



Alaska Alcoholic Beverage Control Board
Form AB-12: Petition

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). | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| My proposed premises is outside, but within 50 miles of the boundary of a local government. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| My proposed premises is 50 miles or more from the boundary of a local government. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Section 1 – Establishment Information

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

| | | | | | |
|---------------------------|--|-------------------|-------------------|-------------|--------------|
| Licensee: | Suvi Mirja Bayly | | | | |
| License Type: | Restaurant/Eating Place-Public Convenience Seasonal | | | | |
| Doing Business As: | Homer Spit Oyster Bar | | | | |
| Premises Address: | 4081 Freight Dock Road | | | | |
| City: | Homer | State: | AK | ZIP: | 99603 |
| Latitude: | 59.6200 N | Longitude: | 151.4547 W | | |



Alaska Alcoholic Beverage Control Board
Form AB-12: Petition

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
<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
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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 Seasonal 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 Seasonal to SELL
(type of license applied for) *(manufacture, sell)*

alcohol at 4081 Freight Dock 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, Suvi Bayly, the applicant for a _____, the applicant for a _____
(proposed licensee)

Restaurant/Eating Place-Public Convenience Seasonal 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)

4081 Freight Dock Road, Homer, AK 99603 totals 0, and this petition _____
(proposed premises or nearest US Post Office address) (total population)

totals 0 signatures, which is 100 % 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.

Suvi Bayly
Signature of licensee

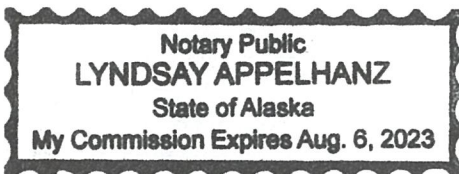
[Signature]
Signature of Notary Public

Suvi Bayly
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 08/06/2023

Subscribed and sworn to before me this 20th day of May, 2020.





City of Homer

www.cityofhomer-ak.gov

Planning

491 East Pioneer Avenue
Homer, Alaska 99603

Planning@ci.homer.ak.us

(p) 907-235-3106

(f) 907-235-3118

March 25, 2020

Application located at 4081 Freight Dock Road,
:T 6S & 7S R 13W SEC 35 & 36 & 1 & 2 Seward Meridian HM 0920050 HOMER SPIT SUB NO TWO AMENDED
LOT G-8

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

APR - 3 2020



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: | Suvi Mirja Bayly | | | | |
| License Type: | Restaurant/Eating Place-Public Convenience seasonal | Statutory Reference: | AS 04.11.400(g) | | |
| Doing Business As: | Homer Spit Oyster Bar | | | | |
| Premises Address: | 4081 Freight Dock Road | | | | |
| City: | Homer | State: | AK | ZIP: | 99603 |
| Local Governing Body: | City of Homer | | | | |
| Community Council: | | | | | |

| | | | | | |
|------------------|----------------------|--------|----|------|-------|
| Mailing Address: | 824 Ocean Drive Loop | | | | |
| City: | Homer | State: | AK | ZIP: | 99603 |

| | | | | | |
|----------------------|---------------------|-----------------|--------------|--|--|
| Designated Licensee: | Suvi Mirja Bayly | | | | |
| Contact Phone: | 907-885-5340 | Business Phone: | 907-885-5340 | | |
| Contact Email: | suvibayly@gmail.com | | | | |

Seasonal License? Yes No If "Yes", write your six-month operating period: 04/01 - 09/30

| OFFICE USE ONLY | | | | |
|---------------------|--|----------------|----------------|------------------------|
| Complete Date: | | License Years: | | License #: <u>5910</u> |
| Board Meeting Date: | | Transaction #: | <u>1271225</u> | |
| 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.

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.

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

| | | | | | |
|----------|----------------------|--------|----|------|-------|
| Name: | Suvi Mirja Bayly | | | | |
| Address: | 824 Ocean Drive Loop | | | | |
| City: | Homer | State: | AK | ZIP: | 99603 |

This individual is an: applicant affiliate

| | | | | | |
|----------|--|--------|--|------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |



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: | | | | | |
| 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: | |

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

Residency of Agent: Yes No

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

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.

SB

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

SB

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.

SB

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.

SB

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

SB

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.

Suvi Bayly
Signature of licensee

Suvi Mirja Bayly

Printed name of licensee

Talena Kinder
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: May 23 2022

Subscribed and sworn to before me this 13th day of January, 2020th





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: | Suvi Mirja Bayly | License Number: | 5910 |
| License Type: | Restaurant/Eating Place-Public Convenience Seasonal | | |
| Doing Business As: | Homer Spit Oyster Bar | | |
| Premises Address: | 4081 Freight Dock Road | | |
| City: | Homer | State: | AK |
| | | ZIP: | 99603 |



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.

Please view attached floor plan and image docs.

THE RED OUTLINE IS REQUIRED TO BE A SOLID RED LINE ALONG THE OUTER PERIMETER WITH NO BREAKS OR SEPARATIONS).

Please view City of Homer, Proposed Harbor Platform doc. This doc has an outline defining the outside perimeter of the proposed licensed premises. The outline defines that alcohol service from this business may not pass this boundary.

THE RED OUTLINE IS REQUIRED TO FOLLOW A PHYSICAL BARRIER (WALL, FENCE AND EVEN ACROSS DOORWAYS).

