



**Alaska Alcoholic Beverage Control Board**  
**Form AB-12: Petition**

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

**What is this form?**

Any application for a restaurant / eating place – public convenience (REPC) license or any liquor license application for a premises located in an area with no local governing body must file a petition in accordance with **AS 04.11.400(g)**, **AS 04.11.460**, **3 AAC 304.115**, and/or **3 AAC 304.335**. Instructions vary with the type of area in which your proposed premises are located.

Please read the instructions in Section 2 of this form carefully.

A liquor license application for a premises that is **within 50 miles** of the boundary of a local governing body must submit a petition signed by the **majority** of the **permanent residents** residing within **one mile** of the proposed premises per **AS 04.11.460(a)**.

A liquor license application for a premises that is **50 miles or more** from the boundary of a local governing body must submit a petition signed by **two-thirds** of the **permanent residents** residing within a **five mile radius** of the United States post office nearest to the proposed licensed premises per **AS 04.11.460(b)**

**This form must be submitted to AMCO's main office before any REPC license application or before any liquor license application in an area with no local government will be considered complete. You may include as many pages of signatures as necessary.**

Yes      No

- I am applying for a restaurant / eating place – public convenience license, under AS 04.11.400(g).
- My proposed premises is outside, but within 50 miles of the boundary of a local government.
- My proposed premises is 50 miles or more from the boundary of a local government.

**Section 1 – Establishment Information**

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

Licensee:	The Broken Oar LLC		
License Type:	Restaurant/Eating Place - Public Convenience		
Doing Business As:	The Broken Oar		
Premises Address:	3851 Homer Spit Road		
City:	Homer	State:	AK      ZIP: 99603
Latitude:	59.607310	Longitude:	-151.437170



Alaska Alcoholic Beverage Control Board  
**Form AB-12: Petition**

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550 W 7<sup>th</sup> Avenue, Suite 1600  
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<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

## Section 2 – Petition Instructions

**Please read these instructions carefully.**

The following information must accompany all liquor license applications requiring petitions:

1. A map showing the population within:
  - a. the one mile radius with the proposed premises as center (required for REPC applications and for premises within 50 miles of the boundary of a local government)OR
  - b. the five mile radius with the United States post office as center (required for premises 50 miles or more from the boundary of a local government)\*
2. Graphic designation on a map showing the general area where petition signatures were obtained
3. A narrative and mathematical calculation of how population totals were determined
4. A narrative of how signatures were obtained (door to door solicitation; premises solicitation; etc.)

“Permanent resident” means a person 21 years of age or older who has established a permanent place of abode. A person may be a permanent resident of only one place, per **3 AAC 304.115(b)**.

**Signatures must be obtained within the 90-day period immediately before submitting the petition to the board.**

\*If there is no United States post office within a radius of five miles of the proposed licensed premises, the applicant must obtain the signatures of two-thirds of the permanent residents residing within a five mile radius of the proposed licensed premises. The map should show the applicable area.



Alaska Alcoholic Beverage Control Board  
**Form AB-12: Petition**

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<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

**Section 3 – Petition**

\*Have a completed copy of this page available for those considering this petition.

This is a petition in support of a

Restaurant/Eating Place - Public Convenience license application.  
(type of license applied for)

**By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.**

Each person who has signed this petition states that he or she is a **permanent resident** in the area indicated below; that he or she is 21 years of age or older; and agrees to the issuance of a

Restaurant/Eating Place - Public Convenience to Sell  
(type of license applied for) (manufacture, sell)

alcohol at 3851 Homer Spit Road Homer, AK 99603  
(location of proposed premises)

in the State of Alaska, and that the physical address of his/her residence is:

- within one (1) mile of proposed premises.**  
(Check one)  
 **within five (5) miles of the nearest post office to the proposed premises.**



Alaska Alcoholic Beverage Control Board  
**Form AB-12: Petition**

**Section 4 - Certifications**

This petition is not valid if this page is not complete, signed, and notarized.

