

Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE 550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

TO: Bob Klein, Chair, and Members of the

Alcoholic Beverage Control Board

DATE: April 29, 2019

FROM: Erika McConnell, Director RE: 1283 Summit Lake Lodge

Requested Action:

Request for room service under AS 04.11.090(d)

Regulatory Authority: AS 04.06.090(b): "The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend

licenses and permits authorized under this title."

AS 04.11.090(d): "The area designated as the licensed premises under a beverage dispensary license issued to a hotel, motel, resort, or similar business that caters to the traveling public as a substantial part of its business may include the dining room, banquet room, guests' rooms, and other public areas approved by the

board."

Staff Rec.: Evaluate the request for room service as allowed under 04.11.090(d)

Background: Summit Lake Lodge Inc. has requested that the board approve service of alcohol in their guest rooms under AS 04.11.090(d). On 5/7/2013, the most recent premises diagram for license 1283 was approved with room service. The transfer application shows that this license qualifies as a business that caters to the traveling public as a substantial part of its business.

Attachments: Licensee statement regarding room service

Form AB-02 licensed premises diagram

Transfer license application

Church, John D (CED)

From:

Marty Arnoldy <summitak@aol.com>

Sent:

Monday, April 01, 2019 1:34 PM

To: Cc: Alcohol Licensing, CED ABC (CED sponsored) summitak@aol.com

Subject:

Revisions for #1283 Summit Lake Lodge

Attachments:

Doc Mar 2, 2018, 6-35 PM.pdf

Categories:

John

Mr Church,

AB-02 Diagram - I have attached the layout diagram of the cabins & rooms - that will receive room service.

Typically the guests comes into the Lodge and orders & pays for the drink - it is then delivered to them by a staff member that has a current Tap card.

Our overnight guests make up over 50% of our revenue seasonally. Providing them with room service is a great benefit for the guest & our revenue.

Best Regards, June Arnoldy Summit Lake Lodge

Created with iScanner App

Sent from my iPhone





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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.		\boxtimes

Section 1 - Establishment Information

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

Licensee:	Summit Lake Longe Inc	License Number:	1283
License Type:	Beverage Dispensory		
Doing Business As:	Summit Lake Longe		
Premises Address:	51826 Seward Huy		
City:	Mouse Pass	State: 14K	ZIP: 9963/

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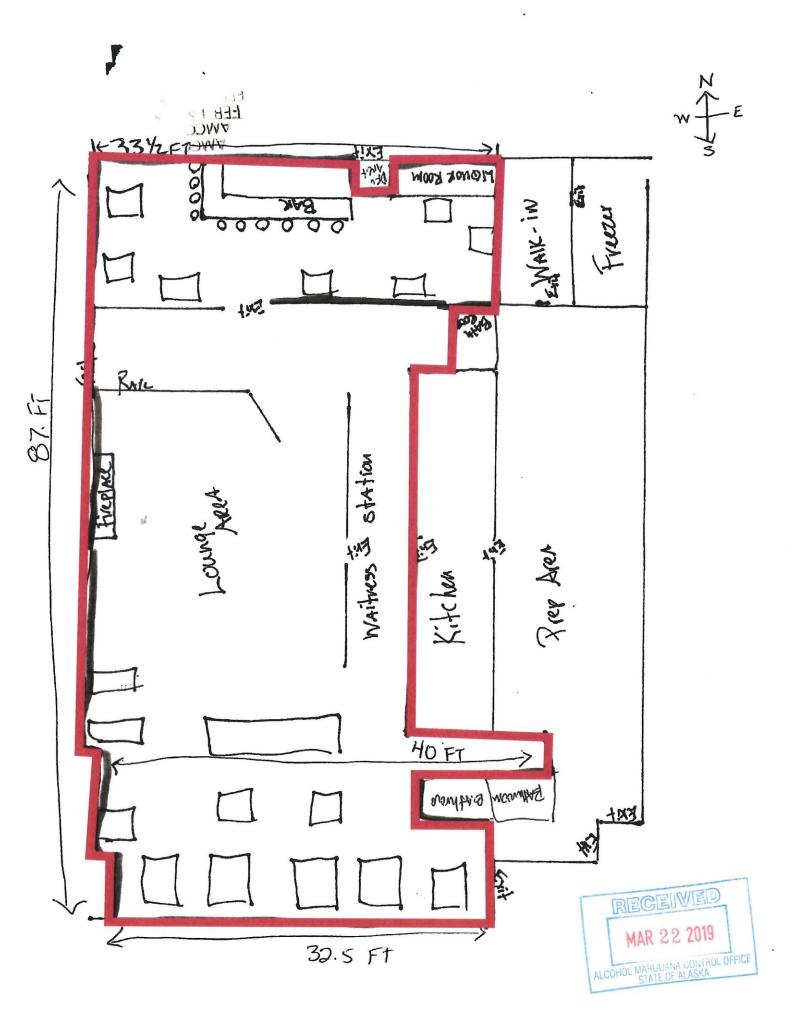
Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