The boundary is a gate railing which encompasses the property line to also prevent people from walking off the platform/deck.

THERE SHOULD BE NO RED LINES WITHIN THE PERIMETER: There are no red lines within the perimeter

LABEL ALL AREAS FOR ALCOHOL STORAGE, SERVICE AND CONSUMPTION

All alcohol will be stored inside the building within refrigerators underneath the bar counter tops on the kitchen side of the plan. All kegs will be stored inside kegerators or the interior of the Oyster Bar, unless placed outside empty for pickup. Wine may also be stored on the wall shelving to alleviate refrigeration space for food/oyster and other items which need refrigeration All alcohol will be served inside the Oyster Bar and on the deck of the Oyster Bar.

I, Suvi Bayly, the owner of Homer Spit Oyster Bar is also the building/deck owner.

INCLUDE CROSS STREETS IN THE DIAGRAM :The cross streets are Freight Dock Road and Homer Spit Road. Please view the map documents.

SECURITY PLAN:

Homer Spit Oyster Bar will be utilizing the deck of the outdoor space. The outdoor space will be approximately 1840 sqft. The outdoor deck area will allow for outdoor seating so patrons can eat outside and still enjoy an alcoholic beverage of their choosing. The outdoor deck area has an ADA compliant 3'6" foot tall metal guard rail with a cedar cap surrounding the entire perimeter with metal posts every 4 feet.

The Security plan will include Alcohol signs throughout the exterior of the building as well as the interior of the building. The Alcohol permit and warning signs will be visible as soon as the customer enters the interior of the building.

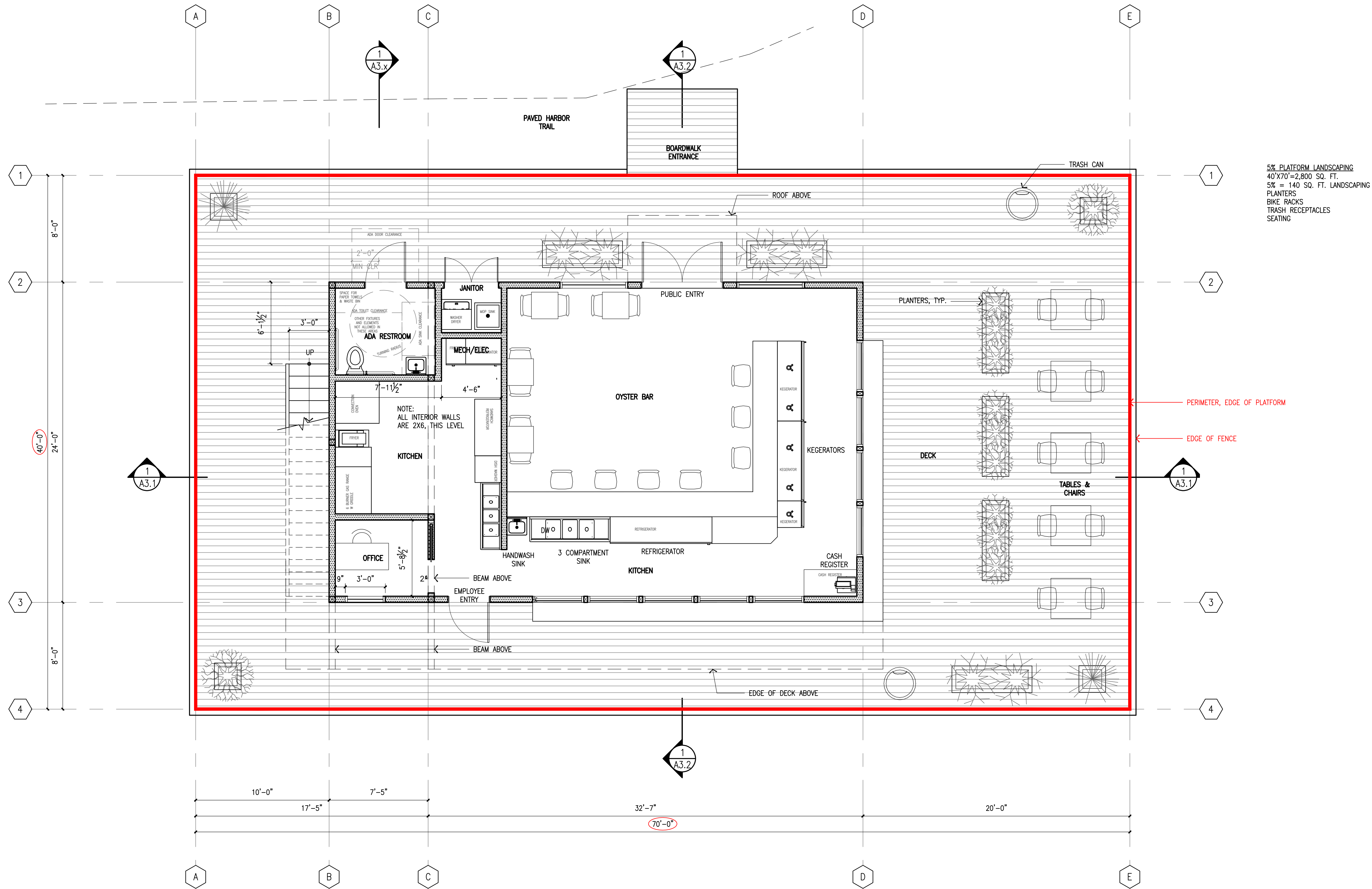
The outdoor signs will be posted on the exterior of the main entrance, so it is visible once entering the building. The remaining signs will be posted on the exterior of the building facing outward toward the deck for clear visibility.