I, The Broken Oar LLC, the applicant for a  
(proposed licensee)

Restaurant/Eating Place - PC AS 04.11.400(g), hereby certify that the  
(type of license applied for) (statutory reference)

number of permanent residents 21 years of age or older who live within 1 mile(s) of  
(one/five)

3851 Homer Spit Road totals 0, and this petition  
(proposed premises or nearest US Post Office address) (total population)

totals 0 signatures, which is 0 % of the permanent residents in the area as required by statute.  
(number) (percentage)

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

Ryan Jordan  
Signature of licensee

Ryan Jordan  
Printed name of licensee

Cindy L. Frazier  
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 10/20/2022



Subscribed and sworn to before me this 29th day of May, 2020



## City of Homer

[www.cityofhomer-ak.gov](http://www.cityofhomer-ak.gov)

### Planning

491 East Pioneer Avenue  
Homer, Alaska 99603

[Planning@ci.homer.ak.us](mailto:Planning@ci.homer.ak.us)

(p) 907-235-3106

(f) 907-235-3118

January 31, 2020

Application located at 3851 Homer Spit Road,  
LEGAL T 6S R 13W SEC 35 SEWARD MERIDIAN HM 0890034 HOMER SPIT SUB AMENDED LOT 6

To Whom it May Concern:

The City of Homer is unaware of any permanent residents on the Homer Spit at this time.  
If you have questions, please contact me at 907-435-3119.

Sincerely,

Julie Engebretsen  
Deputy City Planner

AMCO

MAR - 3 2020

1 mile buffer from  
3851, Homer Spit Road



**Legend**

-  1 mile buffer
-  Subject Location
-  City Limits



Alaska Alcoholic Beverage Control Board

**Form AB-00: New License Application**

**What is this form?**

This new license application form is required for all individuals or entities seeking to apply for a new 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 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 - Establishment and Contact Information**

Enter information for the business seeking to be licensed.

Licensee:	The Broken Oar LLC		
License Type:	Restaurant Eating Place/pc	Statutory Reference:	AS 04.11.400(g)
Doing Business As:	The Broken Oar		
Premises Address:	3851 Homer Spit Road		
City:	Homer	State:	AK ZIP: 99603
Local Governing Body:	City of Homer		
Community Council:			

Mailing Address:	181 Mountain View Drive #1		
City:	Homer	State:	AK ZIP: 99603

Designated Licensee:	Ryan Jordan		
Contact Phone:	480 326 1373	Business Phone:	
Contact Email:	RJordanak@gmail.com		

Seasonal License?  Yes  No If "Yes", write your six-month operating period: 5/20 - 10/20

OFFICE USE ONLY			
Complete Date:	License Years:	License #:	
Board Meeting Date:	Transaction #:		
Issue Date:	BRE:		



Alaska Alcoholic Beverage Control Board

**Form AB-00: New License Application**

**Section 2 – 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.

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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.

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**Section 3 – Sole Proprietor Ownership Information**

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 4. 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

<b>Name:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	

This individual is an:  applicant       affiliate

<b>Name:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	





Alaska Alcoholic Beverage Control Board

**Form AB-00: New License Application**

**Section 4 – 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 5.

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:	Ryan Jordan			
Title(s):	Manager / member	Phone:	480-326-1373	% Owned: 100
Address:	181 mountain view Drive #1			
City:	Homer	State:	AK	ZIP: 99603

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:



Alaska Alcoholic Beverage Control Board

**Form AB-00: New License Application**

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 #:	10120874	AK Formed Date:	1/2/20	Home State:	Alaska
Registered Agent:	Ryan Jordan	Agent's Phone:	480 326 1373		
Agent's Mailing Address:	181 mountain view Drive #1				
City:	Homer	State:	AK	ZIP:	99603

Residency of Agent: Alaska 181 mountain view Dr #1 Homer AK 99603 Yes  No

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

**Section 5 - Other Licenses**

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

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 6 - 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:



**Alaska Alcoholic Beverage Control Board**  
**Form AB-00: New License Application**

**Section 7 – 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.

*RJ*

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

*RJ*

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.

*RJ*

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.

*RJ*

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

*RJ*

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.

