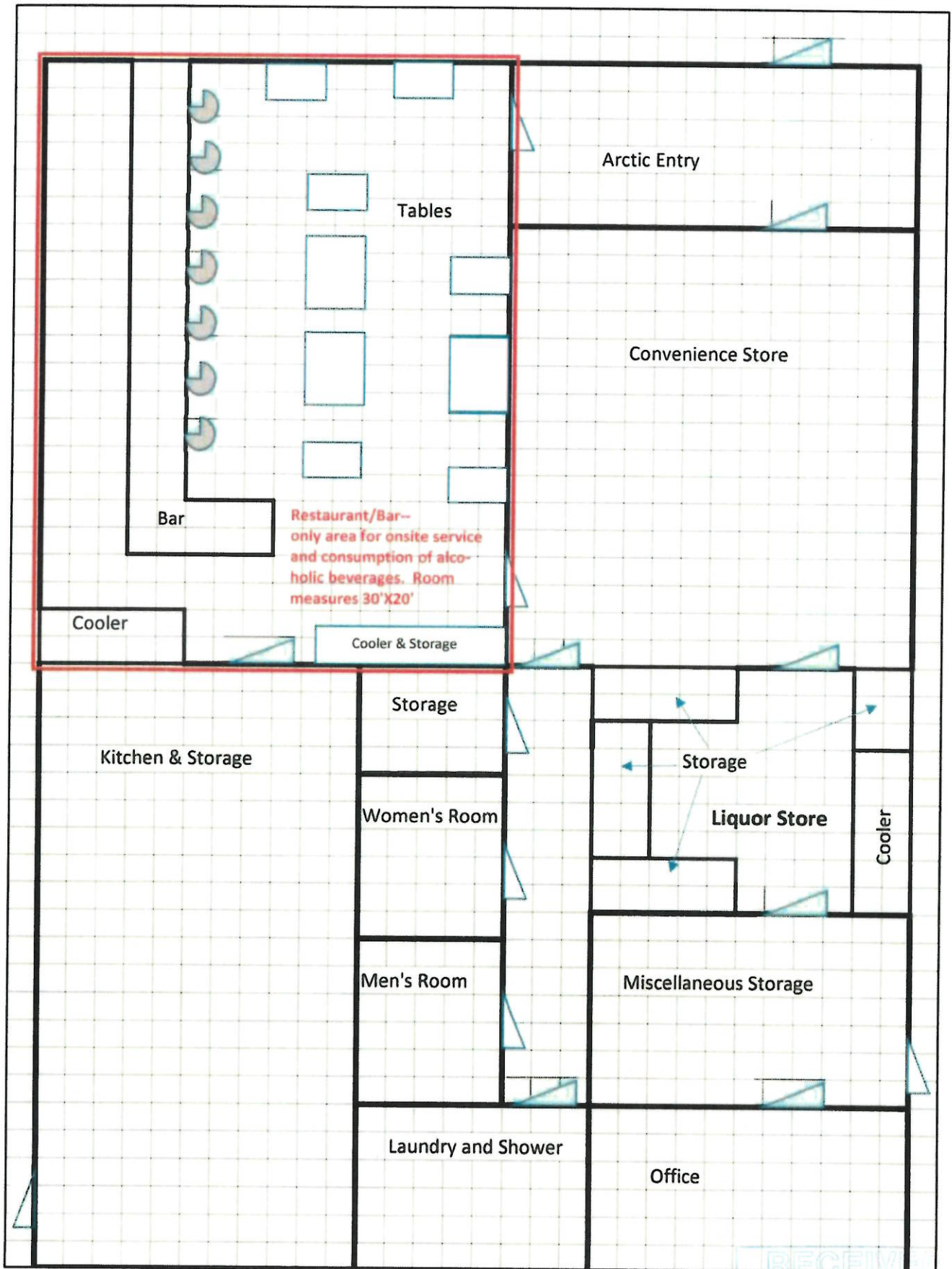
Section 1 – Establishment Information

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

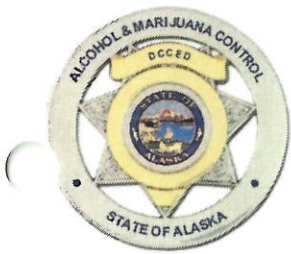
| | | | | | |
|--------------------|-----------------------------------|-----------------|------|------|-------|
| Licensee: | Richard G and Sheila Symons | License Number: | 4387 | | |
| License Type: | Beverage Dispensary-Tourism AS | | | | |
| Doing Business As: | Gold Country Services | | | | |
| Premises Address: | Mile 128 Steese Highway (Central) | | | | |
| City: | Central | State: | AK | ZIP: | 99730 |