The staff on duty will be constantly monitoring from the inside and outside of the building peoples alcohol consumption and making sure no one exits the premises with alcohol in hand. . Staff will quickly clean up beverages left on the tables and frequently check the dining areas for unacceptable behavior such as an adult allowing a minor to consume alcohol. We will also monitor that no one is giving alcohol to a minor or anyone who is impaired.

Please view updated Building documents.

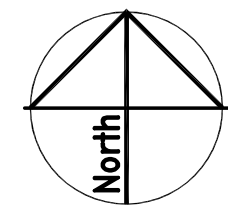


Z ARCHITECTS
commercial • planning • interiors • residential



5% PLATFORM LANDSCAPING
40'x70' = 2,800 SQ. FT.
5% = 140 SQ. FT. LANDSCAPING
PLANTERS
BIKE RACKS
TRASH RECEPTACLES
SEATING

1 AB-02 DIAGRAM
SCALE: 1/4" = 1'-0"



AMCO SUBMITTAL
6-4-20

HOMER SPIT OYSTER BAR
HOMER SPIT SUB NO TWO AMENDED LOT G-B, HOMER, ALASKA

AMCO FIRST FLOOR PLAN

JOB NO. 20-02
SUBMITTAL: 05/08/2020
DRAWN BY: MAZ
CHECKED BY: MAZ
REVISIONS:

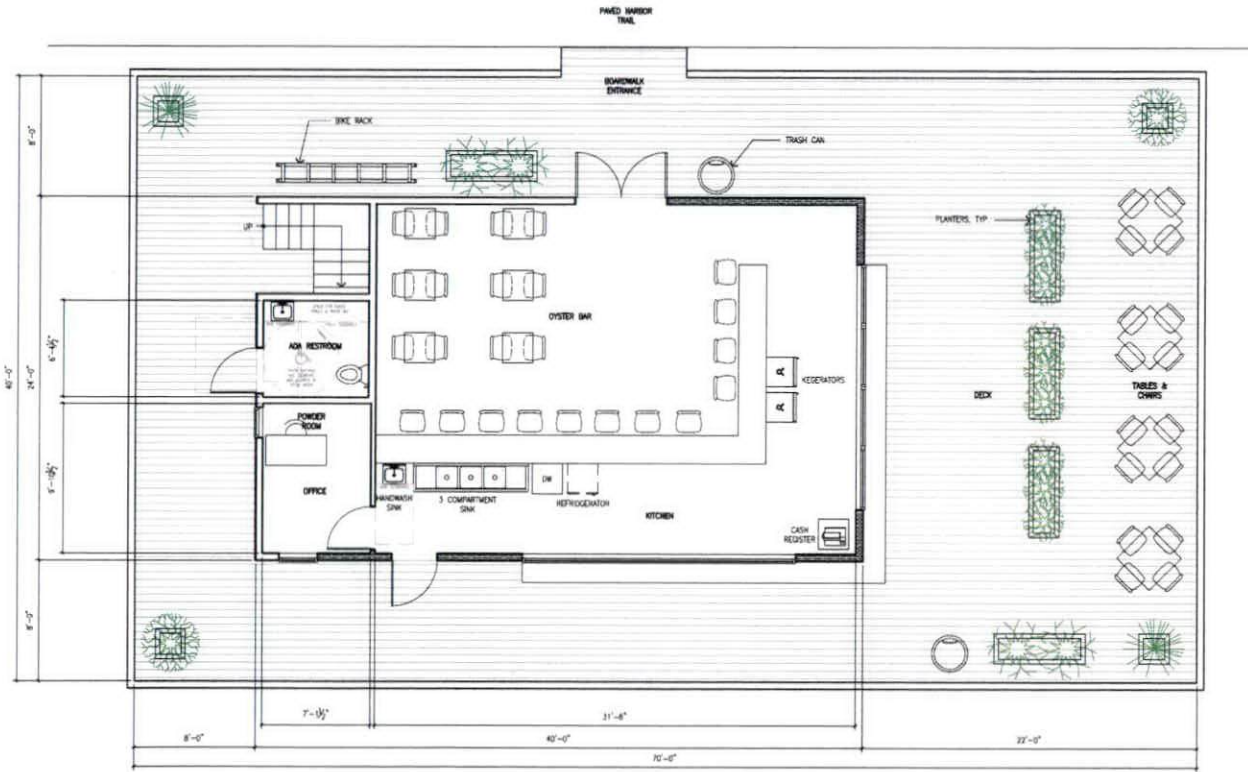
COPYRIGHT 2020

A1.4



Z ARCHITECTS
DESIGN • ARCHITECTURE • INTERIORS

38 PLATFORM LANDSCAPING
40 X 10 = 2,800 SQ. FT.
38 = 145 TO 150 FT. LANDSCAPING
PLANTERS
BENCH SEATING
TRASH RECEPTACLES
SEATING



