



## MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: November 16, 2021

FROM: Kristina Serezhenkov, OLE

RE: #5968 Sunnyside  
Market

**Requested Action:** New Restaurant or Eating Place – Public Convenience license

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

AS 04.11.400(g): “The board may approve the issuance or transfer of ownership of a restaurant or eating place license in a municipality without regard to (a) [population limits] of this section if the board finds that issuance or transfer of the license is necessary for the public convenience.”

3 AAC 304.335: “(a) The board may issue a restaurant or eating place license under AS 04.11.400(g) upon a showing that

(1) repealed 8/24/2001;

(2) there is community support, which must be shown by a petition signed by a majority of the residents 21 years of age or over who reside within one mile of the proposed premises; and

(3) the governing body of the municipality in which the licensed premises are to be located approves the application.”

3 AAC 304.115(a): “...Petition signatures must be obtained within the 90-day period immediately preceding the submission of the application. After an application has been filed, no additional signatures may be added to the petition, and no signatures may be withdrawn.”

**Staff Rec.:** Approve the new application with delegation.

**Background:** This application is for a new restaurant or eating place – public convenience license in the City of Gustavus. 3 AAC 304.335 requires approval of the local governing body and community support as expressed by a petition signed by a majority of the residents 21 years of age or older who live within one mile of the proposed licensed premises.

The applicant determined the number of signatures required by identifying the number of residences within a mile of the proposed licensed premises through utilizing a website named TownCharts which specializes in demographic information including population counts. The applicant also consulted a

map and canvassed the area by going door to door.

Using these methods, it was determined that the minimum number of required, valid signatures is 61. By examining all dates, addresses and searching for any disqualifying elements, staff verified that the applicant has provided at least the minimum signatures.

Attachments:

AB-12

AB-00

AB-02

AB-03



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

## 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).

☐ ☒

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:	Strawberry Point Natural Foods LLC				
License Type:	Restaurant Eating Place / Public Convenience				
Doing Business As:	Sunnyside Market				
Premises Address:	25 Dock Rd.				
City:	Gustavus	State:	AK	ZIP:	99826
Latitude:	58.4133° N	Longitude:	135.7369° W		

Because Gustavus is an outlying rural town, it does not take detailed census numbers including residents over the age of 21. Because of this we have used the following information from towncharts.com to determine an estimate for residents over the age of 21 within a one mile radius of Sunnyside Market:

Per Figure 3: The population of Gustavus in 2020 was 450 people, and has not changed substantially since that year. By consulting a map and canvassing the area we estimate that 1/3 of the population resides within one mile of Sunnyside Market.

Per Figure 8: The population of residents over 21 in Gustavus is approximately 4/5 of the population.

Thus:

$450 \text{ permanent residents} / 3 = 150 \text{ people living within a one mile radius of Sunnyside Market}$

$150 \text{ people} - 30 (1/5^{\text{th}} \text{ the approximation of underage residents}) = 120 \text{ residents within a one mile radius who are over 21 years of age.}$

We obtained 107 signatures by driving door to door, which equates to 89.17% of residents over the age of 21 within a one mile radius.





Alaska Alcoholic Beverage Control Board

## Form AB-12: Petition

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### 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**

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

**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 license to sell  
(type of license applied for) (manufacture, sell)

alcohol at 25 Dock Rd, Gustavus AK 99826  
(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.**





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

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, Strawberry Point Natural Foods LLC, the applicant for a  
(proposed licensee)

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

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

25 Dock Rd., Gustavus AK 99826 totals 120 and this petition  
(proposed premises or nearest US Post Office address) (total population)

totals 107 signatures, which is 89.17 % 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.

[Signature]  
Signature of licensee

Bonny Danielsen  
Printed name of licensee

[Signature]  
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 10/17/21

N FAREVAAG  
Notary Public, State of Alaska  
Commission # 171017014  
My Commission Expires  
October 17, 2021

Subscribed and sworn to before me this 8<sup>th</sup> day of March, 2021.

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## Public Records Online

I WILL NOT use this information to stalk anyone  
If I see someone I know, I WILL NOT publicize their information or spread gossip  
I WILL NOT harass people whose criminal records appear on this site  
If I learn someone close to me is a dangerous criminal, I WILL NOT confront them

Enter

### Gustavus, Alaska Demographics Data

Demographics Housing Economy Education Healthcare

SDN Branch Networks

Cradlepoint

OPEN

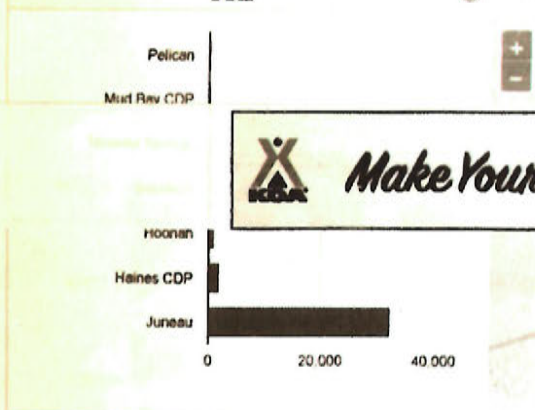
### Gustavus Alaska Population Charts

According to the most recent Gustavus Alaska demographics data available from the United States Census Bureau released in the American Community Survey in December of 2020, **Figure 1** Gustavus depicts it has a Population 2019 of 454 which is in the center range of other places in the local area. The city with the highest population in the area is **Juneau** which shows a population of 32,227 (substantially bigger). **Figure 3** uses the Gustavus population