*Ryan Jordan*  
 Signature of licensee

Ryan Jordan  
 Printed name of licensee

*Cindy L Frazier*  
 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 10/20/2022



Subscribed and sworn to before me this 29<sup>th</sup> day of May, 2022



**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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

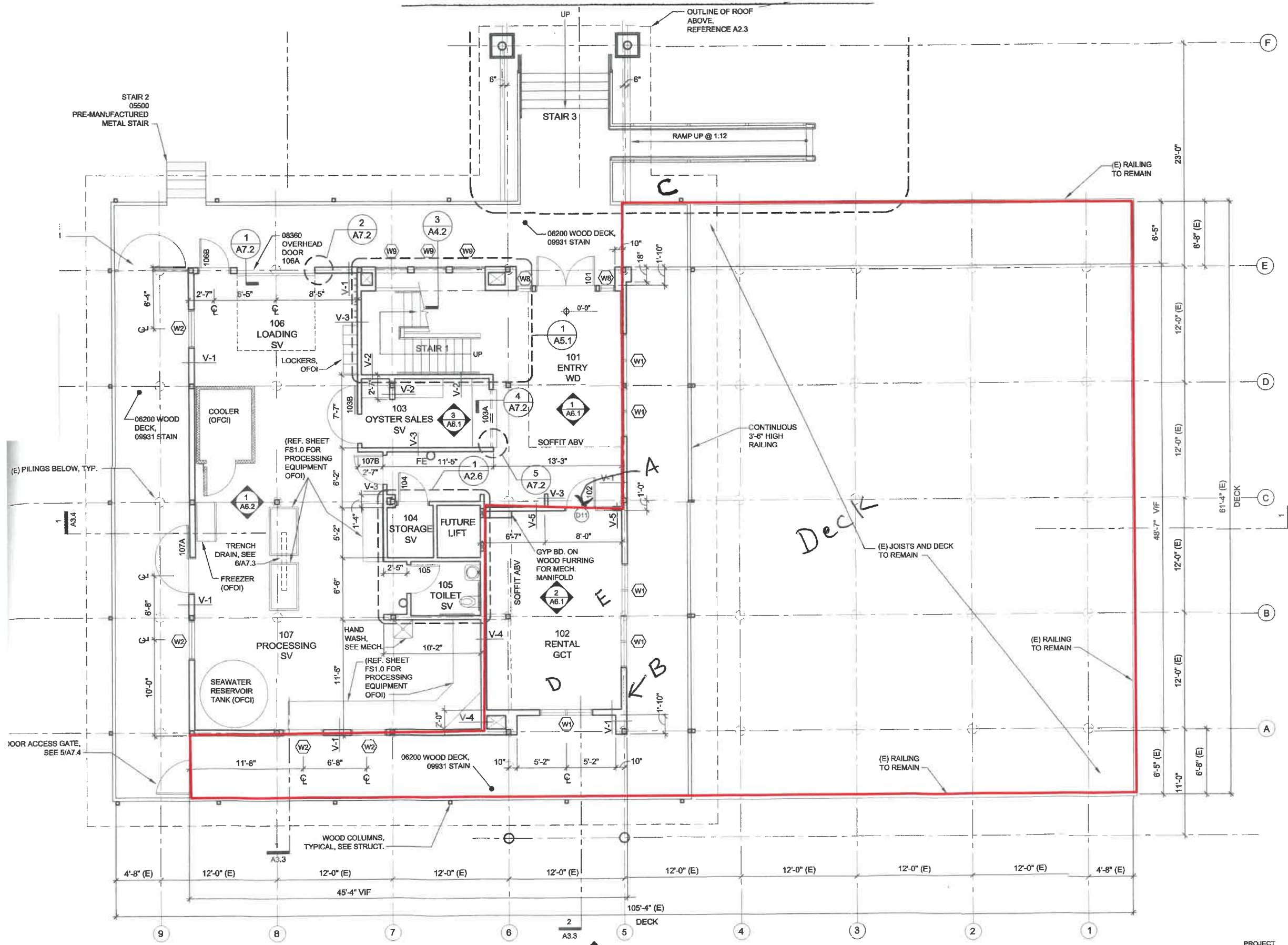
**Section 1 - Establishment Information**

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

Licensee:	The Broken Oar LLC	License Number:	5904
License Type:	Restaurant Eating Place / PC		
Doing Business As:	The Broken Oar		
Premises Address:	3851 Homer Spit Road		
City:	Homer	State:	AK
		ZIP:	99603

