



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

## Alaska Alcoholic Beverage Control Board

# Form AB-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:	Rabideu's Clear Sky Lodge, Inc.		License #:	242	
License Type:	Beverage Dispensary		Statutory Reference:	AS 04.11.090	
Doing Business As:	Clear Sky Lodge				
Premises Address:	Mile 280 Parks Highway				
City:	Clear	State:	AK	ZIP:	99704
Local Governing Body:	Denali Borough				

### Transfer Type:

- ☐ Regular transfer  
☒ Transfer with security interest  
☐ Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	8/1	Transaction #:	1080200
Board Meeting Date:	9/10	License Years:	18/19
Issue Date:		BRE:	CDC



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

**Section 2 – Transferee Information**

Enter information for the **new** applicant and/or location seeking to be licensed.

Licensee:	Alaskan Lights, Inc.				
Doing Business As:	Clear Sky Lodge				
Premises Address:	Mile 280 Parks Highway				
City:	Clear	State:	AK	ZIP:	99704
Community Council:	Denali Borough				

Mailing Address:	P.O. Box 478				
City:	Healy	State:	AK	ZIP:	99743

Designated Licensee:	Vicki Nelson				
Contact Phone:	907-223-3113	Business Phone:	907-582-2251		
Contact Email:	alaskanlights907@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.

9.6 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.

9.6 miles



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## Form AB-01: Transfer License Application

### Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.  
If more space is needed, please attach a separate sheet with the required information.  
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	

### Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.  
If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official:	Vicki Nelson				
Title(s):	President	Phone:	907-223-3113	% Owned:	50
Address:	P.O. Box 478				
City:	Healy	State:	AK	ZIP:	99743





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## Form AB-01: Transfer License Application

Entity Official:	Matthew Nelson				
Title(s):	Secretary, Treasurer	Phone:	907-888-9511	% Owned:	50
Address:	P.O. Box 478				
City:	Healy	State:	AK	ZIP:	99743

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 #:	10085804	AK Formed Date:	6/6/2018	Home State:	AK
Registered Agent:	Vicki Nelson	Agent's Phone:	907-223-3113		
Agent's Mailing Address:	P.O. Box 478				
City:	Healy	State:	AK	ZIP:	99743

Residency of Agent:

Yes No

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

☒ ☐





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## 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:

Ralph Ertz, Laywer



Alaska Alcoholic Beverage Control Board

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### 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.

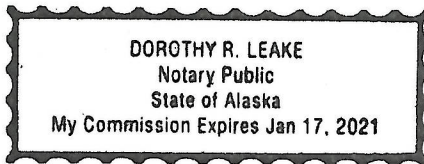
I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

[Signature]

Signature of transferor

Sandra Babideau  
Printed name of transferor

Subscribed and sworn to before me this 2 day of June, 2019.



[Signature]  
Signature of Notary Public

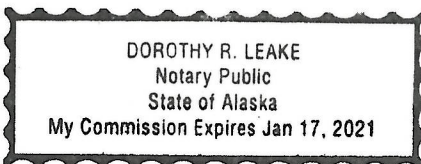
Notary Public in and for the State of ALASKA

My commission expires: JAN 17, 2021

[Signature]  
Signature of transferor

Don Babideau  
Printed name of transferor

Subscribed and sworn to before me this 2 day of June, 2019.



[Signature]  
Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: JAN 17, 2021



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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.

*WN*

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

*WN*

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.

*WN*

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.

*WN*

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

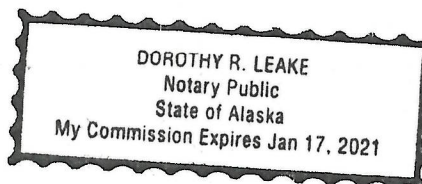
*WN*

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.

*Vicki Nelson*  
Signature of transferee

Vicki Nelson

Printed name



Subscribed and sworn to before me this 2 day of June, 2019.

*Dorothy R. Leake*  
Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: Jan 17, 2021





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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.