1 FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"



CONDITIONAL USE PERMIT SET
03-11-20

HOMER SPIT OYSTER BAR
HOMER SPIT BAR AND TWO ADJACENT LOT (S.B., HOMER, ALASKA)

PLANS

JOB NO. 20-02
SUBMITTAL: 3X, 3X, 3X
DRAWN BY: MAZ
CHECKED BY: MAZ
REVISIONS:

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APR - 3 2020
AMCO

APR - 3 2020

AMCO



1 SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"



CONDITIONAL USE PERMIT SET
03-11-20



Z ARCHITECTS

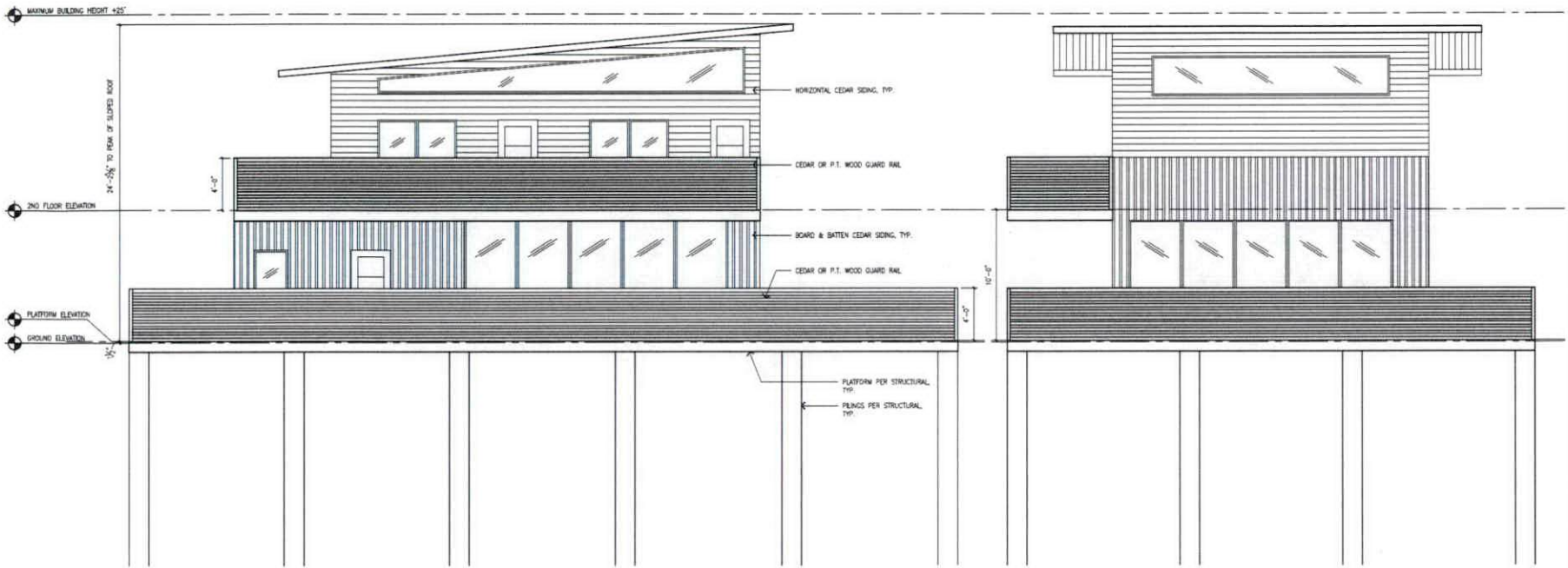
HOMER SPIT OYSTER BAR
HOMER SPIT BAR NO TWO AMENDED LOT 08, HOMER, ALASKA

PLANS

JOB NO. 20-02
SUBMITTAL: XXXXX
DRAWN BY: HAZ
CHECKED BY: HAZ
REVISIONS:

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1 SOUTH ELEVATION
SCALE: 1/4" = 1'-0"

1 EAST ELEVATION
SCALE: 1/4" = 1'-0"

NOTES:
NO SURVEY PROVIDED. GROUND ELEVATION TO BE DETERMINED WHEN SURVEY IS RECEIVED.
FINISH FLOOR ELEVATION 16" MAX ABOVE GROUND ELEVATION DUE TO LENGTH OF ENTRY RAMP.
MINIMUM BOARDWALK ELEVATION = 21 FEET NAVG 1988