Form AB-02 Premises Diagram
Transfer Beverage Dispensary License #4387



RECEIVED
MAY 17 2018
ALCOHOL REGULATORY DIVISION
STATE OF ALASKA

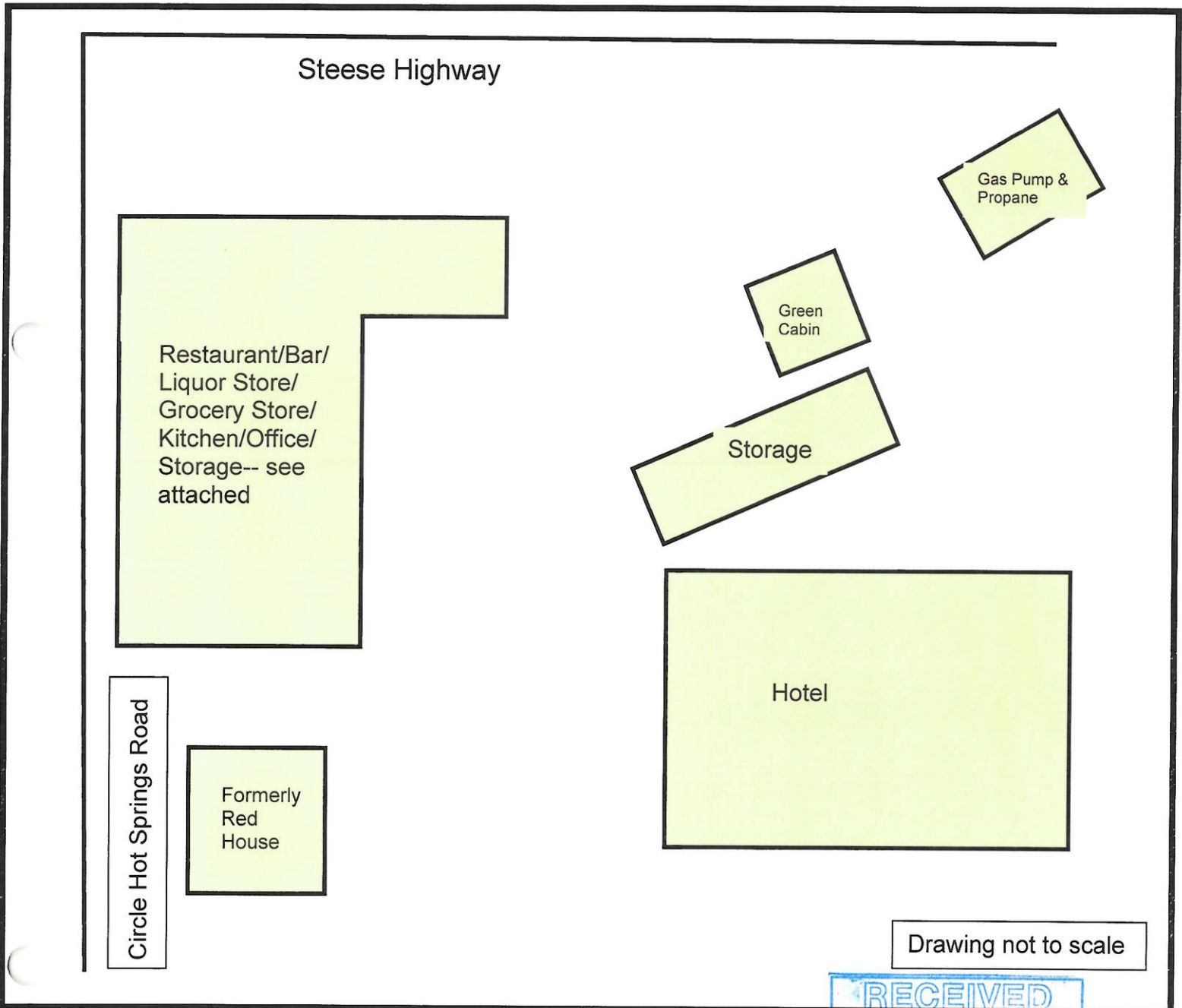


Alaska Alcoholic Beverage Control Board

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. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.