### Section 1 – Establishment Information

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

Licensee:	Alaskan Lights, Inc.	License Number:	242		
License Type:	Beverage Dispensary				
Doing Business As:	Clear Sky Lodge				
Premises Address:	Mile 280 Parks Highway				
City:	Clear	State:	AK	ZIP:	99743

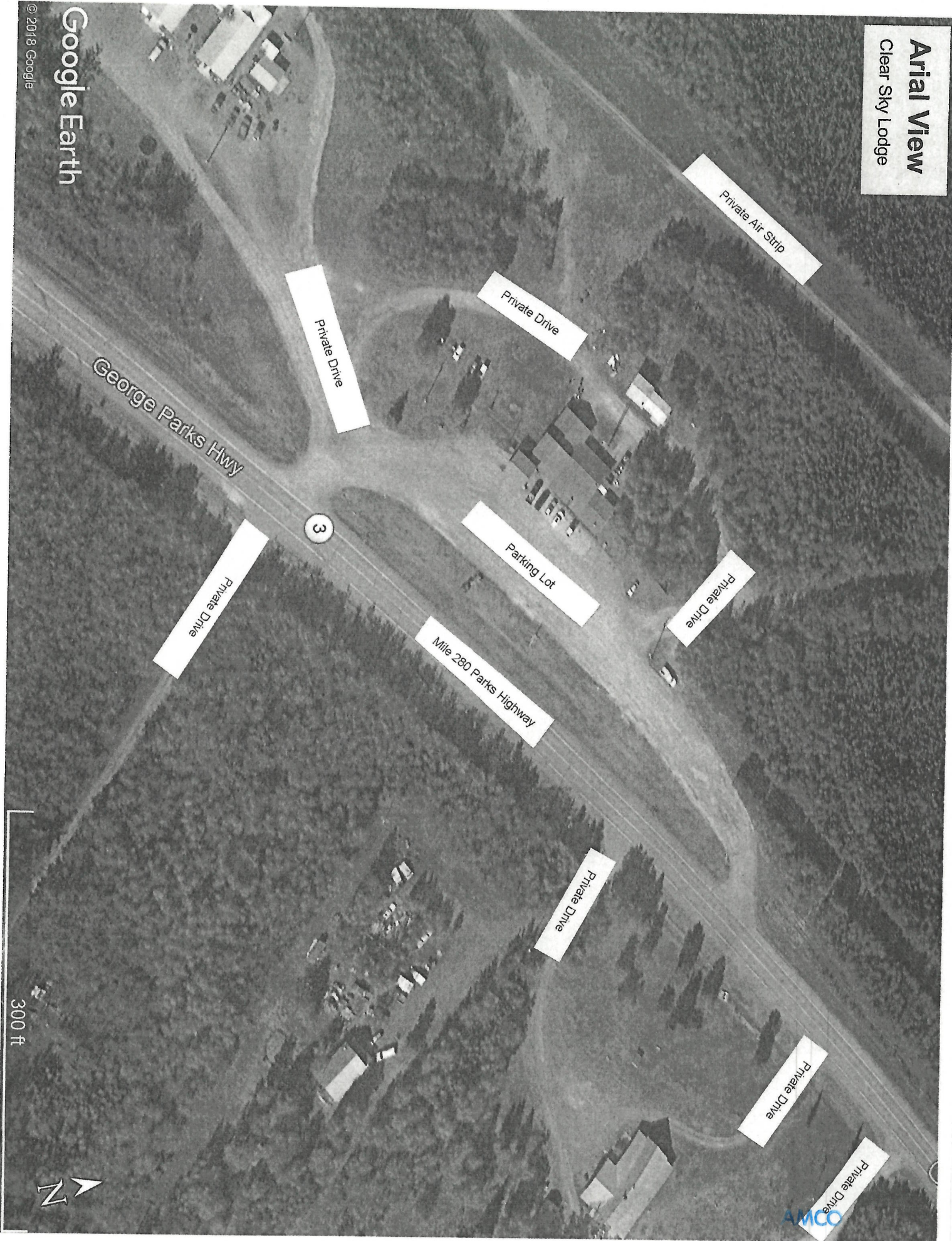




**Arial View**  
Clear Sky Lodge

Google Earth

© 2018 Google



Private Air Strip

Private Drive

Private Drive

George Parks Hwy

3

Parking Lot

Private Drive

Mile 280 Parks Highway

Private Drive

Private Drive

Private Drive

Private Drive

300 ft





# Arial View

Clear Sky Lodge

AB03 RESTAURANT DESIGNATION

George Parks Hwy

Clear Highway

Parks Highway

Clear Sky Lodge

3

Google Earth

© 2018 Google

Image Landsat / Copernicus

2 mi



**Craig, Carrie D (CED)**

---

**From:** Matt Nelson <mattnelson@usibelli.com>  
**Sent:** Thursday, July 18, 2019 2:12 PM  
**To:** Alcohol Licensing, CED ABC (CED sponsored)  
**Cc:** Vicki Nelson  
**Subject:** Alcohol License Transfer #242 & #243 Clear Sky Lodge Drawings  
**Attachments:** 1814\_001.pdf; 1813\_001.pdf  
  
**Categories:** Complete, Carrie

Carrie,

Attached for your review are the drawings for license transfer #242 and #243. Per our discussion the storage for stock and inventory are as follows:

1. Package store alcohol stock and inventory will be stored inside the package store
2. Dispensary alcohol stock will be stored in the storage area as noted on the drawings
3. All owners ,staff, and delivery personnel will be trained to follow stocking procedures for these two separate areas

Sincerely,

Matt Nelson  
Alaskan Lights Inc.  
(907) 888-9511





## Beer Garden Security Plan

1. **Staffing:** Only staffing with a current TAPS card will be serving alcohol in the beer garden. Other staff may only clear plates and take food orders. During planned events an employee will be posted at the entrance located on the South East side of the fence. A manager will be on duty during beer garden hours.
2. Every guest must show proper identification as proof of legal drinking age. Guests under the age of 21 will only be allowed in the beer garden accompanied by legal guardian.