CONDITIONAL USE PERMIT SET
03-11-20



ZARCHITECTS
DESIGN • DRAFT • INTERIOR • EXTERIOR

DESIGN
HOMER SPIT OYSTER BAR
HOMER SPIT BLVD NO TWO AMENDED LOT 02B, HOMER, ALASKA

ELEVATIONS

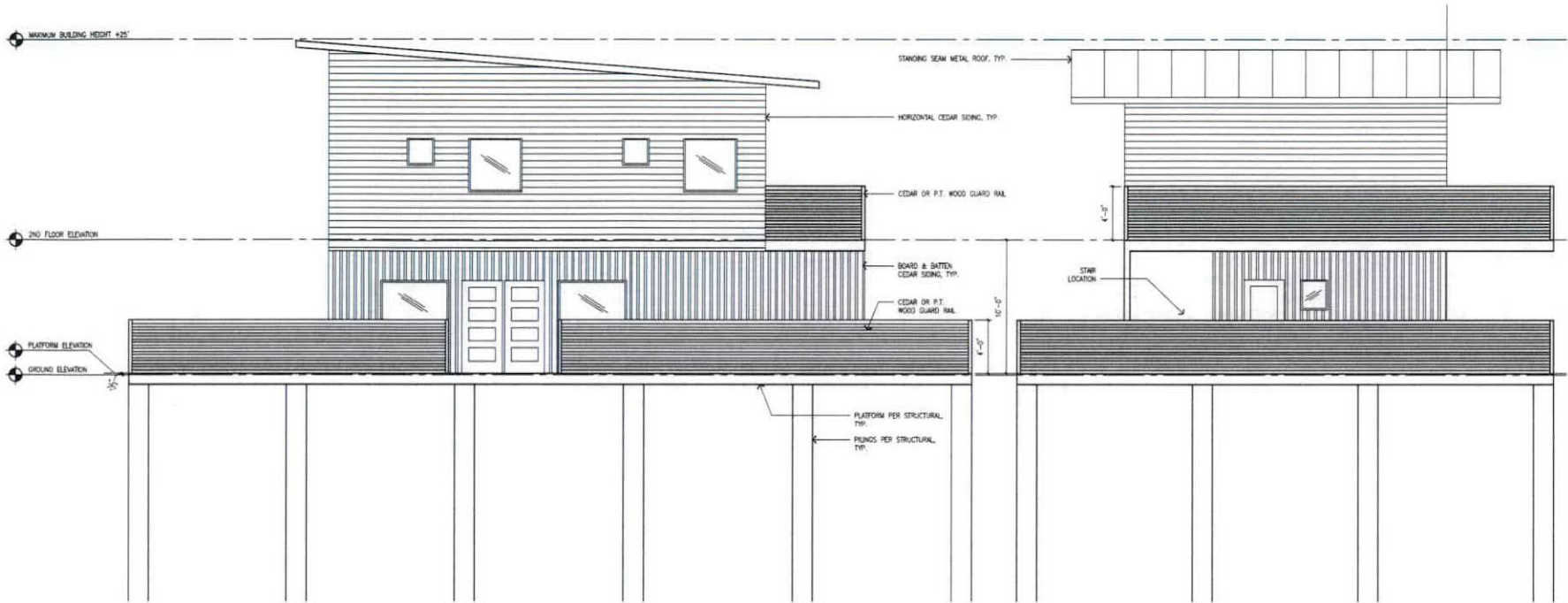
JOB NO. 20-02
SUBMITTAL: 03-03-20
DRAWN BY: MAZ
CHECKED BY: MAZ
REVISIONS:

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APR - 3 2020

AMCO



1 NORTH ELEVATION
SCALE: 1/4" = 1'-0"

1 WEST ELEVATION
SCALE: 1/4" = 1'-0"

NOTES:
NO SURVEY PROVIDED, GROUND ELEVATION TO BE DETERMINED WHEN SURVEY IS RECEIVED.
FINISH FLOOR ELEVATION 15" MAX ABOVE GROUND ELEVATION DUE TO LENGTH OF ENTRY RAMP.
MINIMUM BOARDWALK ELEVATION = 21 FEET NAVG 1985

CONDITIONAL USE PERMIT SET
03-11-20



ZARCHITECTS
DESIGN • DRAFTING • INTERIOR • EXTERIOR

HOMER SPIT OYSTER BAR
HOMER SPIT SUB NO TWO AMENDED LOT D-8, HOMER, ALASKA
DESIGN

ELEVATIONS

JOB NO. 20-02
SUBMITTAL: XXXXX
DRAWN BY: MAZ
CHECKED BY: MAZ
REVISIONS:

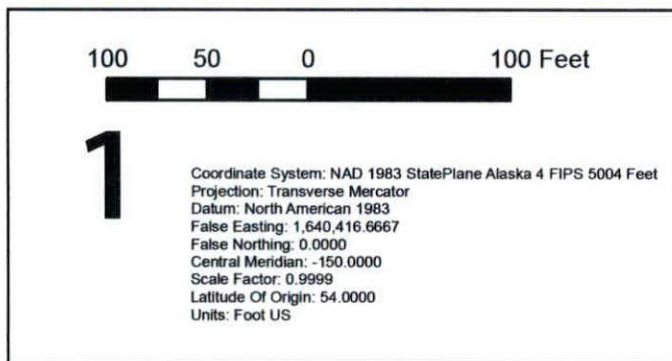
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AMCO
APR - 3 2020



City of Homer, Proposed Harbor Platform



**Dept of Public Works
 &
 Port and Harbor Dept
 03/03/2020**

Disclaimer:
 It is expressly understood the City of Homer, its council, board, departments, employees and agents are not responsible for any errors or omissions contained herein, or deductions, interpretations or conclusions drawn therefrom.

AMCO

APR - 3 2020



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: | Suvi Mirja Bayly | | | | |
| License Type: | Restaurant Eating Place-Public Convenience Seasonal | License Number: | 5910 | | |
| Doing Business As: | Homer Spit Oyster Bar | | | | |
| Premises Address: | 4081 Freight Dock Road | | | | |
| City: | Homer | State: | AK | ZIP: | 99603 |
| Contact Name: | Suvi Bayly | Contact Phone: | 907-885-5340 | | |

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.)