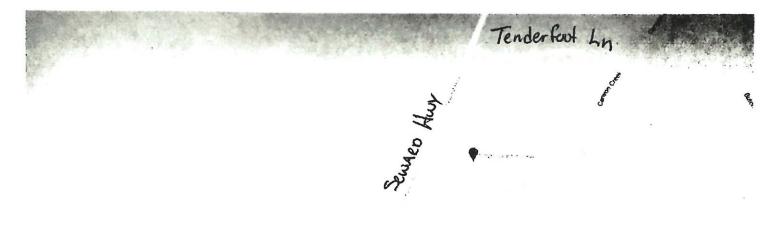
Section 2 – Detailed Premises Diagram

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.

AMCO FEB 1 5 2019



Gogle Maps 51826 Seward Hwy



Go gle



51826 Seward Hwy Moose Pass, AK 99631

Photos

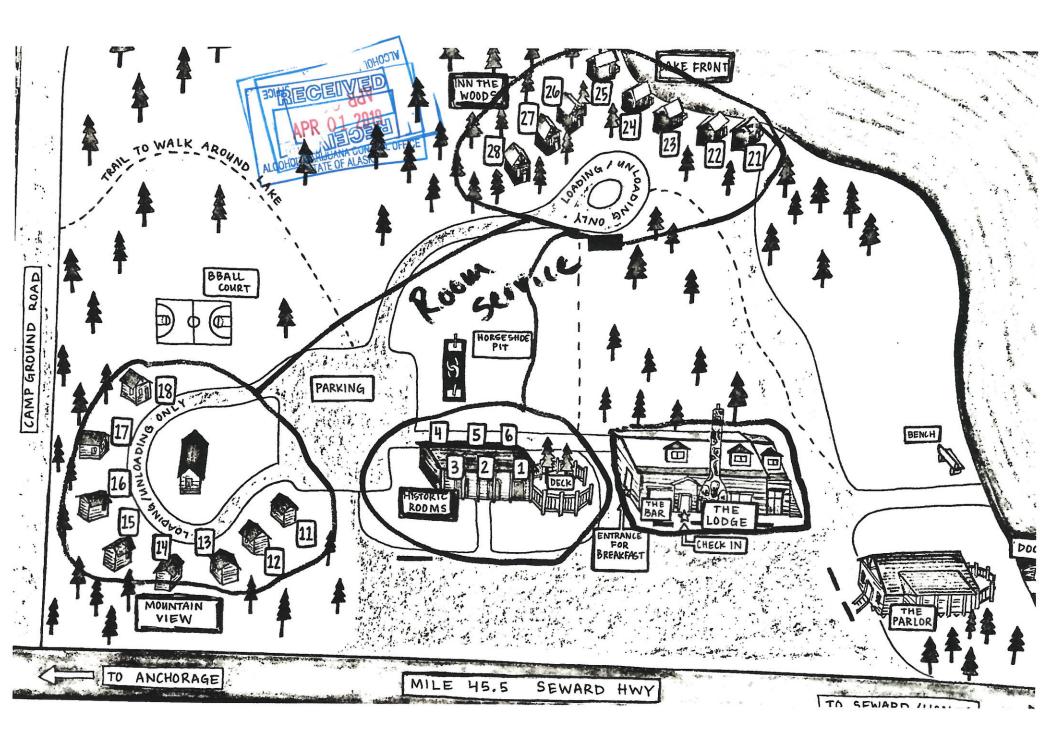


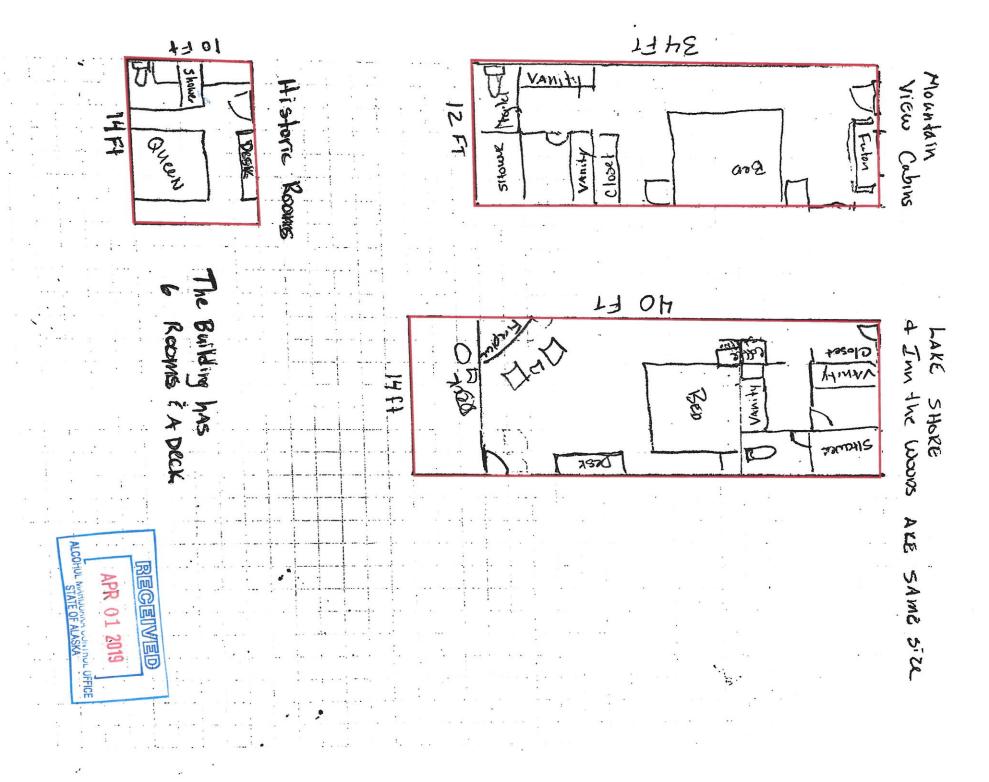
At this location



Map data ©2019 Google

200 ft L







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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.

Enter information for the current licensee and licensed establishment.

Section 1 – Transferor Information

Licensee.	MARTY + Sum A	rnoldy	License #:		1983
License Type:	Beverage Dispens		Statutory Reference	:	04.11.090
Doing Business As:	Summit Lake	hopge			107.11.010
Premises Address:	51826 Seward	. ,			
City:	Moose Pass	State:	Alaska	ZIP:	99631
Local Governing Body	Kenai Peninsula	Burough			1.100.
Transfer Type: Regular transfer Transfer with secur Involuntary retrans	efer	•			
	OFFICE	E USE ONLY			
Complete Date:		Transac	tion #:		
Board Meeting Date:		License	Years:		
Issue Date:	A	BRE:			
	A	- 004D			



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Form AB-01: Transfer License Application

	Section 2 – Trans	feree In	formation		
Enter information for the <i>ne</i>	w applicant and/or location seeking to	be licensed.			
Licensee:	Summit Lake Lope	SE JNO	C		
Doing Business As:	Summit hake Lor				
Premises Address:	51826 Seward				
City:	Moose Pass	State:	Alaska	ZIP:	99631
Community Council:					17001
Mailing Address:	51826 Seward H	wy			
City:	Moose Pass	State:	Alaska	ZIP:	99631
Designated Licensee:	Marty Arnoldy				
Contact Phone:	503-833-2823	Business F	Phone: 907	-244.	- Z031
Contact Email:	summitak@aol.c	OM			<u> </u>
easonal License?			erating period:5-	1 to 1	1-1
	Section 3 – Prem	ises info	rmation		
emises to be licensed is:					
an existing facility	a new building	a proposed	d building		
ne next two questions must	be completed by <u>beverage dispensar</u>	y (including t	ourism) and <u>package stor</u>	<u>e</u> applicar	nts only:
the outer boundaries of the	e shortest pedestrian route from the phe nearest school grounds? Include the	public entran e unit of mea	ce of the building of your surement in your answer	proposed	premises to
17 miles	and the second s	N			
What is the distance of the	e shortest pedestrian route from the penetric nearest church building? Include the	oublic entrandunit of measu	ce of the building of your arement in your answer.	proposed	premises to
17 miles		41100	<u> </u>		



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Form AB-01: Transfer License Application

Section 4 - Sole Proprietor Ownership Information

If more space is needed, ple	eted by any <u>sole proprietor</u> who is ap ease attach a separate sheet with the nust be completed for each licensee a	required info	mation.	to Sectio	n 5.		
This individual is an:	applicant affiliate						
Name:							
Address:					-		
Aty:		State:		ZIP:			
This individual is an:	applicant affiliate						
Name:							
Address:							
aty:		State:		ZIP:			
Section 5 – Entity Ownership Information This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6. If more space is needed, please attach a separate sheet with the required information. If the applicant is a corporation, the following information must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer. If the applicant is a limited liability organization, the following information must be completed for each member with an ownership interest of 10% or more, and for each manager. If the applicant is a partnership, including a limited partnership, the following information must be completed for each partner with an interest of 10% or more, and for each general partner.							
Entity Official:	Marty Arnoldy						
Title(s):	Director, President, shareholder, Treasurer	Phone:	503-833-2823	%Own	ed: Z¢		
Address:	51826 Seward Hur						
Oty:	Moose Pass	State:	Alaska	ZIP:	99631		



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Form AB-01: Transfer License Application