3. **Entrance/Exit.** There is one entry point during normal operations. This entry/exit point is located on the east side of the main dining area. Guests may bring beverages purchased inside to the beer garden. A second entrance/exit is in the south east side of the fence. It will be locked from entrance during normal operations. During events this entrance will be unlocked. Signage will be posted at both entrance/exit with wording like: Must be 21 or older to enter. Minors must be accompanied by legal guardian. Alcoholic beverages must remain in the Beer Garden or Bar. No alcohol beverages may be taken outside these areas.
4. **Scheduling.** The Beer Garden will only be open when there is appropriate staffing available. This will typically be restricted to Thursday-Sunday 12:00pm-12:00am. During planned events the day and times may vary to accommodate the event.
5. **Duties:** There is a designated employee assigned to the Beer Garden. This employee will be responsible to monitor guests, provide food service and serve alcoholic and non-alcoholic beverages. During planned events, a second employee will be posted at the south east entrance to check identifications on entry and ensure no alcoholic beverages are being taken out of the designated area.
6. **Philosophy:** We treat all guests with respect. If a guest becomes aggressive the server will contact the manager on duty to attempt to diffuse the situations or ask the guest to leave the premises. The safety of our employees and guests are of high importance. If a situation escalates, the local trooper will be notified.
7. **Illegal and criminal activity.** We have a zero-tolerance policy for illegal activity and/or criminal activity. Any guest suspected of illegal or criminal activity will not be served. The local trooper will immediately be notified. While waiting for the trooper, two or more employees will monitor the guests.
8. **Exterior Premises:** A security cameral will be installed to monitor and record all activity in the beer garden. Lighting will also be installed. A 6 foot fence will be installed to ensure that guests can only enter/exit through two entry points.
9. **Excessive Noise.** There are approximately 6 houses in the vicinity. We will give notice to neighbors when the beer garden is operating. The neighbors will be given the managers direct phone number to communicate if



## **CLEAR SKY LODGE**

they are experiencing excessive noise disturbance. The manager will quickly access the situation and lower the volume of music.