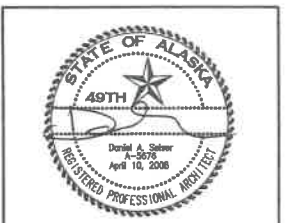
# HOMER SPIT ROAD

SHEET NOTES	
1.	ALL DIMENSIONS LABELED (E) MEASURE EXISTING FEATURES. ACTUAL DIMENSIONS MAY VARY. VERIFY IN FIELD.
LEGEND	
V-#	VERTICAL / HORIZONTAL ASSEMBLY REFERENCE G1.2
H-#	ASSEMBLY REFERENCE G1.2
101	ROOM NUMBER
HALL	ROOM NAME
XXX	FLOOR FINISH
FLOOR FINISH SCHEDULE	
WD	09640 WOOD FLOORING
FF	09670 FLUID APPLIED FLOORING
SV	09652 SHEET VINYL
CPT	09680 CARPET
RR	09662 RECYCLED RUBBER
GCT	03542 GYPSUM CONCRETE TOPPING



**Legend**

A = entrance / exit of the bar  
 B = service window to the deck  
 C = entrance / exit of the deck  
 D = wine storage behind bar  
 ⬠ A3.2  
 E = Fridge with lock for beer kegs / wine bottles



BDSak Durst Seiser, Inc.  
 3330 C Street, Suite 200  
 Anchorage, Alaska 99503  
 P. 907.562.6076  
 F. 907.562.6635  
 www.bdsak.com

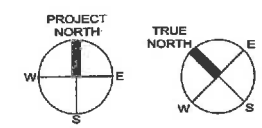
JOB NAME:  
**KSMA MULTI PURPOSE SHELLFISH FACILITY**

BDS PROJECT NO.:  
 208006  
 PHASE:  
 PHASE 1  
 DATE:  
 APRIL 10, 2008  
 DRAWING TITLE:

**FLOOR PLAN - GROUND LEVEL**  
**A2.1**

## FLOOR PLAN - GROUND LEVEL (2155 GSF)

SCALE: 3/16" = 1'-0"



1

**From:** RJ  
**To:** [Alcohol Licensing, CED ABC \(CED sponsored\)](#)  
**Subject:** Re: 5904 AB-02 052920.pdf  
**Date:** Tuesday, June 2, 2020 2:54:41 PM

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The Broken Oar  
3851 Homer Spit Road  
Security Plan for form AB-02

The Broken Oar is a small seasonal oyster bar with 14 seats. We will be open and serving customers Sunday through Saturday between the hours of noon and 9pm. There is a main shared lobby entrance and one entrance into the bar and the same door is the exit. Some of the concerns we have in serving alcohol are, keeping alcohol out of the hands of minors, keeping alcohol from exiting the premises, keeping stored alcohol away from the public and underage customers. The Broken Oar will have the following security plan in place.

In order to guarantee customers in the bar area are of legal age, all customers entering into our establishment are required to show photo ID to confirm they are over 21. Those customers who are not over the age of 21 will not be permitted to sit at the bar and will be directed to use the service window located on the outside deck.

To keep alcohol consumption within the bar and deck area, several signs will be posted. One posted at the exit of the bar, which states "no alcohol beyond this point". There will also be a notice at the service window reminding customers that "21 is the legal age to consume alcohol". At the deck exit there will be a sign stating "no alcohol beyond this point" and a designated place to leave empty glassware. Also at the entrance of the bar, the required alcohol consumption posters will be posted in plain view for all customers to see. Having a valid up to date Alaska TAP card for over 8 years now, I understand the importance of serving alcohol responsibly.

Another safety precaution that we will be taking is all beer and wine will be stored behind the bar and only employees (all of which will be over 21) will have access to this area. After hours the bar will be locked and only the bar owner and manager of the building will have access through the locked door. Also all Employees who serve alcohol will have an up to date Tap card.

In addition any alcohol purchased through the service window for consumption on the deck, will have a limit of 1 per customer with valid ID proving they are over the age of 21. The Broken Oar has large windows overlooking the entire deck area, allowing employees to monitor all customers on the deck consuming alcohol, lowering the likelihood of underage drinking or alcohol being removed from the premises.

On Mon, Jun 1, 2020 at 8:17 AM Alcohol Licensing, CED ABC (CED sponsored)  
<[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)> wrote:

For this form: I need you to identify where the alcohol will be stored per the instructions, and we need a detailed security plan for this premises.