Entity Official:	Brandon	O'Brikis			27				
Title(s):	Shave holder,		Phon	ne:	907-491-0	2050	% Ow	ned:	12
Address:		ward Itus							
City:	Mouse PA	,	State	:	Alaska		ZIP:	99	631
Entity Official:	Jason V	Martin							
Title(s):	Shareholder, 1		Phon	e:	503-991-1	738	% Owi	ned:	12
Address:	51826 Seu	vard Hwy							
City:	Moose PA		State	:	Alaska		ZIP:	996	31
5-1'- O(" : 1									
Entity Official:									
Title(s):			Phon	e:			% Own	ed:	
Address:									
City:			State	:			ZIP:		
his subsection must be comp tanding with the Alaska Divis Naska.	pleted by any applic sion of Corporations	cant that is a corpo s (DOC) and have a	oration o	or LLC red a	. Corporations a gent who is an i	nd LLCs a ndividual	re require resident (ed to be	in good tate of
DOC Entity #:		AK Formed	Date:	7.11		Home	State:		
Registered Agent:				Ag	ent's Phone:				
Agent's Mailing Address:									
City:		State:				ZIP:			
esidency of Agent: Is your corporation or LI	.C's registered agen	t an individual resi	dent of t	the st	ate of Alaska?			Yes	No
				AN	100				
AD 041/ 40/40/5							10000		



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Fusing Official	ΑΑ	1.1							
Entity Official:	June Ari						r	_	
Title(s):	Director, Secretary	Shareholder President	Phon	e:	503-886-	9513	% Ow	ned:	26
Address:	51826 Sews	ud Hwy							
City:	Mouse Pas	S	State	:	Alaska		ZIP:	996	31
Entity Official:	Lyndsey C Nool Secretary, s via President) Brikis		-	-				
Title(s):	1551. Secretory. 8	time holder	Phon	e:	503-808-	0675	% Ow	ned:	12
Address:	51828 Sewe	ard Hwy							
City:	Moose Pas	,	State	•	Alaska		ZIP:	996	31
Entity Official:	Megan Ma	rtin						-	
Title(s):	Asst. Treasurer & Vice Presidut		Phone	e:	503-545-	5342	% Owi	ned:	2
Address:	51828 Sew			,					
City:	Mouse Pass	>	State:		Alaska		ZIP:	996	31
his subsection must be completed in the Alaska Division of the Alaska Division of the Alaska Division of the Alaska. DOC Entity #:	sion of Corporations (E	t that is a corpo DOC) and have a	a registe	red a	gent who is an i	ndividual	resident	of the sta	ate of
	51801 D	A 1.1			14/1993	Home		Alas	
Registered Agent:	Matthew	Arnolde	لــــــــــــــــــــــــــــــــــــــ	Ag	ent's Phone:	503	-833	-28;	13
Agent's Mailing Address:	51826 Se	ward Hi	wy						
City:	Mouse Pass	State:		AI	aska	ZIP:		9963	31
esidency of Agent:	ka							Yes	No
Is your corporation or L	LC's registered agent a	n individual resi	dent of t	he st	ate of Alaska?			X	
			٨	MC	0				
			-	MAIC					



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licenses		
Ownership and financial interest in other alcoholic beverage businesses:	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?		Χ
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in A license number(s) and license type(s):	llaska, wh	ich
Soction 7 Authorized		
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?		X
If "Yes", disclose the name of the individual and the reason for this authorization:		

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 - Transferor Certifications

Additional copies of this page may be	e attached, as needed, for the controlling interest of the current licensee to be represented.
that I, as the current licensee (either the	the undersigned represents a controlling interest of the current licensee. I additionally certify the sole proprietor or the controlling interest of the currently licensed entity) have examined this this license, and find the information on this application to be true, correct, and complete.
Signature of transferor	7
March Arenolds Printed name of transferor	<u></u>
100	Subscribed and sworn to before me this 22nd day of January 2019
JAN 22 2019	Melauie Homberger Signature of Notary Public Notary Public in and for the State of Alaska My commission expires: With office per ASM 112.2
Signature of transferor	
Sune E Arnoldy Printed name of transferor	
	Subscribed and sworn to before me this 22nd day of January 20 19.

JAN 22 2019

Melanie Hombergn Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: With office per ASM 112.2

AMCO



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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.	m
I certify that all proposed licensees have been listed with the Division of Corporations.	Md
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.	m
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.	MA
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	MB
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 30 that this application, including all accompanying schedules and statements, is true, correct, and complete. Signature of transferee Printed name Subscribed and sworn to before me this 200 day of January	04, and
Melanie Homberger Signature of Nota Notary Public in and for the State of Alaska With office My commission expires: per Asm	ary Public

AMCO

USPS



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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 AAC304.715 – 3 AAC304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS04.16.010(c) or AS04.16.049. Designation will be granted only to a holder of a beverage dispensary, dub, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC304.305, 3 AAC304.725, and 3 AAC304.745, 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 AS04.16.049 – AS04.16.052 and 3 AAC304.715 – 3 AAC304.795. 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: Summit License Type: License Number: 1283 Doing Business As: Premises Address: City: State: ZP: 99631 Moose Contact Name: Contact Phone: 503-833-2823 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 AS04.16.010(c) or AS04.16.049, and for the request of the following designation(s) (check all that apply): Dining after standard dosing hours: AS04.16.010(c) Dining by persons 16 – 20 years of age: AS04.16.049(a)(2) Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS04.16.049(a)(3) Employment for persons 16 or 17 years of age: AS04.16.049(c) NOTE: Under AS04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