10. Exit Strategies. Thirty minutes before closing, the staff will announce that service will end in 15 minutes. The music will be stopped and lighting dimmed. In case of an emergency, the staff will assist guests to the exits of the beer garden in an orderly fashion.
11. Incident reporting. All incidents will be documented immediately. A first aid kit will be onsite. All employees will be trained on basic first aid. Serious injuries will be documented and a call to local emergency agency will be made.
12. Evaluation & Communication. A staff meeting is conducted weekly. During this meeting the staff and managers will discuss the effectiveness of the security plan while reinforcing all policies.



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## Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application

### What is this form?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A menu or expected menu listing the meals, including entrees prepared onsite and offered to patrons, and copy of the DEC Food Service Permit (or corresponding DHHS documentation for licenses located in the Municipality of Anchorage) must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

## Section 1 – Establishment Information

Enter information for licensed establishment.

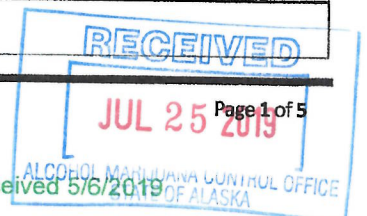
Licensee:	Alaskan Lights, Inc.				
License Type:	Beverage Dispensary	License Number:	242		
Doing Business As:	Clear Sky Lodge				
Premises Address:	Mile 280 Parks Highway				
City:	Clear	State:	AK	ZIP:	99704
Contact Name:	Vicki Nelson	Contact Phone:	(907) 223-3113		

## 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	
Transaction #:	1080200
Initials:	CDC





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## Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application

### Section 3 – Minor Access

Review AS 04.16.049(a)(2); AS 04.16.049(a)(3); AS 04.16.049(c)

List where within the premises minors are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minors Dining will only be present in the dining room. Minors that are employees will be present in the dining area and kitchen areas only.

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

Minor employees go through new hire training and sign the acknowledgement of the policy which clearly states that all areas that have alcohol, including storage, are off limits. Employment will be terminated immediately if this policy is not adhered to. Non-Minor staff have been trained to always be aware where the minors are located, both employees and guests. Signage have been placed in all areas that contain alcohol to further clarify the alcohol zones.

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

Yes ☒ No ☐

### Section 4 – DEC Food Service Permit

Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Please follow this link to the DEC Food Safety Website: <http://dec.alaska.gov/eh/fss/food/>

Please follow this link to the Municipality Food Safety Website:

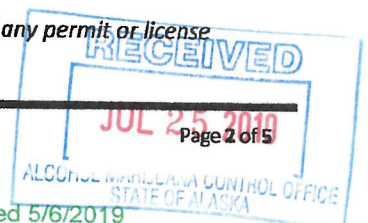
<http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx>

IF you are unable to certify the below statement, please discuss the matter with the AMCO office:

Initials

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

\*Please note, if a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.







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## Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application

### Section 5 – Hours of Operation

Review AS 04.16.010(c).

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

Dining only begins at 7:00am  
Dining & Liquor service begins at 10:00am  
Closing Time: Monday-Thursday 12:00am  
Closing Time: Friday-Saturday 2:00am  
Closing Time: Sunday 11:00pm

### Section 6 – Entertainment & Service

Review AS 04.11.100(g)(2)

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

Yes

No



If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur:

Local musicians will be invited throughout the summer months

Food and beverage service offered or anticipated is:



table service



buffet service



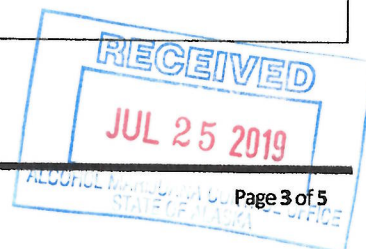
counter service



other

If "other", describe the manner of food and beverage service offered or anticipated:

Currently there is table service and Take Out Service. We may offer Sunday buffets in the future





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## Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application

### Section 7 – Certifications and Approvals

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

Initials

There are tables or counters at my establishment for consuming food in a dining area on the premises.

*vn*

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.  
This menu includes entrees that are regularly sold and prepared by the licensee at the licensed premises.

*vn*

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.