If a minor is hired, at this point a minor never has been hired, they will be hired solely as a dishwasher, busser or line cook.
Minors who are customers will only be allowed in the dining area or outside on the deck and may not sit at the bar unless accompanied by a parental guardian.

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.

No minors will be hired as servers or bartenders
A minor may be hired as a busser, dishwasher or line cook.
All alcohol is stored in the bar area of the restaurant which a minor may not access, or my locked office.
I do not hire people who are illiterate with current laws, ordinances and state mandated regulations.
All bartenders are TAPP certified.

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 VIEW OFFICIAL DEC APPROVAL LETTER
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:

Everyday of the week: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday
Hours of operation: 11:00 AM - 10:00 PM

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:

On occasion live music may perform.
Anytime during our business hours: 3:00 PM - 11:00 PM

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:

To-go



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. [Initials]

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. [Initials]

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license. [Initials]

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.) [Initials]

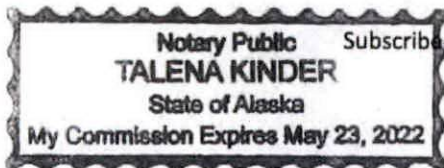
I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

[Signature of Suvi Bayly]
Signature of licensee
Suvi Bayly

[Signature of Talena Kinder]
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: May 23 2022



Subscribed and sworn to before me this 13th day of January, 2020.

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

Approval checkboxes: [] []

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:

AMCO
APR - 3 2020

HOMER SPIT OYSTER BAR

GASTROPUB, EST 2017



FRESH OYSTERS FROM
THE BAY TO YOU

DRINKS

Sake shot / 3.5
Sake shooter / 5
Sake Suvi / 5
Sake glass / 7
Wine / 9-15
Beer bottle / 5
Beer tap / 6
Prosecco / 9-12
Champagne / 9-15
Specialty drinks

OYSTERS

OYSTERS RAW

Shooter / 3.75
2's a pair / 7.5
3's a crowd / 11.25
Half is more / 22.5
Cheaper by the dozen / market rate

OYSTERS BAKED

Whipped garlic butter
with Italian prosciutto or
Herbes de Homer
3 / 15
6 / 30

STARTERS & SNACKS

OYSTER DIP

Oyster baked over creme fraiche served
with toasted ciabatta & extra virgin olive oil / 12

DEILED EGGS

Luscious Three Creme / 9, Wild Herbes / 12, Caviar / 14

LEBANESE FIG JAM FLATBREAD

Baked flatbread married with Lebanese Fig Jam, EVOO, Manchego
cheese, & Ricotta wrapped in Copa & fresh local herbes / 16

CHEESE & CHARCUTERIE PLATE

3 Artisan cheeses or 3 Artisan Cheeses with 3 Cured meats,
accompanied with Artisan crackers and Fig Jam / 18 or 24

SIDES

CRUDITES

Coleslaw / 6
Pickled olives / 6
Roasted nuts / 6
Potato salad / 6
Mixed greens / 9

GRILLED CHEESE

SINGLE

Cheddar / 10

DOUBLE

Havarti, Mozzarella / 12

TRIPLE

Havarti, Mozzarella, Brie / 14

DAILY SOUP

Miso Oyster / 10
Oyster Ramen / 12
Oyster Bisque / 14
Daily Special

MIGNONETTE: 3 4 5

Classic / 1.75
Super Sriachia / 1.75
Zesty garlic / 1.75
Herbes de Homer / 1.75
Finnish dill / 1.75
Sweet Chili / 1.75
Ponzu / 1.75
Special / 1.75

AMCO

APR - 3 2020



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Environmental Conservation

DIVISION OF ENVIRONMENTAL HEALTH
FOOD SAFETY & SANITATION PROGRAM

43335 Kalifornsky Beach Rd
Soldotna, Alaska, 99669
Main: 907.262.3408
fax: 907.262.2294
www.dec.alaska.gov/eh/fss
heidi.isernhagen@alaska.gov

April 28, 2020

Homer Spit Oyster Bar
Attn: Suvi Bayly,
824 Ocean Drive Loop,
Homer, AK 99603

Re: Plan Review Approval for Homer Spit Oyster Bar

Facility: 8378 Permit ID: 10975

Dear Ms. Bayly:

Thank you for submitting your Food Establishment Application and Plan Review Application for Homer Spit Oyster Bar located at 4311 Freight Dock Road in Homer, Alaska.

Once you have submitted payment for your 2020 Annual Fee, your application is considered complete and you are approved to begin operating. **Payment of your Annual Fee must be received by the Department prior to operating.** After payment is received, you should expect to receive a copy of your 2020 Food Establishment Permit in the mail shortly. An inspection from our Department will not be required in order for you to start operating.

Here is a link that has resources that may be helpful for you and your facility, which address common food safety risk factors: http://dec.alaska.gov/eh/fss/Food/RF_Resources.html.

Please notify our office if there are any significant changes to the facility, style of service, location of service, ownership, or menu changes.

If you have any questions please do not hesitate to contact one of our Environmental Health Officers in our Soldotna office: EHO Melanie Hollon at (907) 262-3413 / melanie.hollon@alaska.gov or EHO Heidi Isernhagen at (907) 262-3416 / heidi.isernhagen@alaska.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Heidi Isernhagen".