Put Grainger to Work for You

Figure 1: Gustavus, AK and Area 2019 Population Data

Figure 2: Map of Gustavus, AK and Area



Make Your WAYOUT

LET'S CAMP

and Gustavus Alaska shows an increase of 12 (3%)

The total Gustavus Alaska greater area population percent change for all areas for the years from 2010 to 2019 is shown in **Figure 4** and for **Gustavus** shows it has a Population Change of 2.7% which is less than most other places in the local area.

Figure 3: Gustavus, AK Population Change 2010 to 2019

Figure 4: Gustavus, AK 2010 to 2019 Population Percent Change

Learn More

ezoic

Near Gustavus, A

Select a City-Place

Select a Zipcode

Select a County

See All Alaska:

Alaska Cities A-Z



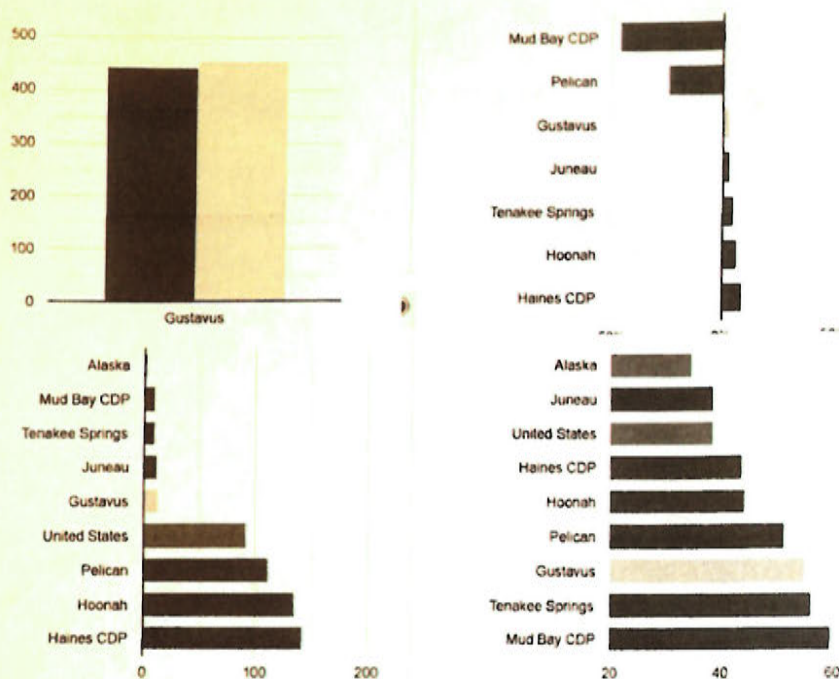


Figure 7: Median Age by Gender in Gustavus, AK

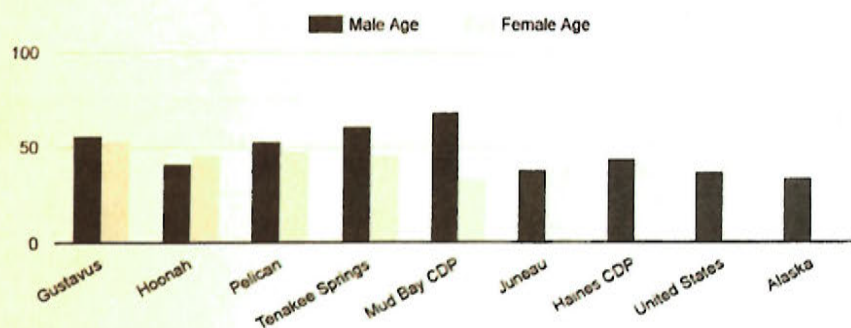


Figure 8: Gustavus, AK and Area Age by Generation

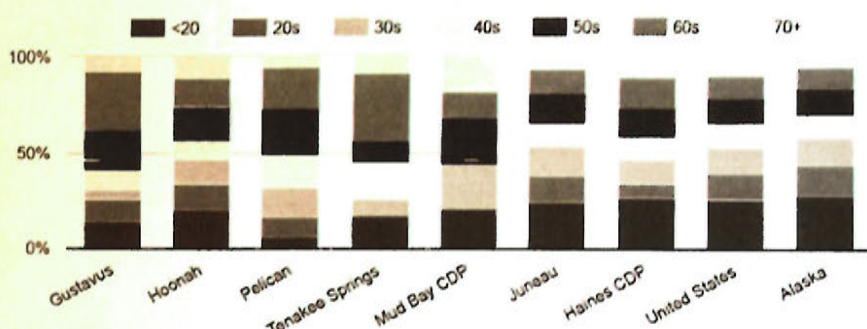


Figure 9: Gustavus, AK and Area Ethnicity Makeup

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**Looks**

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Looking at the Gustavus population density (measured as people per square mile) and providing comparisons to both the national and state average population density in [Figure 6](#).