	OFFICEUSEONLY		
Issue Date:	Transaction #:	BRE	
		AMCO	



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Form AB-03: Restaurant Designation Permit Application

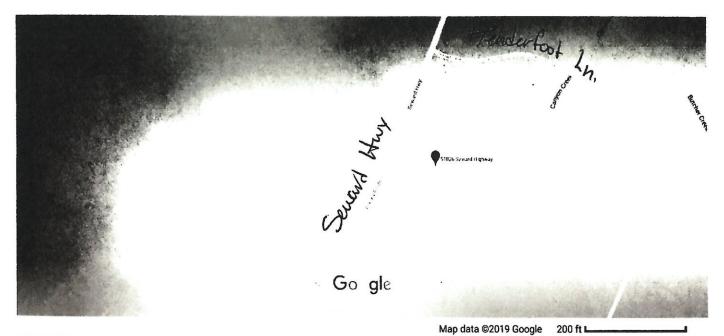
Section 3 - Additional Information

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and ind	icate am	/pm:
11Am - 10pm - Monday thru Sunday		
Are any forms of entertainment offered or available within the licensed business or on the proposed designated portions of the premises?	Yes	Nb
If "Yes", describe the entertainment offered or available:		
Food and beverage service offered or anticipated is: Table service Duffet service Du		
Is an owner, manager, or assistant manager 21 years of age or older always present on the premises during business hours?	X	No
Blueprints, CAD drawings, or other dearly drawn and marked diagrams may be submitted in lieu of the third page of	thisforn	n.
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.	Yêc	No X
[Form AB-03] (rev 10/10/2016) MAR 2.2 2019 FEB 1 5 2019 ALCOHOL MARIJUANA CUNTROL OFFICE STATE OF ALASKA	Page	e2of5

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Google Maps 51826 Seward Hwy





51826 Seward Hwy Moose Pass, AK 99631



Photos



At this location



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-03: Restaurant Designation Permit Application

Section 4 - Detailed Floor Plan

Provide a detailed floor plan that meets the requirements listed in Form AB-02 and clearly indicates the proposed designated and undesignated areas of the licensed business for purposes of this permit application.

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Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 5 - Certifications and Approvals

oction o - octanoanons 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 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. I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons. 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.	MX MX
Signature of licensee Marty Arnoldy Notary Public in and for the Sale of Alaska Printed name of licensee	rue,
My commission expires: Withoffice Asm II2. Subscribed and sworn to before me this 22nd day of January USPS	2019.
	approved
Signature of local government official Date	
Printed name of local government official Title MAR 2.2 2 ALCOHOL MARGUANA CD STATE OF ALAS	2019
FED 1.5 2019	
[Form AB-03] (rev 10/10/2016)	one 4 of 5



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Form AB-03: Restaurant Designation Permit Application

AMICO Enforcement Review:			
Signature of AMCO Enforcement Supervisor	Printed name of AMCO Enforcement Supervisor	 r	
Enforcement Recommendations:		CONT. T. 114	
1			· · · · · · · · · · · · · · · · · · ·
AMCO Director Review:		Approved	Disapproved
		П	
		ng/mma.aca	
Signature of AMCO Director	Printed name of AMCO Director		
Date			
timita astrono.			
Limitations:			
L	AMCO		

STARTERS

Creamy Clam Chowder - Cup 7

Bowl 8

Bread Barrel - 12

A mini-boule of sourdough bread, hollowed out and filled with creamy clam chowder. Served with your choice of caesar salad or a crisp green salad.

Summit's House Salad - 8

Tossed greens with fresh tomato, Bermuda onion slices, croutons, mushrooms, shredded carrots and red savoy cabbage.

Soup du Jour — Cup 6

Bowl 8

Kale Salad - 9

Fresh chopped kale with shredded red cabbage, matchstick carrots, toasted pine nuts, and blueberries, tossed in a housemade poppyseed vinaigrette.

Coconut Prawns - 14

Black tiger prawns tossed in panko and coconut breading fried golden brown and served with Chef Dewayne's own dipping sauce.

Artichoke Spinach Dip - 12

A creamy blend of artichoke hearts, spinach and Parmesan cheese. Served hot with pita tips.

FROM THE GARDEN

Northwest Chicken - 16

A walnut-cranberry breaded chicken breast on a bed of fresh greens served with a cranberry vinaigrette, diced tomatoes, dried cranberries and Bleu cheese crumbles. A must try.