Heidi Isernhagen
Environmental Health Officer



Application for Food Establishment Permit

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program



Permit ID: _____

Section 1- GENERAL INFORMATION (All applicants complete entire section – please print).

Purpose (check one) New Information Change Extensive Remodel Change of owner/operator Reactivate

| | | | | | |
|----------------------------|---|--|------------------------------|-------------|--------------|
| Owner/Business Information | Name of Entity or Owner Responsible for Food Service Homer Spit Oyster Bar | | AK Business License # | | |
| | Business/Corporate Mailing Address 824 Ocean Drive Loop | | City Homer | State AK | Zip 99603 |
| | Business/Corporate Phone 907-885-5340 | | Email suvibayly@gmail.com | | |
| | Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Suvi Mirja Bayly | | | Fax | |
| | Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: | | | | |

| | | | | | | |
|---------------------------|---|--|-------------------|------------------------------|-------------------|--|
| Establishment Information | Establishment Name Restaurant/Food | | Physical Location | | Nearest Community | |
| | Establishment Mailing Address 824 Ocean Drive Loop | | City Homer | State AK | Zip 99603 | |
| | Establishment Phone 907-885-5340 | | Fax | Contact Person Suvi Bayly | | |
| | Establishment Physical Address Freight Dock Road | | City Homer | State AK | Zip 99603 | |

SEATING: (Food Service Only) N/A 25 or less 26-100 > 101

TYPE OF OPERATION Please describe the type of facility you plan to open below (i.e. restaurant, bar, grocery store, etc.)

Restaurant/Food/Eating Place

SECTION 2 – NEW OR EXTENSIVELY REMODELED FACILITIES

a. A plan review will be required if your facility has never been permitted by the Alaska's Food Safety and Sanitation Program; has not had an active permit in the last five years; will be extensively remodeled; or is a new construction. If any of these apply, a Plan Review Application is required to process your application. Have you attached the [Plan Review Application](#)? Yes No

SECTION 3 – COMPLETE FOR ALL FOOD ESTABLISHMENTS (Check all that apply)

FOOD SERVICE ESTABLISHMENTS

a. A copy of your menu will be required. Have you attached a copy of the proposed menu? Yes No

b. Attach appropriate label, placard, or menu notation for the [consumer advisories](#) if you serve:
 Wild Mushrooms Unpasteurized juices Farmed halibut, salmon, or sablefish
 Raw/undercooked animal foods such as beef, shell eggs, lamb, pork, poultry, seafood, and shellfish.

c. Methods of food preparation (check the one that most closely describes the establishment):
 Assembly of Ready to Eat Foods Cook and Serve
 Hot or cold Service for 2 hours or more is done
 Complex (Preparation 1 day or more in advance, cooling and reheating is done).

d. Style of Service: Counter Service Self Service (i.e. buffet line, salad bar) Table Service
 Other:

e. Do you plan to operate as a [caterer](#)? Yes No
If **yes**, list all the equipment used to protect food from contamination and maintain product temperature during:
Transportation: _____ Hot or Cold Holding: _____

| | | | |
|----|---|---|--|
| f. | Will your food establishment be a kiosk or mobile unit ? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | Are employee toilets available within 200 feet? <i>If you have an agreement with another business to use their restrooms, please attach written verification.</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Portable water tanks, plumbing, and hoses are NSF or FDA approved components? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If you have a kiosk, is it located outside of a building? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | Will you have a service provide water or remove wastewater? <i>If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. | Will another permitted food establishment (commissary) provide support to your facility? If yes, attach a copy of the Commissary Agreement . | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

FOOD PROCESSORS

| | | | |
|----|--|------------------------------|--|
| a. | A copy of a label for each type of product you will produce is required. Have you attached food labels of each product to be produced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Describe who you will be distributing your product to (i.e. grocery stores, etc): | | |
| c. | Will you be doing any of the following processes? Check all that apply. | | |
| | <input type="checkbox"/> Reduced Oxygen Packaging <input type="checkbox"/> Smoking <input type="checkbox"/> Other: <input type="checkbox"/> Low Acid Canned Foods <input type="checkbox"/> Curing <input type="checkbox"/> Shelf Stable Acidified Foods <input type="checkbox"/> Dehydrating | | |
| | <i>Be sure to check with your local Environmental Health Officer for any applicable forms and FDA requirements.</i> | | |
| d. | Do you have a HACCP Plan ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | <i>Required for high hazard food processors such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, reduced oxygen packaging, etc.</i> | | |
| e. | You are required to have a product coding system and a recall plan . Have you attached a copy of the coding system and recall procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

MOBILE RETAIL VENDOR SELLING SEAFOOD

| | | | |
|----|--|------------------------------|-----------------------------|
| a. | A list of products that you will be selling is required. Have you attached a copy of the list of products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Provide names of suppliers where you will be purchasing your product: Food Services of America, Country Foods, 10th & M, Jakolof Bay Oyster Co, Glacier Point Oysters | | |
| c. | Will all of your product be prepackaged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | Will another permitted food establishment (commissary) provide support to your facility? If yes, attach a copy of the Commissary Agreement . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

MACHINES VENDING POTENTIALLY HAZARDOUS FOODS

| | | | |
|----|--|------------------------------|--|
| a. | Have you attached the label that will be affixed to the front of each machine with name, physical address, and phone number of the permitted food establishment servicing the machine? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|----|--|------------------------------|--|