[Gustavus](#) Alaska depicts it has 12 people per square mile which is in the mid range of other places in the metropolitan area.

The next higher when ranked by population density is [Pelican](#) substantially bigger with population density of 111. The city with the highest population density in the area is [Haines CDP](#) which depicts a people per square mile of 141 (appreciably bigger).

[Figure 6](#) provides Gustavus demographics for the overall median age for all people in the region and [Gustavus](#) depicts it has a Median Age of 54.8 which is the third most median age of all other places in the greater Gustavus.

**[Photos] Remember**  
**"Green Acres"? You**  
**Never Realized This**

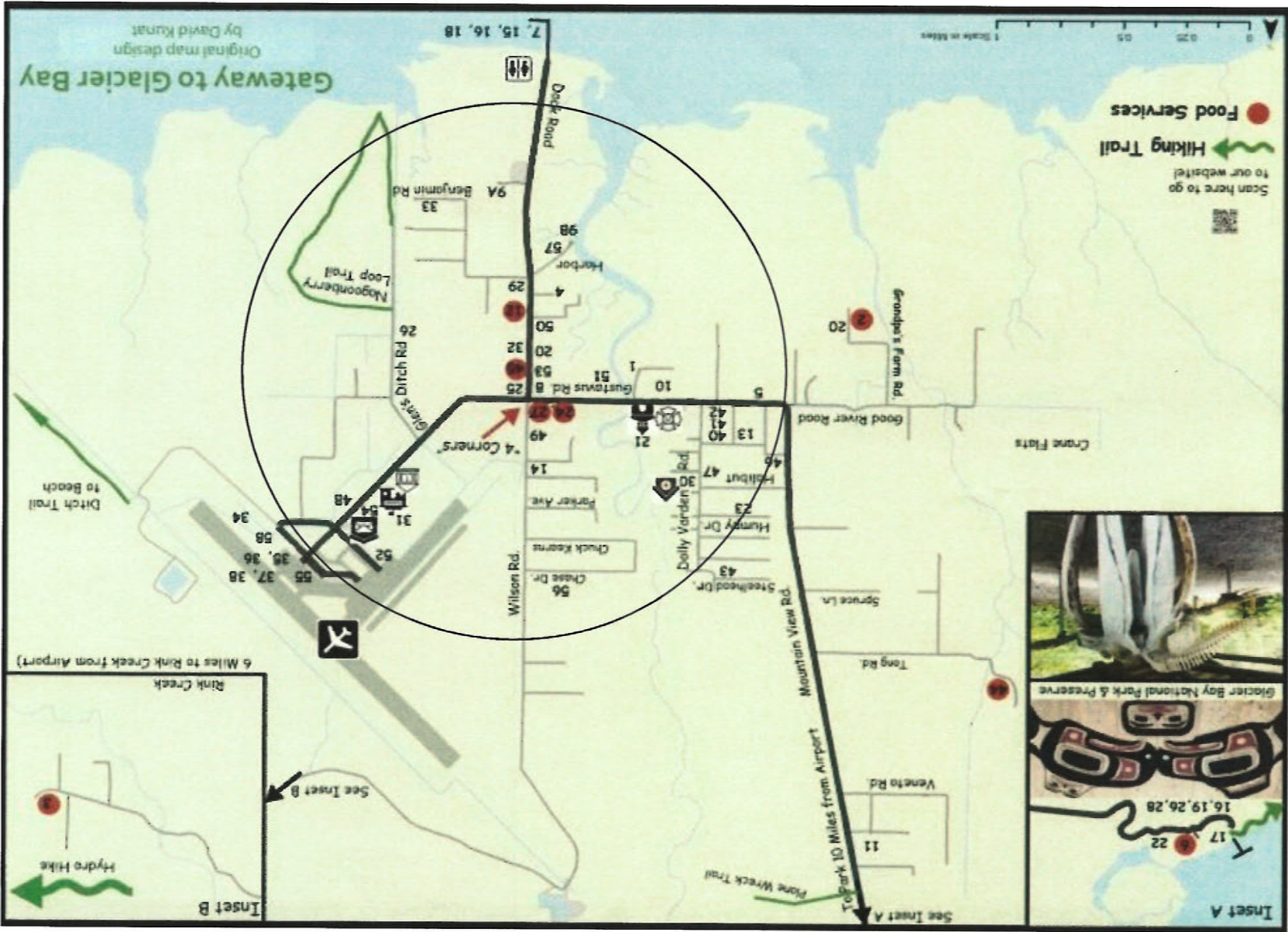
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**[Pics] Remember**  
**Sandra Bullock's**  
**Son? See How He...**

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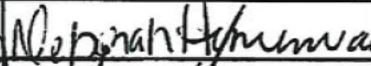
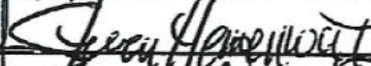
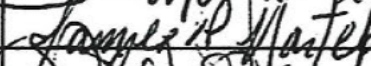
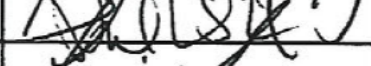