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

Enter information for licensed establishment.

| | | | | | |
|--------------------|--------------------------------------|-----------------|--------------|------|-------|
| Licensee: | Richard G Symons and Sheila L Symons | | | | |
| License Type: | Beverage Dispensary-Tourism AS | License Number: | 4387 | | |
| Doing Business As: | Gold Country Services | | | | |
| Premises Address: | Mile 128 Steese Highway (Central) | | | | |
| City: | Central | State: | AK | ZIP: | 99730 |
| Contact Name: | Judith Schenk | Contact Phone: | 907-520-5667 | | |

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)
- Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- Dining by persons under the age of 16 years, accompanied 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(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 | | | | |
|-----------------|--|----------------|-------|------|
| Issue Date: | | Transaction #: | 78372 | BRE: |





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:

9AM to 11PM daily

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

Yes

No

If "Yes", describe the entertainment offered or available:

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:

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

Yes

No

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.

Yes

No





Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

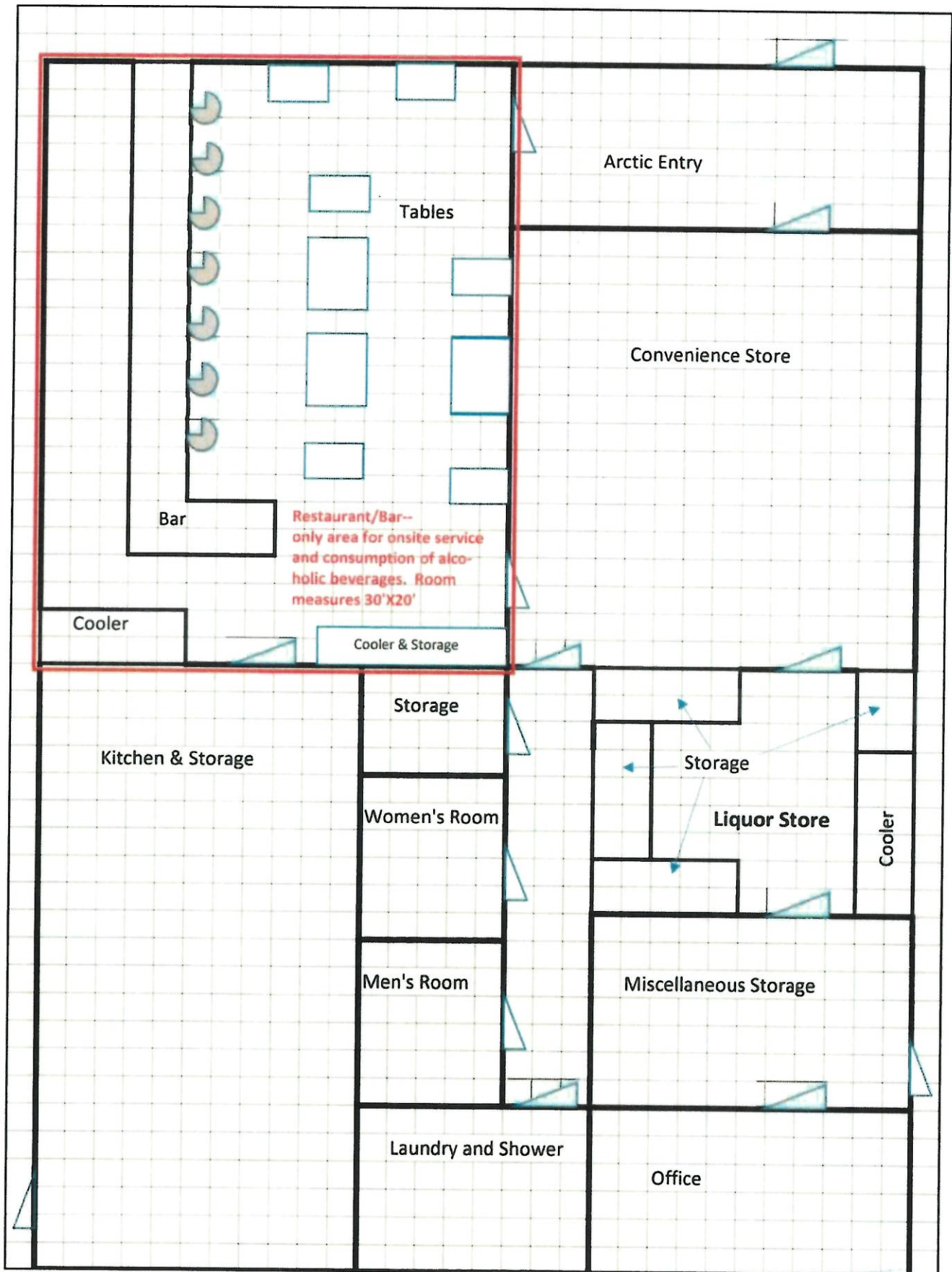
Section 4 – Detailed Floor Plan

Provide a detailed floor plan that meets the requirements listed in Form AB-01 and clearly indicates the proposed designated and undesignated areas of the licensed business for purposes of this permit application.