BBQ Chicken Chopped Salad - 16

BBQ chicken breast on a bed of chopped romaine lettuce tossed with sweet corn, black beans, cilantro, basil, tortilla strips, jicama, shredded cheddarjack cheese and ranch dressing. Topped with tomatoes and scallions.

Summit's Cobb Salad - 16

Char-broiled breast of chicken, bacon bits, blue cheese crumbles, hard boiled egg, diced tomato atop a bed of chopped romaine. Served with your choice of dressing.

Caesar Salad - 8

We continue the tradition with crisp romaine lettuce, fresh grated Parmesan cheese, and of course, the classic Caesar dressing.

- + Add grilled chicken breast for \$7
- + Add grilled salmon for \$9
- +Add grilled halibut for \$11

FROM THE SEA

Beer Battered Fish & Chips - 16

Alaskan Cod center cuts hand dipped in our house made beer batter and deep fried golden brown. Always a favorite. Accompanied with coleslaw and golden French fries.

Halibut Tacos - 16

Two corn tortillas filled with fresh grilled halibut, lettuce, tomatoes, cheddar jack cheese, and topped with sour cream and guacamole. Served with corn salsa, green chiles and refried beans.

Sassy Salmon - 17

A 40z filet of fresh Alaskan Salmon topped with Chef Dewayne's own pesto sauce, lettuce & tomato. Served on a ciabatta roll with bacon aioli.

From the Bar

Draft Beer-6

Lynchberg Lemonade

Start with Jack Daniels whiskey, add sweet and sour, triple sec and sierra mist - thirst quenching.

Root Beer Float

Remember the drug store fountain? No Ice cream in this one - Coffee liqueur, Italian Liqueur, Cola & cream

Summit's Cosmoploitan

The best around! Lemon-lime sour, Stoli vodka, triple sec and a touch of cranberry juice. Served up and cold. Regis would love this...

Bottled Beer -6

Mountain Melon Ball

Start with Absolute Vodka, add Midori Melon liquor and orange juice.

Washington Apple

A crowd favorite. Crown Royal, sour apple pucker and a splash of cranberry and lemon-lime soda.

Summit's Absolute Bloody Mary

A secret blend of all the right spices, Absolut vodka, tomato juice, lime squeeze and a pepperoncini.

Libations

Strawberry Lemonade - 4
Pucker up to this refreshing non- alcoholic blend
of sweet strawberries and tangy Tropicana

lemonade. Refillable! Rootbeer Float - 6 Refillable Soft Drinks - 3.5 Sun Brewed Ice Tea - 3 Coffee, Hot Tea, or Decaf - 3 Milk - 4

AMCO FEB 1 5 2019

GALLERY OF BURGERS

SERVED WITH TOMATOES, LETTUCE, PICKLES AND GOLDEN FRENCH FRIES. UPGRADE TO A HAND FORMED ½ LB BURGER FOR AN ADDITIONAL \$1 *WANT IT -GLUTEN FREE -ASK FOR A LETTUCE WRAP INSTEAD OF A BUN OR A GLUTEN FREE BUN FOR AN ADDITIONAL \$2.

*SUBSTITUTE SWEET POTATO FRIES FOR AN ADDITIONAL \$2.5

California Burger - 14

This will tantalize your taste buds. This burger adds fresh avocado, Swiss cheese and Bermuda onion with a lemon pepper aioli.

Miss Piggy - 14

Very lady like. This lovely burger wears a crown of fresh bacon and melted American cheese with bacon aioli

'Shroom Burger - 14

This burger is smothered in mushrooms and Swiss cheese lovers - you won't be seeing rainbows but it will tickle your tummy.

Texan Rub - 14

This burger is seasoned with 6 spices, charbroiled and topped with a golden onion ring, hickory smoked bacon, and cheddar cheese.

Bacon Bleu Burger - 14

This burger is seasoned in blackening spices; char broiled and topped with hickory smoked bacon and bleu cheese crumbles.

Gallagher's Favorite - 15

A Veggie burger, topped with Bermuda Onion, Swiss cheese and Avocado.

Garbage Grinder - 17

An innovative treat in burger technology. ½ lb of certified Angus beef, cheddar cheese, ham, bacon, fried egg, lettuce, tomato and Bermuda onion, on a Parmesan bun. Our burger is purposely huge and not easy to eat. All conventional table manners are out the window. Grinders are created to be attacked with reckless abandon, so fasten your burger bib! *Make it a Double burger +3.00

SUMMITWICHES

OUR LEGENDARY SUMMITWICHES ARE SERVED WITH YOUR CHOICE OF GOLDEN FRENCH FRIES, HOUSE MADE PASTA SALAD OR FRESH GREEN SALAD. A CUP OF SOUP IS GLADLY SUBSTITUTED FOR AND ADDITIONAL \$1. SUBSTITUTE SWEET POTATO FRIES FOR \$2.5

Reuben - 14

Hot, fresh corned beef on grilled marble rye, topped with tangy sauerkraut, melted Swiss cheese and our house-made thousand island dressing.