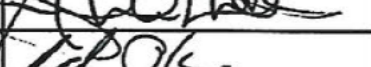


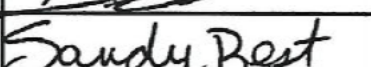
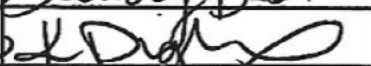
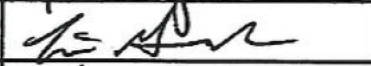

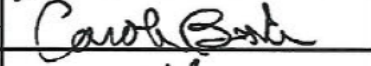





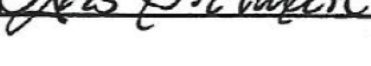

**Rub Vicks VapoRub**  
**On Your Feet At Nigh**  
**Here's Why**

[DeaaherDeaaher](#)





Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Deborah Hemenway		[REDACTED]	7 Faraway	Gustavus	1-27-2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Steven Hemenway		[REDACTED]	17 Faraway	Gustavus	1-27-2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
James Martell		[REDACTED]	1 Faraway	Gustavus	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Marviesh		[REDACTED]	2 Faraway	Gustavus	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
James Lesh		[REDACTED]	2 Faraway	Gustavus	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
WILLIAMS		[REDACTED]	1 PARKER DR	GUSTAVUS	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
LEAH OKIN		[REDACTED]	1 PARKER DR	GUSTAVUS	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
31/41 Todd		[REDACTED]	4 River bend Drive	Gustavus	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Beverly McGee		[REDACTED]	25 Wilson rd. #3	Gustavus	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sandy Best		[REDACTED]	12 Wilson Rd	Gustavus	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Katy Dighton		[REDACTED]	44 Good River Rd	Gus.	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tim Goodbrake		[REDACTED]	44 GOOD RIVER RD	GUS	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
VAN BAKER		[REDACTED]	15 Lupine Way	GUS.	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Carole Baker		[REDACTED]	15 Lupine	Gustavus	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Joan Waller		[REDACTED]	14 Lupine Lane	Gustavus	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
LISA DALLAS		[REDACTED]	35 Wilson Rd	GUSTAVUS	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
LISA DALLAS		[REDACTED]	35 Wilson RD	Gustavus	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Marilyn Burgess		[REDACTED]	3 Steelhead	Gustavus	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Craig Forgaard		[REDACTED]	3 Steelhead	Gustavus	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lois G Nixon		[REDACTED]	16 Chase Drive	GUSTAVUS	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence [PO Boxes will not be accepted]	City	Date Signed	Do you understand this petition?
Katelyn Tupper	[Signature]	[Redacted]	9 Halibut Dr.	Gustavus	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Chloe Archambault	[Signature]	[Redacted]	345 Same Old Rd	Gustavus	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Amanda Dunaway	[Signature]	[Redacted]	25 Wilson Road	Gustavus	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hattie Kandle	[Signature]	[Redacted]	1 Fairweather	Gustavus	1-26-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cindy Kandle	[Signature]	[Redacted]	1 Fairweather	Gustavus	1-26-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Michelle Jensen	[Signature]	[Redacted]	16 Travis Drive	Gustavus	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ken Hultman	[Signature]	[Redacted]	16 Travis Drive	Gustavus	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Peter Taylor	[Signature]	[Redacted]	6 1/2 Towns Dr.	Gustavus	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Rachel Howell	[Signature]	[Redacted]	16 1/2 Travis Dr.	Gustavus	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Malcolm Burg	[Signature]	[Redacted]	12 Travis Dr.	Gustavus	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sharon Barry	[Signature]	[Redacted]	24 Benjamin Dr.	Gustavus	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Barry	[Signature]	[Redacted]	24 Benjamin Dr.	Gustavus	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sean Stairs	[Signature]	[Redacted]	270 Gustavus Rd	Gustavus	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Gail Ewing	[Signature]	[Redacted]	10 Travis Dr	Gustavus	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Charlotte Danson	[Signature]	[Redacted]	3 Leary Ln	Gustavus	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Patti Tanager	[Signature]	[Redacted]	3 Leary Ln	Gustavus	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Karen Mills	[Signature]	[Redacted]	1 Same Old Rd	"	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Marion Heaton	[Signature]	[Redacted]	4 Same Old Rd	"	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jake Peters	[Signature]	[Redacted]	123 Astmark Dr	Gustavus	1/27/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Juanita Proctor	[Signature]	[Redacted]	20 Parker	Gustavus	1-27-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
CHUCK SCHROTH JR.	[Signature]		204 King Solomon	GST	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JON HOWELL	[Signature]		4 Willow Way	GST	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
MARCELE LARSON	[Signature]		30 Pine Way	GST	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JANE BUTTON	[Signature]		3 Howe Lane	GST	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Gregory R. Howe	[Signature]		3 Howe Lane	GST	1/24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jennifer Gardner	[Signature]		5 Lupine Lane	GST	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Patrick Hansen	[Signature]		5 Lupine Lane	GST	01/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sharon Waguespack	[Signature]		1/4 mile dirt road	GST	1-25-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kristal Marie Sheakley	[Signature]		humpy Dr	Gst	1-25-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Warren Sharon Sheakley	[Signature]		humpy Dr	Gst	1-25-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Julie Young Howell	[Signature]		Willow Way	GST	1-26-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lillian Ruedrich	[Signature]		310 Pine St.	GST	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bruce A. Smith	[Signature]		#1 Wilcox Rd	Gst	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Colleen Sturtevant	[Signature]		#1 Wilson Rd	BST	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Susan Ogden	[Signature]		3 Moose farm	GST	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Charles Bale	[Signature]		58 Same old Rd	GST	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mary G Cook	[Signature]		70 Same old Rd	GST	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tim Sunday	[Signature]		70 Same Old Rd	Gst	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bonnie Kaden	[Signature]		78 Same Old Rd	GST	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
HAYDEN KADEN	[Signature]		78 Same Old Rd.	GST.	1/26/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Tanya Wagner	[Signature]		#2 Coho Dr	Gustavus	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jordan Wagner	[Signature]		#2 Coho Dr.	Gustavus	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Chantel Mulligan Bear	[Signature]		204 Sockeye St.	Gustavus	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cam Cacioppo	[Signature]		211 Sockeye Dr.	Gustavus	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hayley Muzik	[Signature]		22 (Trudy) 211 Sockeye	Gustavus	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lou Cacioppo	[Signature]		211 Humphrey	Gustavus	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Simon Bear	[Signature]		204 Sockeye	Gustavus	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Travis Miller	[Signature]		31 Sockeye	Gustavus	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Michelle Snowden	[Signature]		31 Sockeye	Gustavus	01/24/2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kari Randall	[Signature]		5 Needlefish	Gustavus	1/24/2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mac Porter	[Signature]		5 Needlefish	Gustavus	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Col Caspit	[Signature]		201 Humphrey Dr.	Gustavus	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sarah Lenning	[Signature]		12 HALIBUT DR.	Gustavus	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Zach Lenning	[Signature]		12 Halibut Dr.	Gustavus	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Karen Sargent	[Signature]		"	"	"	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
LeAnn Mattson	[Signature]		123 Dolly Varden	"	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Theo Smith	[Signature]		Dolly Varden 123	"	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sean Mattson	[Signature]		123 Dolly Varden	"	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lisa Cacioppo	[Signature]		52 Dolly Varden Dr	"	01-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Trish Dawson	[Signature]		204 King Salmon		1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Mariah Patrick			55 pine st.	Gustavus	1/23/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dmitry Pittard			55 pine st	Gustavus	1/23/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Martine Chaneller			2 Greenling Ave.	Gustavus	1/23/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sezi Tevelbaugh			2 Greenling Ave.	Gustavus	1/23/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Joseph Eller			#8 Sandlance	Gustavus	1/23/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Carly Casipit			#8 Sandlance	Gustavus	1/23/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Katherine Hodge			#9 Sandlance	GUS	1/23/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
McLean Steadman			Seneoas SAME OLD ROAD	GUS	1/23/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mike Atkins			50 Same Old Rd	Gustavus	1-23-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dawn Walker			#50 Same old rd	Gustavus	1-23-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tim Lazar			89 Same Old Road	Gustavus	1-23-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Rachel Patrick			01 North drive	Gustavus	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Aaron Patrick			01 North drive	Gustavus	1-24-21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Danielle Patrick			210 cohodn	Gustavus	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shane Patrick			210 cohodn	Gustavus	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sean Patrick			210 cohodrive	Gustavus	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Rene Patrick			210 Cohodrive	Gustavus	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JAMES Wagner			Lot 2 cohodrive	Gustavus	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ROGER BUTTAM			203 COHO DR	GUST	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Heleen Buttam			203 cohodr	Gust	1/24/21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