See Attached

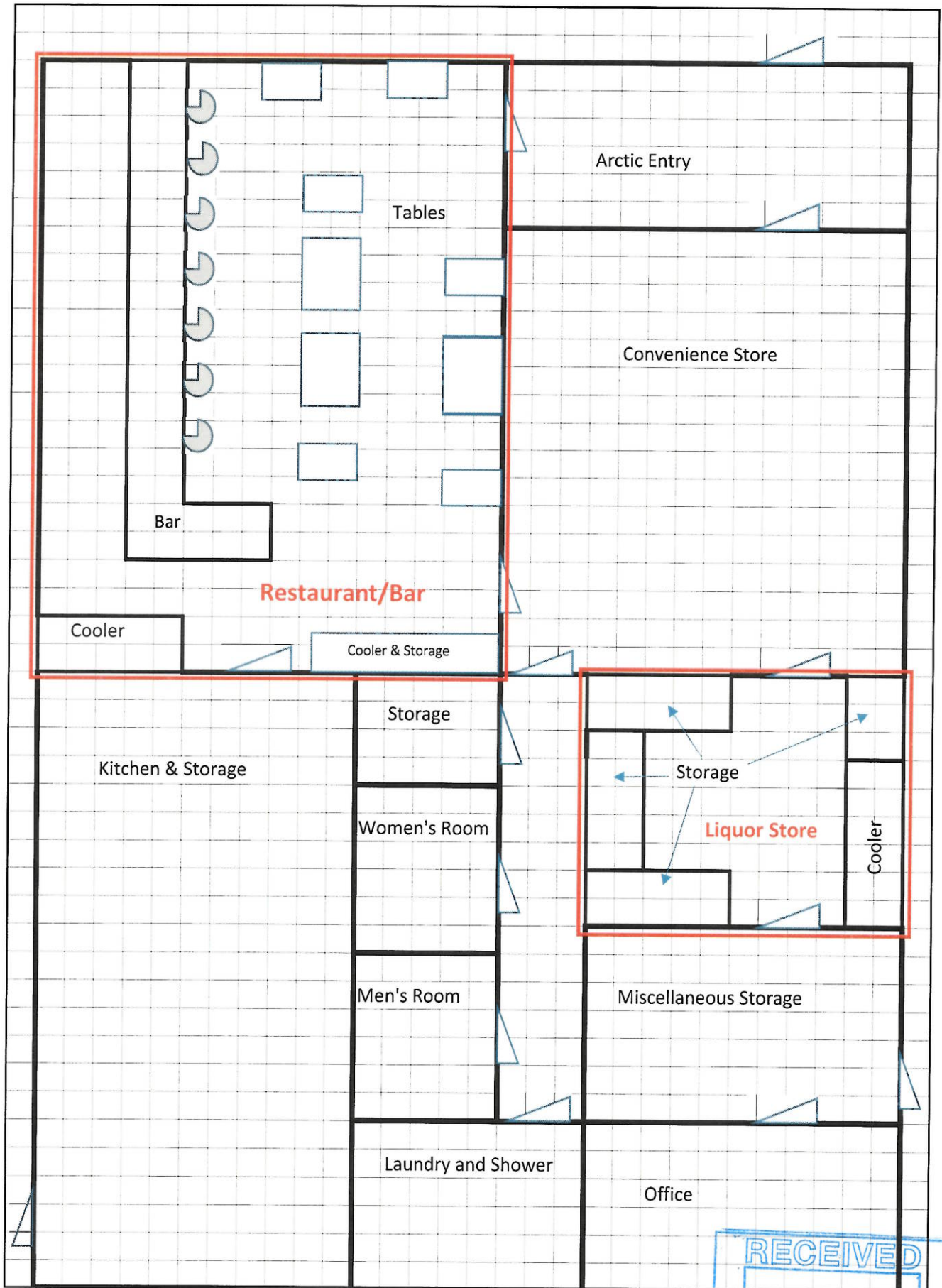


Form AB-02 Premises Diagram
Transfer Beverage Dispensary License #4387



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MAY 17 2018
ALCOHOL MARIJUANA CONTROL BOARD
STATE OF ALASKA

Form AB-02 Premises Diagram
Transfer Beverage Dispensary License #4387



RECEIVED
APR 25 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 5 – Certifications and Approvals

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 plan of the proposed designated and undesignated areas of the licensed business for purposes of this application. I understand that this diagram is different than my licensed premises diagram.

Initials box containing 'h'

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.

Initials box containing 'h'

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.