*vn*

I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted.  
*(AB-03 applications that accompany a new or transfer license application will not be required to submit an additional copy of their premises diagram.)*

*vn*

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

Signature of licensee

Signature of Notary Public

Printed name of licensee

Notary Public in and for the State of

DOROTHY R. LEAKE

Notary Public

State of Alaska

My Commission Expires Jan 17, 2021

My commission expires:

Subscribed and sworn to before me this

2 day of June

2019

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

Approved

Denied

Signature of local government official

Date

Printed name of local government official

Title





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Alaska Alcoholic Beverage Control Board

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

AMCO Enforcement Review:

Enforcement Recommendation:

Approve

Deny

☐☐

Signature of AMCO Enforcement Supervisor

Printed name of AMCO Enforcement Supervisor

Date

Enforcement Recommendations:

AMCO Director Review:

Approved

Denied

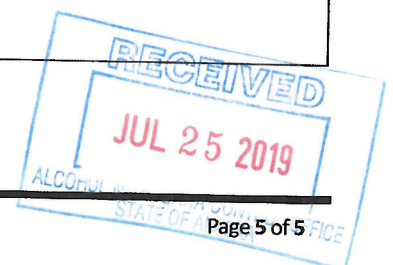
☐☐

Signature of AMCO Director

Printed name of AMCO Director

Date

Limitations:





Welcome! Please kick back and make yourself  
at home. Thank you for joining us today.



---

Mile Post 280 Parks Highway  
Clear, AK 99704  
(907) 582-2251  
[www.clearskybar.com](http://www.clearskybar.com)

Eggs, burgers, and steaks are cooked to order.



## Appetizers

Chicken Cordon Bleu Bites 9.00

Mozzarella cheese sticks 9.00

Jalapeno Poppers 9.00

Breaded Shrimp 9.00

Coconut Shrimp 9.00

Spicy Shrimp 9.00

### Hush Puppies

Homemade with jalapenos. Served  
with spicy Thai chili sauce 6.00

Portabella Mushrooms 9.00

Potstickers 12.00

Zucchini 9.00

Chicken Wings 9.00

Chicken Strips 9.00

French Fries 6.00

Jo-jo's 6.00

Spicy Cheese Potatoes 9.00

Onion rings 6.00

Chili Nachos 10.50

## Chili & Salads

Caesar Salad 9.00

Chicken Caesar 15.00

Salad Bar 10.00

8 oz New York Steak Salad 18.00

Grilled Lemon Pepper Chicken Salad 14.00

Shrimp Salad 14.00

House or Caesar Salad with cup of Chili 8.50

### Pizza Coming Soon!

Completely made on site with the toppings  
you want.

## Chili & Sandwich

Bowl of Chili 6.00

Cup of Chili and ½ Sandwich 9.50

BLT • Grilled Ham & Cheese •  
Chicken Caesar Wrap



### SUNDAY BLOODY MARY BAR & BRUNCH

Build your own Bloody Mary. We provide all the fixins! 10.00

Premium Vodka available for additional 2.00

Breakfast Special: Waffle, 2 eggs, 2 Bacon 8.95

**CLEAR SKY**  
**LODGE**





### BUILD-A-BURGER\*

Perfectly grilled 1/2-pound burger. Includes lettuce, tomatoes, onions & pickles and fries or tater tots. 10.50

Add the following for 1.00 each extra:

Bacon • American Cheese • Swiss Cheese  
Cheddar Cheese • Ham • Egg • Chili  
Sautéed Onions • Jalapenos  
Sautéed Mushrooms

Add BBQ Pork or Brisket for 5.00 each extra

## Sandwiches

Served with lettuce, tomatoes, onions, pickles and French Fries, Tater Tots or Potato Chips  
Add salad bar for \$7.00

8 oz New York steak sandwich 18.00\*

BBQ Pork Belly & Coleslaw Sandwich 14.00

BBQ Brisket & Coleslaw Sandwich 14.00

BLT 10.00

Chicken Caesar Wrap 10.00

Deep fried Halibut 11.50

Chicken sandwich grilled or deep-fried 10.50

Hot Dog 5.50

Chili Dog served with Onions and Cheese 7.00

## Kids Menu

Choice of French Fries or Chips  
5.50

Peanut Butter Jelly Sandwich

Grilled Cheese Sandwich (Add ham for \$1.00)