[illegible]





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-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:	Strawberry Point Natural Foods LLC			
License Type:	Restaurant/Eating Place - Public		Statutory Reference: AS 04.11.400(g)	
Doing Business As:	Sunnyside Market			
Premises Address:	25 Dock Road			
City:	Gustavus	State:	AK	ZIP: 99826
Local Governing Body:	Gustavus City Council			
Community Council:	None			

Mailing Address:	PO Box 125			
City:	Gustavus	State:	AK	ZIP: 99826

Designated Licensee:	Bonny Danielsen			
Contact Phone:	(707) 479-7109	Business Phone:	(907) 697-3060	
Contact Email:	strawberrypointnaturalfoods@gmail.com			

Seasonal License? ☐ Yes ☒ No If "Yes", write your six-month operating period: \_\_\_\_\_

OFFICE USE ONLY				
Complete Date:	10/25/21	License Years:		License #: 5968
Board Meeting Date:	1/18/2022	Transaction #:	100059233	
Issue Date:		BRE:	KRS	



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

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## 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:					
Address:					
City:		State:		ZIP:	

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	





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Phone: 907.269.0350

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:	Bonny Danielsen				
Title(s):	Member	Phone:	707-479-7109	% Owned:	50
Address:	PO Box 991				
City:	Occidental	State:	CA	ZIP:	95465

Entity Official:	Lance Danielsen				
Title(s):	Member	Phone:	707-318-4185	% Owned:	50
Address:	PO Box 991				
City:	Occidental	State:	CA	ZIP:	95465

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

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





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

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Phone: 907.269.0350

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 #:	10118936	AK Formed Date:	12/5/2019	Home State:	AK
Registered Agent:	Noel Farevaag	Agent's Phone:	907-209-4343		
Agent's Mailing Address:	PO Box 134				
City:	Gustavus	State:	AK	ZIP:	99826

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:

Noel Farevaag, Bookkeeper





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)  
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Phone: 907.269.0350

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.