Please reply with the corrected premises and the security plan.

Thanks,

*Randi Baker*

Occupational Licensing Examiner

Alcohol and Marijuana Control Office

Phone: 907.269.0350

[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)

[marijuana.licensing@alaska.gov](mailto:marijuana.licensing@alaska.gov)



Please consider the environment before printing this e-mail.

*Any guidance provided by this electronic communication is not a binding legal opinion, ruling, or interpretation that may be relied upon, but merely guidance concerning existing statutes and regulations. There may be other unique or undisclosed facts, circumstances, and information that may have changed any guidance provided in this communication.*

***CONFIDENTIALITY NOTICE:*** *This communication is intended for the sole use of the individual or entity to whom it is addressed, is covered by the Electronic Communications Privacy Act (18 USC § 2510-2521), and may contain Confidential Official Use Only Information that may be exempt from public release under the Freedom of Information Act (5 USC § 552). If you are not the intended recipient, you are prohibited from disseminating, distributing, or copying any information contained in this communication.*

*The State of Alaska cannot guarantee the security of e-mails sent to or from a state employee outside the state e-mail system. If you are not the intended recipient or receive this communication in error, please notify the sender by reply e-mail and delete the original message and all copies from your computer.*



**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:	The Broken Oar LLC				
License Type:	Restaurant/Eating place/AC	License Number:	5904		
Doing Business As:	The Broken Oar				
Premises Address:	3851 Homer Spit Road				
City:	Homer	State:	AK	ZIP:	99603
Contact Name:	Ryan Jordan	Contact Phone:	480 320 1373		

**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 #:	Initials:





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 will only be allowed on the outdoor deck area  
No one under the age of 21 will be allowed in the bar area.  
Alcohol will be served through a service window for the deck. All IDs will be checked, no exceptions.

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.

checking the ID of anyone trying to order an alcoholic beverage. Adults over 21 will be allowed in the bar area. Anyone under the age of 21 will have to eat on the patio/deck area. No employees will be under 21 years of age. Company policy is to card everyone, no exceptions.

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.



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:

Sunday through Saturday 10am - 11pm

**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:

live music Friday/Saturday 5pm - 9pm  
once or twice a summer

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:

outdoor deck area



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.



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.



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.



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.)



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

Ryan Jordan  
Signature of licensee

Cindy L. Frazier  
Signature of Notary Public

Ryan Jordan  
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 10/20/2022



subscribed and sworn to before me this 29<sup>th</sup> day of May, 2020

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



**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:**

# **The Broken Oar**

## **Appetizers**

### **Kachemak Bay Oysters\***

On the half shell

½ dozen **18**

full dozen **30**

### **Drunken Mussels**

Local mussels in white wine, garlic, shallots and herbs

**15**

### **Cajun Style Shrimp Boil**

¾lb of shrimp seasoned with garlic-creole spice and lemon

**23**

### **Rockfish Ceviche\***

Local rockfish tossed in lemon and lime juice, mixed with fresh  
pico de gallo

**15**

### **Alaskan King Crab**

½ pound **23**

1 pound **42**

## **Soup & Salad**

### **Caesar**

**6**

Creamy Caesar dressing

Add shrimp **10**

Add scallops **12**

Add crab **12**

## **Chowder**

Chef's choice of the day

**8**

## **Specialties**

### **Pan Roast**

Rich seafood citrus broth simmered with choice of seafood,  
finished with a tomato cream sauce

**28**

### **Seafood Creole**

Shrimp, mussels, scallops and crab in creole sauce

**30**

### **Captain's Seafood Cioppino**

Crab, mussels, scallops, shrimp and rockfish in a red wine, tomato  
and pesto sauce

**42**

## **Desserts**

**6**

**Homer Truffles**

**Creme Brulee**

**Apple Crisp**

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



## Alaska Food Code 2020 Establishment Permit

Division of Environmental Health  
Food Safety & Sanitation Program

Permit Number: 10815  
Issued to: **THE BROKEN OAR LLC**  
For: **The Broken Oar**  
For Operation of: **FF-6 Deli/Takeout/Drive-in Food Service**  
Located at: **3851 Homer Spit RD Homer, AK 99603**

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

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

Expiration Date:  
**December 31, 2020**

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)**