Hot Dog

Mac n' Cheese

Chicken Strips

Mini Pizza

## Dinners

Served with baked potato, garlic bread and salad bar

8 Oz New York Steak 22.00\*

10 Oz Filet Mignon 34.00\*

14 Oz Rib Eye Steak 32.00\*

20 Oz Porter House 37.00\*

Lemon Pepper Chicken 18.00

Breaded Halibut 22.00

Chicken Strip 17.00

Coconut Shrimp 19.00

Breaded Shrimp 19.00

Seafood Combo 27.00

## Baskets

Served with your choice of French Fries, Tater Tots, Potato Chips, or Hush Puppies

Chicken Strip Basket 13.00

Chicken Wing Basket 13.00

Shrimp Basket 14.00

Spicy Shrimp Basket 14.00

Coconut Shrimp Basket 14.00

Halibut Basket 17.00

## Desserts

Root Beer Float 4.50

Orange Float 4.50

Sundae (Chocolate, Strawberry, Pineapple) 6.00

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

**CLEAR SKY**  
**LODGE**



## Draft Beer

Budweiser Pint 3.50 Pitcher 13.50

Icy Bay IPA Pint 4.50 Pitcher 16.00

Stella Pint 4.50 Pitcher 16.00

## Domestic Beers

Bottled 3.75

Budweiser • Bud Light • Coors • Coors Light  
Miller Light • Miller High Life • MGD • Ultra

Domestic Canned 3.25

Rainier • Rolling Rock • PBR

## Micro & Import Beers

Bottled 4.25

Alaskan Amber • Alaskan Pale Ale • Corona  
Corona Premier • Beck's • Dos Equis  
Dos Equis Dark • Molson Ice • Heineken  
Moosehead • Truly Citrus or Fruit  
Mikes Hard Lemonade

## Non-Alcoholic Beer

St. Polly Girl NA 3.75

## House Wine

Woodbridge Wine 5.50

Cabernet Sauvignon • White Zinfandel  
Chardonnay • Merlot

## Beverages

Fountain Drinks 2.00

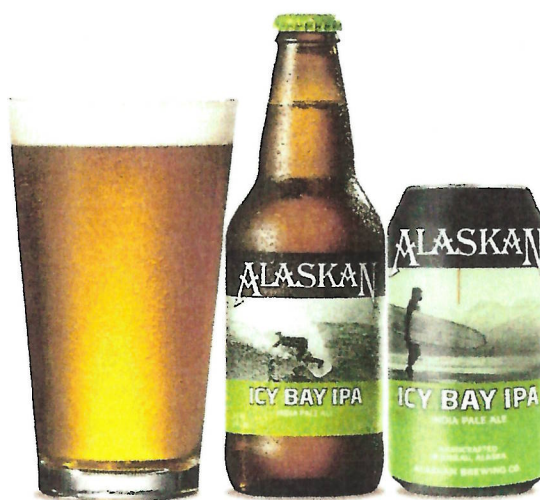
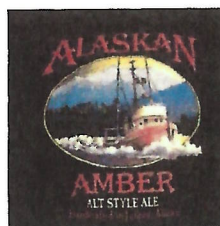
Coke • Orange • Root beer  
Sprite • Dr. Pepper • Lemonade  
Soda Water • Tonic Water

Iced Tea 2.00

Coffee 1.00

Juice 3.00

Orange • Pineapple • Grapefruit  
Cranberry • Tomato • Apple



**CLEAR SKY**  
**LODGE**







## Alaska Food Code 2019 Establishment Permit

Division of Environmental Health  
Food Safety & Sanitation Program

Permit Number: 9597  
Issued to: ALASKAN LIGHTS INC  
For: Clear Sky Lodge  
For Operation of: FN-4B Bar/Tavern w/Food Service at the Bar  
Located at: MP 280 Parks HWY Clear, AK 99704

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

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

Expiration Date:  
December 31, 2019

Program Manager:

**If you have questions or concerns regarding  
safe food handling practices call toll free:**

# 1-87-SAFE-FOOD

**(in Anchorage call 334-2560)**