LD

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

LD

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.

LD


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.

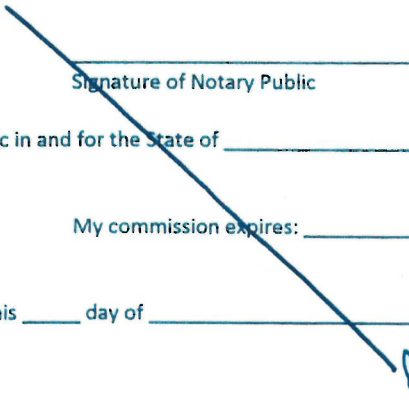
LD

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

LD

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

  
Signature of licensee  
Lance Danitelsen  
Printed name of licensee

  
Signature of Notary Public  
Notary Public in and for the State of \_\_\_\_\_  
My commission expires: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**SEE ATTACHED**  
For Notary



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-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.

BD

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

BD

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.

BD


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.

BD

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

BD

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

  
Signature of licensee

Bonny Danielson  
Printed name of licensee

\_\_\_\_\_  
Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEE ATTACHED  
For Notary



# CALIFORNIA JURAT WITH AFFIANT STATEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Sonoma

- ☒ See Attached Document (Notary to cross out lines 1-5 below)  
☐ See Statement Below (Lines 1-5 to be completed only by document signer(s), not Notary)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
Signature of Document Signer 1      Signer of Document Signer 2 (if any)

Subscribed and sworn to (or affirmed) before me on this 8<sup>th</sup> day  
February, 2021, by

(1) Lance Eric Danielson  
Name of Signer

Proved to me on the basis of satisfactory evidence to be the person who  
appeared before me and

(2) Bonny Rose Danielson  
Name of Signer

SEAL



Proved to me on the basis of satisfactory evidence to be the person who  
appeared before me.

[Signature]  
Kiyara Wilson-Bruton  
Notary Public, Sonoma County  
Commission #2331401  
Expires: August 11, 2024

- ☐ If marked, then attached pages will bear embossment of above notary.

**Optional:** Not required by law, however, may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

## Description of Attached Documents:

Title or type of Document: Alcohol License Form AB-00

Number of Pages: 5

Date of Document: 02/08/2021

Signer(s) other than Named Above: \_\_\_\_\_ AMCO Received 3/9/21



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-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**

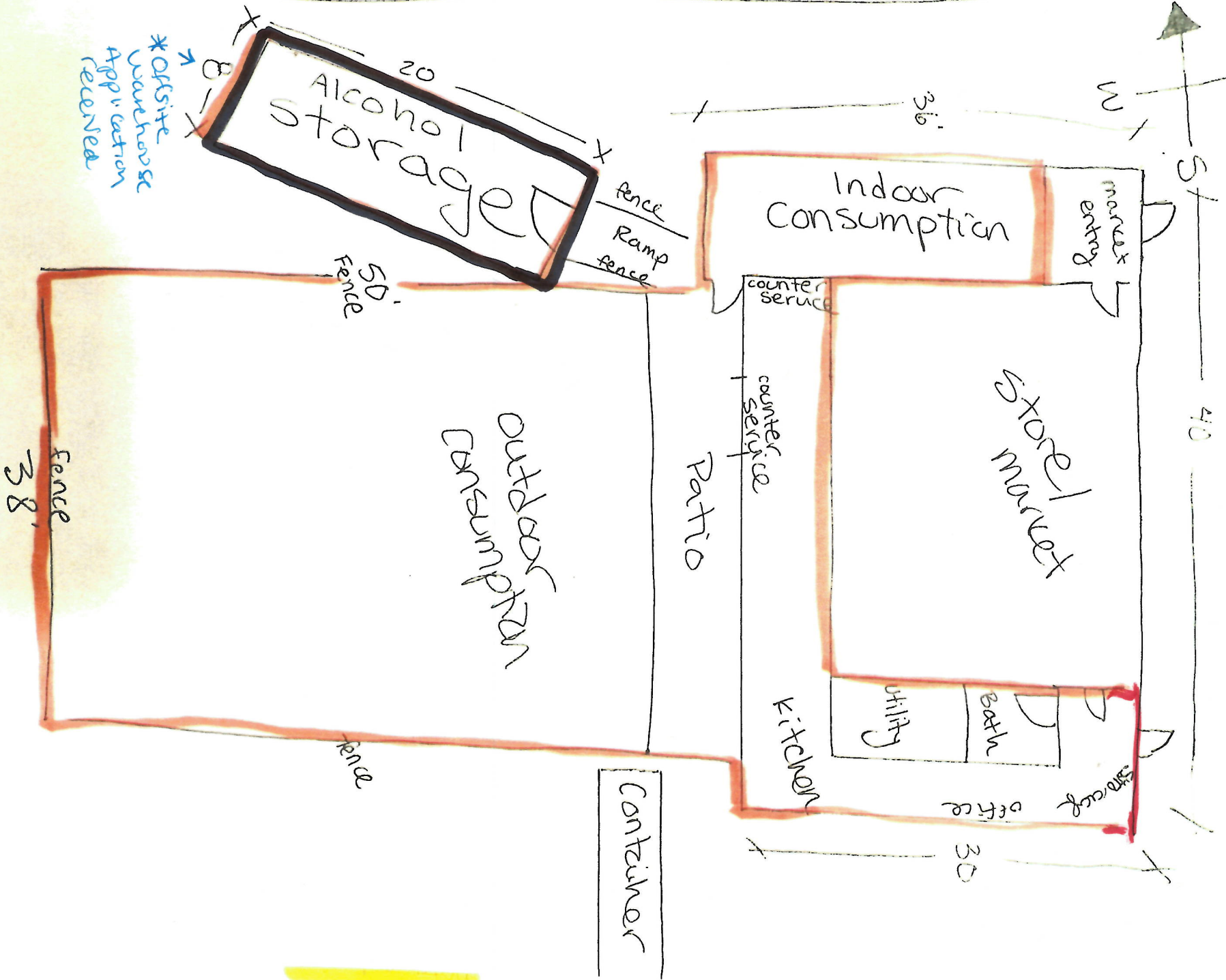
Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Strawberry Point Natural Food LLC	License Number:	
License Type:	Restaurant/Eating Place - Public Convenience		
Doing Business As:	Sunnyside Market		
Premises Address:	25 Dock Rd.		
City:	Gustavus,	State:	AK
		ZIP:	99826