Summit Panini - 14

Sliced Turkey, hickory smoked bacon tomato, Swiss & cheddar cheese on sourdough.

Twisted Turkey - 15

Hickory smoked bacon, lettuce, tomato and mayo with sliced turkey and avocado. Served on a toasted croissant.

Chipotle Chicken - 14

A seared, boneless breast of chicken smothered with melted Pepperjack cheese served over a tangy coleslaw with a house made chipotle aioli. Served with lettuce and tomato on an artisan roll.

California Chicken - 14

A seared, boneless breast of chicken topped with Swiss cheese, Bermuda onion, avocado, lettuce and tomato on an artisan roll.

Veggie Delight - 14

Grilled zucchini, yellow squash, onions, tomatoes and fresh spinach with hummus and herbed olive olive on a telera roll.

Sweet Things

Fruit Pies - 7.00

Apple, Caramel Apple Walnut, Strawberry Rhubarb, Blackberry, Marion berry, Peach Raspberry and Chocolate Cream Sinsation, or a gluten free Nutella Torta-A la mode add \$1 Lyndsey's Cheesecakes -8

Chocolate Peanut butter, Almond Joy, Bear Tooth, and Snickers Homemade Carrot Cake -8 Muckity Mud Ice Cream Pie - 9

AMCO FEB 1 5 2019

APPETIZERS

Chef Dewayne's Fried Ravioli 13 Housemade steak & smoked mozzerella stuffed square pillows of dough deep fried and served with a robust marinara sauce Coconut Prawns	Artichoke Spinach Dip
FROM TH	E GARDEN
Summit's House Salad	Kale Salad
JUST EN	NOUGH
Texan Rub	Salmon Mac & Cheese
Garbage Grinder	Bruschetta Chicken

SUMMIT SELECTIONS

Black and Bleu Ribeye 28 Prime charbroiled Ribeye steak rubbed with chipotle seasoning and topped with bleu cheese crumbles and house made smoked bacon marmalade. Served with herb-roasted red potatoes and seasonal vegetables.	Milan Chicken				
New Orleans Pasta	Prime charbroiled Ribeye steak topped with a creamed mushroom port reduction. A steak lovers dream. Served with seasonal vegetables and garlic mashed potatoes.				
Matanuska Feast Summer squash, fresh zucchini, Bermuda onions, mushrooms, and spinach in a garlic olive oil served over fettuccine ribbons. 22 ULTIMATE ALASKAN					
Lemon Herb Halibut	Alaskan Gold Halibut				

Raspberry Glazed Salmon

Alaskan Wild Salmon filet pan seared and finished in a raspberry glaze served with walnut rice pilaf and sautéed spinach.

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Notice: Consuming Raw or Undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodbourne illness.



alcohol.licensing@alaska.gov

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

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2019/2020 Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that will expire on December 31, 2018. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

Section 1 - Establishment and Contact Information

Licensee:	siness seeking to have its license renewed. If any populated information Marty and June Arnoldy		I.	icense #:	1283	
License Type:	Beverage Dispensary - Seasonal		I.	egal Ref.:	AS 04.11.090	
Doing Business As:	Summit Lake Lod	ge				
Premises Address:	51826 Seward Hv	/y.			ment Mild Committee or a second committee or a second committee or a second committee or a second committee or	
Local Governing Body:	Kenai Peninsula B	orough		***************************************		
Community Council:	None					
Mailing Address:	51826 Se	usnd	Heey			
City:	51826 Sex Moose Pas	55	State:	Alaska	ZIP:	99631
nter information for the indi ust be a licensee who is req	ividual who will be des uired to be listed in ar	ignated as th d authorized	e primary point to sign this appl	of contact regarding ication.	this applicati	on. This individual
	4 ^			Contact Phone:	50	3-833-232
Contact Licensee:	MATERY L	47UNOUDG	1		00	1 000 200
	MARRY F Summitor	PRINCIPO	dun) 1077 X0C.
Contact Licensee: Contact Email: ptional: If you wish for AMC	MATCH SUMMITTAK (O staff to communicate ters pertaining to the	e with individ	lual who is <u>not a</u>	licensee named on the	nis form (eg: I	egal counsel) abou
Contact Licensee: Contact Email:	O staff to communicat	e with individ	lual who is <u>not a</u>	licensee named on the erson's contact inform	nis form (eg: I	egal counsel) abou



Form AB-17: 2019/2020 Renewal License Application

Section 2 - Entity or Community Ownership Information

This top subsection must be completed by any licensee that is a compration or [15]. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). This number is neither your EIN/tax 1Dnumber, nor your business license number. You may view your entity's status or find your CBPL entity number by vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities

General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #:

Frense #1283 DBA Summit Lake Lodge

51801D

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

Initials

Leartify that this entity is in 200d standing with CBPL and that all current entity officials and stakeholders (In ted below) are also corrently and accurately listed with CDPL.