Initials box containing 'h'

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

Sheila L Symons
Signature of licensee

J.H. Schenk
Signature of Notary Public

Sheila L Symons

Printed name of licensee

Notary Public in and for the State of Alaska

Notary Public
J.H. SCHENK
State of Alaska
My Commission Expires Aug. 28, 2021

My commission expires: Aug 28th 2021

Subscribed and sworn to before me this 26th day of February, 2018.

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

Approved Disapproved

Signature of local government official Date

Printed name of local government official Title





Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 5 – Certifications and Approvals

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 plan of the proposed designated and undesignated areas of the licensed business for purposes of this application. I understand that this diagram is different than my licensed premises diagram.

ms

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.

ms

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.

ms

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

Richard G Symons
Signature of licensee

J.H. Schenk
Signature of Notary Public

Richard G Symons

Notary Public in and for the State of Alaska

Printed name of licensee

Notary Public
J.H. SCHENK
State of Alaska
My Commission Expires Aug. 28, 2021

My commission expires: Aug 28th 2021

Subscribed and sworn to before me this 26th day of February, 2018.

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

Approved Disapproved

Signature of local government official

Date

Printed name of local government official

Title





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:

AMCO Director Review:

Approved Disapproved

Signature of AMCO Director

Printed name of AMCO Director

Date

Limitations:



MENU

~ Breakfast ~

| | |
|---|---------|
| Two eggs*, meat (bacon, ham, sausage)*, hashbrowns, toast..... | \$10.00 |
| Omelet or scramble with choice of 3 fillings*, hashbrowns, toast... | \$11.00 |
| Pancakes or French Toast..... | \$8.50 |
| Pancakes or French toast with ham, bacon, or sausage..... | \$11.00 |
| Cereal (hot or cold) with Milk..... | \$4.50 |

Omelet fillers: ham, bacon, sausage, tomatoes, bell peppers, onions, mushrooms, cheddar cheese, American cheese, Swiss cheese, 3-cheese mix

~ Breakfast Sides ~

| | |
|-----------------------------------|--------|
| Toast..... | \$3.00 |
| English Muffin..... | \$3.50 |
| Bagel..... | \$4.00 |
| Bagel with cream cheese..... | \$4.50 |
| Hashbrowns..... | \$4.00 |
| 1 Egg*..... | \$2.00 |
| Yogurt..... | \$2.50 |
| Meat (bacon, ham or sausage)..... | \$4.00 |

~ Beverages ~

| | |
|---|--------|
| Coffee or Tea..... | \$1.50 |
| Hot Chocolate..... | \$2.50 |
| Milk (whole or 2%)..... small...\$1.50.....large...\$3.00 | |
| Soda Pop & Bottled Water..... | \$1.00 |
| Juice..... small...\$1.50.....large...\$3.00 | |
| Energy Drinks..... | \$3.00 |
| Coffee Drinks..... | \$2.50 |

*Consuming raw or undercooked eggs or meat may increase your risk of food-borne illness.



~ Lunch, Baskets, & Dinner ~

All items served with choice of fries, chips, or salad (potato, coleslaw, 3-bean)

Onion rings \$1 extra

All burgers come with lettuce, tomato, onion & pickle

| | |
|---|-----------|
| Basic Burger* | \$11.00 |
| Cheeseburger* (Swiss, American, cheddar) | \$11.50 |
| Bacon Cheeseburger* | \$12.50 |
| Bacon & Egg Cheeseburger* | \$13.50 |
| Additional burger toppers: peppers, mushrooms, grilled onions | \$0.75 ea |
| Chicken Strips* | \$10.00 |
| Clam Strips | \$10.00 |
| Grilled Chicken Sandwich* | \$12.00 |
| Chicken Strip Sandwich* | \$11.50 |
| Grilled Ham & Cheese (Swiss, American, cheddar) | \$11.00 |
| BLT | \$11.00 |
| Cold sandwich (roast beef, turkey, ham, tuna) | \$9.50 |
| Rib Eye Steak* | \$26.00 |

Steak is served with baked potato or fries, salad, vegetables and roll.

~ Soup, Salad, & Sides ~

| | | | | |
|--------------|-----|--------|------|---------|
| Soup | cup | \$4.00 | bowl | \$6.00 |
| Garden Salad | | | | \$6.00 |
| Chef Salad | | | | \$12.00 |
| French Fries | | | | \$5.00 |
| Onion Rings | | | | \$6.00 |

~ Desserts ~

| | |
|------------------|--------|
| Ice cream sundae | \$4.00 |
| Cheesecake | \$4.50 |

*Consuming raw or undercooked eggs or meat may increase your risk of food-borne illness.