Gustavus Rd.

State Dock Rd





10-10-2001

CERTIFICATE OF OWNERSHIP

James C. Jones 2-22-62 Enlightened Love Trusts Ship  
 1000 N. 10th St. Apt. 10  
 St. Paul, MN 55102  
 612-222-1010

NOTARY'S ACKNOWLEDGMENTS  
 Subscribed and sworn to before me on the 24th day of March 2008  
 at  
*Carle A. Crawford*  
 Notary Public for the State of New York

LAURENCE & ASSOCIATES  
INCORPORATED  
NOTARY



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VOSS SUBDIVISION

DOUGLAS FINLEY LAND SURVEYING

DATE OF PAYMENT	DATE OF RECEIPT	DATE OF DEPOSIT	DATE OF CLOSURE
10/10/10	10/10/10	10/10/10	10/10/10

ICO Received 3/9/21

AMCO Received 3/9/21



## ALL FIELDS CUSTOMIZABLE



Sunnyside Market

**MLS #** 19830  
**Class** COMMERCIAL/INDUSTRIAL  
**Type** Business Opportunity  
**Area** GUSTAVUS  
**Asking Price** \$350,000  
**Address** 25 Dock Road  
**City** Gustavus  
**State** AK  
**Zip** 99826  
**Status** Active  
**Sale/Rent** For Sale  
**IDX Include** Y



Map data ©2019



### GENERAL

<b>Lot Size</b>	2.5	<b>Zoning</b>	Rural
<b>Approx. SQFT</b>	1,280	<b>Blg/Ste 1 Building Ref.</b>	Main
<b>Blg/Ste 1 Dimensions</b>	32x40	<b>Associated Document Count</b>	0
<b>Original Price</b>	\$350,000	<b>Days On Market</b>	55

### FINANCIAL

<b>Assessed Value: Land</b>	\$0	<b>Assessed Value: Buildings</b>	\$0
<b>Total Assessed Value</b>	\$0		

### REMARKS

**Remarks** Sunnyside Market/Deli...a business opportunity at the Gateway to Glacier Bay in Gustavus, Alaska. Market/Deli main building built in 2012, two 8X20 storage buildings and land are included. Location is perfect, just off the "Four Corners." Experience the aura of this growing, thriving community just a 20 minute flight from Juneau.

### ADDITIONAL PICTURES



Outside Seating



Produce For Sale



Interior Market & Sandwich Shop



Weekend Public Market



Covered Entry and Eating Area



Business Opportunity



Favorite Gustavus Hangout

### DISCLAIMER

This information is deemed reliable, but not guaranteed.

Sunnyside Market

Outdoor/Indoor Serving Security Plan

1. All minors must be accompanied by an adult (age over 21) while in the restricted area when any alcohol is being served/sold/consumed.
2. All new patrons are carded upon ordering alcohol.
3. All staff is trained in the identification of fake IDs.
4. Wooden, 4 foot is around the outdoor servicing area.
5. Underaged persons will be monitored closely by our professionally trained alcohol servers.
6. Proper egress from the outdoor service area will always remain unobstructed.
7. ABC mandated posters as required by law are posted inside Sunnyside Market and at the entrances of the outdoor seating area.
8. All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED BEYOND THE OUTDOOR SEATING AREA.
9. Keeping outdoor seating area viable without any increased risk to minors exposed to alcohol WILL continue to be a part of our training for our staff.
10. All safety related operations for our current liquor service will additionally be enforced in the new service area.
11. Proper signage at points of entry indicating no minors without a parent or legal guardian will be posted.
12. All servers will closely monitor that only the guests that have been carded will have alcoholic beverages.
13. Our top priority continues in providing safety for all guests regarding the service of alcoholic beverages.
14. Servers will be present in the outdoor area to monitor consumption





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:	Strawberry Point Natural Foods LLC				
License Type:	Restaurant/Eating Place - Public Convenience	License Number:			
Doing Business As:	Sunnyside Market				
Premises Address:	25 Dock Rd.				
City:	Crustavus	State:	AK	ZIP:	99826
Contact Name:	Bonny Danielsen	Contact Phone:	(707)-479-7109		

**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 #:	100059233
Initials:	



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-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 be allowed in dining area and present in kitchen.