This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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 imited 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.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL, if one individual holes multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL Fadure to list all required titles constitutes an incomplete application. Name of Official: Titie(s): Mailing Address: ZIP: 7963 City: Name of Official: secnotoms show Title(s): Mailing Address: City: Name of Official: % Title(s) Mailing Address: City: JAN 18 2019 [Form AB-17] (rev 09/17/2018)



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Section 3 - Sole Proprietor Ownership Information

This section must be completed by any licensee who directly holds the license as an <u>individual or multiple individuals</u> and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

				or each licensee and eac	arimate (sp	ousej.	
This individual is an:	applicant	affiliate (spous	e)				
Name:	MARKI	Annou	26	Contact Phone:	907-2	244-20	31
Mailing Address:	5182	6 Sewi	mes Hen	1		·	
City:	Whore	PASS	State:	Alaska	ZIP:	79631	/
Email:	summon	Ka pul, co	347	1 1 1/0 21 /6-		1411	
This individual is no:	ррісач	affiliare topous					
Name:	June	Annous	5	Contact Phone:	907-	244-	203
Mailing Address:	3/326	Leuni	Kees				
City:	More	Pass	State:	Alaska	ZIP:	996	31
Email:	Syman	take se	1 com		——————————————————————————————————————		
Read the line below, and the licensees, ago have completed an alcohol so course completion cards on t	en sign your initia ents, and employ erver education o	is in the box to the cas who sell or serv course approved by	e alconolic bev	rerages or check identify and keep current, valid	copies of the	tron	itials N
		ection 5 - Li			and 3 And 30	74.405.	
Check a <u>single box</u> for each o	alendar year tha	t best describes ho	w this liquor lic	ense was operated:		2017	.018
The license was regularly ope	rated continuous	sly throughout each	year.				
The license was regularly operated during a specific season each year.					X		
The license was only operated If this box is checked, a compl documentation must be provi	lete copy of Form	AB-30: Proof of M					
The license was not operated each year, during one or both If this box is checked, a complete submitted with this opplication minimum requirement, unless	of the calendary lete copy of Form ation for each ca	years. 1 AB-29: Waiver of (lendor year during)	Operation Appl which the licens	ication and correspondi se was not operated for	ng fees must oi least the		
[Form AB-17]		[成国]	SIEII VIED	АМС			

License #1283 DBA Summit Lake Lodge

JAN 18 2019
ALCOHOL MARILUMA GANEGOL OFFICE STATE OF ALASKA

16 3 14

DEC 26 2018

Form AB-17: 2019/2020 Renewal License Application

	lations and Convictions	
Applicant violations and convictions in calendar years 2017	and 2018:	Yes No
Have any notices of violation (NOVs) been issued to this lice	nsee in the calendar years 2017 or 2018?	
Has any person or entity named in this application been con	victed of a violation of Title 04, of 3 AAC 304, or a local	
ordinance adopted under AS 04.21.010 in the calendar year	s 2017 or 2018?	
If "Yes" to either of the previous two questions, attach a se	eparate page to this application listing all NOVs and/or o	convictions.
Section	7 – Certifications	
Read each line below, and then sign your initials in the box	k to the right of each statement:	Initials
I certify that all current licensees (as defined in $\triangle S$ 04.11.20 in accordance with $\triangle S$ 04.11.450, no one other than the licensed business.	o0) and affiliates have been listed on this application, an ensec(s) has a direct or indirect financial interest in the	d that
I certify that I have not altered the functional floor plan or r and I have not changed the business name or the ownership stakeholders) from what is currently approved and on file w	p (including officers, managers, general partners, or	MA
I certify on behalf of myself or of the organized entity that I any other form provided by AMCO is grounds for rejection		
As an applicant for a liquor license renewal, I declare under 3 AAC 304, and that this application, including all accompany provide all information required by the Alcoholic Beverage that failure to so by any deadline given to me by AMCO Signature of a Amusia.	nying schedules and statements, is true, correct, and cor Control Board or AMCO staff in support of this application staff will result in this application being returned to me Signature of Notary Public	inplete. I agree to on and understand as incomplete.
Printed name of licensed	Notary Public in and for the State of Oregon,	
OFFICIAL STAMP GREG JORDAN MARTIN NOTARY PUBLIC - OREGON COMMISSION NO. 973088 MY COMMISSION EXPIRES APRIL 22, 2022	My commission expires: 22 orn to before me this 215th day of <u>December</u>	100.4 W
Seasonal License? If "Yes", write	te your six-month operating period: 54	100.1 M
License Fee: \$ 1250.00 Applicatio Miscellaneous Fees:	n Fee: \$ 300.00 TOTAL:	\$ 1550.00
GRAND TOTAL (if different than TOTAL):	JAN 18 2019	
	ALCOHOL MARIJUANA CONTROL OFFICE	
	SIAIL OF	

[Form AB-17] (rev 09/17/2018) License #1283 DBA Summit Lake Lodge

DEC 26 2018