SECTION 4 – Food Managers Certification/Alaska Safe Food Worker Card

| | | | |
|----|--|---|--|
| a. | Have you attached a copy of a Food Manager's Certification ? <i>The operator of a food establishment that serves and prepares unwrapped or unpackaged food, except for a bar, tavern, or limited food service, must have at least one Certified Food Protection Manager who is involved in the daily operations of the establishment.</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| b. | Does everyone who works or will work at the food establishment have a Food Worker Card ? <i>An operator of a food establishment shall keep on file a copy of the Food Worker Card issued by the department for each employed food worker and make the copy available to the Department upon request.</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

| | |
|---|-----------------|
| Applicant's Signature | Date 02/19/2020 |
| Applicant's Printed Name Suvi Mirja Bayly | Title Owner |



Plan Review Application

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program



Permit ID: _____

Section A- General Information (All applicants complete entire section – please print).

Purpose (check one) New Construction Remodel of Existing Structure Reactivation

| | | | |
|---------------------|---|-------------------------------------|------------------|
| General Information | Establishment Name: Homer Spit Oyster Bar | | Date: 02/19/2020 |
| | Plan Review Contact Name: Suvi Bayly | | |
| | Phone Number: 907-885-5340 | Email: suvibayly@gmail.com | |
| | Address: 824 Ocean Drive Loop | | |
| | Operating Days/Hours: Everyday: 11 am-10 pm | Proposed Opening Date: May 15, 2020 | |

If you are proposing to build a new food establishment or extensive remodeling of an existing food establishment in Alaska (except in the Municipality of Anchorage), you must submit a **completed Plan Review Packet 30 days prior to construction**. Additional information regarding calculations and drawings can be found in the Plan Review Guide.

Please Note: Failure to provide all the required information may delay the plan review process and permit issuance.

REQUIRED DOCUMENTATION LIST (Include the following in your packet)

- Food Establishment Application
- Fees
- Plot Plan
- Floor Plan
- Plumbing Schematic
- Complete list of equipment (including manufacturer's specifications)

SECTION B – REQUIRED DOCUMENTATION

a. **Potable Water Supply.** Have plans been submitted to the [Drinking Water Program](#) as required by 18 AAC 80?
 Yes* No N/A (Municipal Water Supply) **Specify in comments.**
 Comments: The business will be connected to city water through the city of Homer

***Attach a confirmation email or letter from the Drinking Water Program stating that the system has been approved.**

b. **Wastewater Disposal System.** Have plans been submitted to the [Wastewater Program](#) as specified by 18 AAC 72?
 Yes* No N/A (Municipal System) **Specify in comments.**
 Comments: The business will be connected to city sewer through the city of Homer.

***Attach a confirmation email or letter from the Wastewater Program stating that the system has been approved.**

c. **Solid Waste Disposal.** Please describe how you plan to dispose of your solid waste:
 All trash, garbage will be disposed in the proper trash receptacles.

- d. **Plot Plan.** Have you included a detailed to scale drawing of the plot plan including: Yes No
- All buildings
 - Outside walk-in cooler(s)/freezer(s)
 - Access for deliveries
 - Refuse storage site
 - Outside storage areas
 - Sewage disposal system
 - Potable water supply
 - Oil/Fuel tanks
 - Identify nearby roads, streets, other landmarks, and/or give GPS coordinates

Permit ID(s) _____

Establishment Name(s) _____

e. **Floor Plan.** A floor plan with the listed components must be submitted as part of the application packet. Have you included a floor plan? Yes No
 Layout and purpose of each room Type and location of lighting
 Location of fixed equipment and plumbing features Type and location of ventilation, both building and local systems
 Size, construction, and design of fixed equipment
 Location of restrooms, including the number of toilets and handwash sinks.

f. **Plumbing Schematic.** A plumbing schematic with the listed components must be submitted as part of the application packet. Have you included a detailed drawing of the plumbing schematic? Yes No
 Plumbing schematic showing each hot, cold, and wastewater line.
 Plumbing connection to the wastewater line (direct vs. indirect)
 Hot water capacity
 Have you contacted the State Plumbing Inspector? Yes No

G **Fire Marshall.** Have you contacted the State Fire Marshall? Yes No
 Please describe your ventilation/hood system:

SECTION C – ADDITIONAL INFORMATION

a. **Storage.** How often will you receive food deliveries? Do you have adequate storage to support your operation? Consult the Plan Review Guide for information about storage capacity.
 Once or twice a week

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:
 In the main office where employees clock in and clock out.

c. **Poisonous/Toxic Materials.** Describe location and means to store poisonous or toxic materials:
 Toxic cleaning supplies will be stored in a cabinet underneath the hand sink.

d. **Floors/Walls/Ceilings.** Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):
 Painted walls, painted ceilings, sealed shelving and stainless steel shelving.

e. **Warewashing:** Describe how dishes, utensil, and equipment will be washed:
 In a 3 bowl commercial kitchen sink, as well as a commercial dishwasher.

f. **Linens.** Describe how soiled and clean clothing/linens will be stored and where they will be cleaned:
 Soiled linens will be stored in a dirty laundry bag and clean linens will be folded and stored in large plastic air tight storage containers on shelves.

SECTION D

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

Applicant's Signature _____

Date _____

Applicant's Printed Name Suvi Mirja Bayly

Title Owner