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.

An owner or manager will always be present on premises during business hours. We have taken the TAP course and are familiar and ready to take all laws seriously. The Alcohol service area is separate from food prep area, and all backstock will be secured and inaccessible.

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.

Submitted 3/25/21 attached

BD

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





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-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:

Tues - Sat, 9am - 6pm

**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 offering music from 3pm - 6pm

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:



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-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:





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-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.

Signature of licensee

Signature of Notary Public

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 10/17/21

N FAREVAAG  
Notary Public, State of Alaska  
Commission # 171017014  
My Commission Expires  
October 17, 2021

Subscribed and sworn to before me this 25<sup>th</sup> day of March, 20 21

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





## 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 <u>Strawberry Point Natural Foods LLC</u>		AK Business License # <u>211 9379</u>	
	Business/Corporate Mailing Address <u>Box 125</u>		City <u>Gustavus</u>	State <u>AK</u> Zip <u>99826</u>
	Business/Corporate Phone <u>907-697-3060</u>		Email <u>spnaturalfoods@gmail.com</u>	
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party <u>Bonny and Lance Danielson, Owners</u>		Fax	
	Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other: <u>LLC</u>			

Establishment Information	Establishment Name <u>Sunnyside Market</u>		Physical Location <u>25 Dock Rd.</u>		Nearest Community <u>Gustavus</u>	
	Establishment Mailing Address <u>Box 125</u>		City <u>Gustavus</u>	State <u>AK</u>	Zip <u>99826</u>	
	Establishment Phone <u>907-697-3060</u>		Fax		Contact Person <u>Bonny Danielson</u>	
	Establishment Physical Address <u>25 Dock Rd</u>		City <u>Gustavus</u>	State <u>AK</u>	Zip <u>99826</u>	
	SEATING: (Food Service Only) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 25 or less <input type="checkbox"/> 26-100 <input type="checkbox"/> > 101					

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

Grocery store and Deli

### 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)

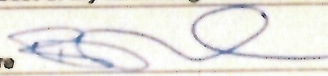
#### FOOD SERVICE ESTABLISHMENTS

- 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:



Permit ID(s)

Establishment Name(s)

f.	Will your food establishment be a <u>kiosk</u> or <u>mobile unit</u> ?	<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 type="checkbox"/> No
	Will you have a service provide water or remove wastewater?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.</i>			
g.	Will another permitted food establishment ( <u>commissary</u> ) provide support to your facility? If yes, attach a copy of the <u>Commissary Agreement</u> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>FOOD PROCESSORS</b>			
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: <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div> <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 <u>HACCP Plan</u> ?	<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 <u>recall plan</u> . Have you attached a copy of the coding system and recall procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>MOBILE RETAIL VENDOR SELLING SEAFOOD</b>			
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.		
c.	Will <i>all</i> of your product be prepackaged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Will another permitted food establishment ( <u>commissary</u> ) provide support to your facility? If yes, attach a copy of the <u>Commissary Agreement</u> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>MACHINES VENDING POTENTIALLY HAZARDOUS FOODS</b>			
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 type="checkbox"/> No
<b>SECTION 4 – Food Managers Certification/Alaska Safe Food Worker Card</b>			
a.	Have you attached a copy of a <u>Food Manager's Certification</u> ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<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>			
b.	Does everyone who works or will work at the food establishment have a <u>Food Worker Card</u> ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<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>			
<b>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.</b>			
Applicant's Signature 		Date <u>3/25/21</u>	
Applicant's Printed Name <u>Bonny Danieben</u>		Title <u>Owner</u>	



## **Sunnyside Market Sample Menu:**

- ♣ Made to order Deli Sandwiches
- ♣ Ploughmans Lunch Board
- ♣ Charcuterie Plate
- ♣ Daily Soup with Bread
- ♣ Daily Hot Sandwich/meal Special  
example:
  - Hot pastrami
  - Baked potato
- ♣ Daily Green Salad
- ♣ Fresh Baked Goods  
example:
  - Muffins
  - Cookies
  - Cinnamon rolls
- ♣ Soft Serve Ice Cream



## **Sunnyside Market Sample Menu:**

✦ Made to order Deli Sandwiches

✦ Ploughmans Lunch Board

✦ Charcuterie Plate

✦ Daily Soup with Bread

✦ Daily Hot Sandwich/meal Special

example:

- Hot pastrami
- Baked potato

✦ Daily Green Salad

✦ Fresh Baked Goods

example:

- Muffins
- Cookies
- Cinnamon rolls

✦ Soft Serve Ice Cream