



## MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: June 10, 2022

FROM: Kristina Serezhenkov, OLE

RE: #6053 Bites on  
Broadway

**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- (1) repealed 8/24/2001;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 After an application has been filed, no additional signatures may be added to the petition, and no signatures may be withdrawn.”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 with delegation

**Background:** This application is for a new Restaurant/Eating Place – Public Convenience Seasonal license in the City of Skagway. 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 permanent residents 21 years of age or older who live within one mile of the proposed licensed premises.

The applicant determined the number of signatures by using the population and city information from Wikipedia and by following the AMCO approved guidelines for determining population signatures for Public Convenience licenses. The applicant determined the number of residents within a mile of the

proposed premises is 130.6. The applicant provided documentation of over 140 valid signatures, exceeding the amount required.

By examining all dates, addresses and searching for any disqualifying elements, staff verified that the applicant has provided at least the minimum signatures.

Attachment: 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  
[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-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.

### I am applying for (check only one option):

- ☒ A restaurant/eating place license application for a premises that is **within the boundary of a local governing body** where there are **no new licenses of that type** available must submit a petition signed by the **majority of the permanent residents** residing within **one mile** of the proposed premises per AS 04.11.400(g) and 3 AAC 304.335(a)(2).
- ☐ A liquor license application for a premises that is **outside but 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.

### Section 1 – Establishment Information

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

Licensee:	Bites on Broadway				
License Type:	Restaurant / Eating place public convenience				
Doing Business As:	Bites on Broadway				
Premises Address:	648 Broadway				
City:	Slaverry	State:	AK	ZIP:	99540
Latitude:	-135.313854	Longitude:	59.455960		



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-12: Petition

### Section 2 – Petition Instructions

Please read these instructions carefully.

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

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

\*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.

"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.**



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-12: Petition**

**Section 3 – Petition**

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

This is a petition in support of a

*Seasonal*  
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

*Seasonal*  
Restaurant Eating place public Convenience to Sell  
(type of license applied for) (manufacture, sell)

alcohol at Bites on Broadway 648 Broadway Seward, AK 99540  
(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  
[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-12: Petition

Section 4 – Certifications

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

I, Bikas on Broadway, the applicant for a  
(proposed licensee)  
Seasonal Restaurant Entry place public consumption, hereby certify that the  
(type of license applied for) (statutory reference)

number of permanent residents 21 years of age or older who live within one mile(s) of 130.6  
(one/five)  
1648 Broadway Skagway AK totals 1240 and this petition  
(proposed premises or nearest US Post Office address) (total population)

totals 140 signatures, which is 11.29 % 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.

Paul Mel  
Signature of licensee  
Paul Mel  
Printed name of licensee



Sherri Jones  
Signature of Notary Public  
and for the State of Alaska

My commission expires: Aug. 3 2024

Subscribed and sworn to before me this 17 day of February, 2022.

AMCO Received 3/11/22

AMCO Received 5/17/2022

We used the information from  
Wikipedia for our caluclation  
of needed signatures for our  
petition.

1240 population divided by 9.49  
sq miles  
130.6 signatures

we went house to house to obtain  
the signatures  
needed.

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?
Danise Capozzi	[Signature]		1.3 Mile Dyer Road	Skagway	03/09/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ASIA O'Daniel	[Signature]		114 Main Apt A	Skagway	03/09/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DAMIAN CAIVATO	[Signature]		525 MAIN ST	Skagway	03/09/2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Karen Boyce	[Signature]		407 22nd Ave	Skagway	03/11/2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sharon DENNIS	[Signature]		4th 11th St	Skagway	03/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
bff Mull	[Signature]		507 8th Ave	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jay Mull	[Signature]		702 AK Ave	Skagway	9 Mar 22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nicole Goodman	[Signature]		507 21st Ave	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
George Buit	[Signature]		507 21st Ave	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Anne Burnham	[Signature]		903 Broadway	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kelly Colver	[Signature]		1 Dyer Rd	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cory Becker	[Signature]		1350 State St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
KEN Burnham	[Signature]		701 Main St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
LOKI BEVILL	[Signature]		102 State St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jacqui Taylor-Rose	[Signature]		903 Main St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kurt Houtman	[Signature]		10th Mile Hwy	Skagway	3/5/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bruce Thompson	[Signature]		2.5 Mile Hwy Skagway AK	Skagway	3-9-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lauren Taylor	[Signature]		1615 Lane Skagway AK	Skagway	3.9.22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tyler Ross	[Signature]		903 Main St	Skagway	3-9-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Easton Dean	[Signature]		513 23 Ave	Skagway	3-9-22	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.

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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?
Karl E. Allen	[Signature]	[Redacted]	420 22nd Ave	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
SHARON BOLTON	[Signature]	[Redacted]	700 MAIN ST	SKAGWAY	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kaitlyn Jarec	[Signature]	[Redacted]	2075 State St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kathryn Carr	[Signature]	[Redacted]	427. 11TH AVE.	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Eljah Lewis	[Signature]	[Redacted]	903 State	Skagway	3-9-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Gillian Smith	[Signature]	[Redacted]	903 State St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Johnathan Payne	[Signature]	[Redacted]	1.7 DUEA RD	SKAGWAY	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Greg Kellach	[Signature]	[Redacted]	903 Alaska ST.	SKAGWAY	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ken Mayo III	[Signature]	[Redacted]	1900 AK ST	SKAGWAY	3-9-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sam Carman	[Signature]	[Redacted]	504 B 20th Ave	Skagway	3-9-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Katie Krog	[Signature]	[Redacted]	3rd Mail Street	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sarah Cash	[Signature]	[Redacted]	201 Main Street	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Judae Lewis	[Signature]	[Redacted]	781 Main St.	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lee Thompson	[Signature]	[Redacted]	406 18th Ave	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Morgan Thompson	[Signature]	[Redacted]	406 18th Ave	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dane Helms	[Signature]	[Redacted]	600 7th Ave #10	SKAGWAY	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Alwyn Hites-Clabach	[Signature]	[Redacted]	3rd + State Apt #13	SKAGWAY	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
GARY HISMAN	[Signature]	[Redacted]	504 30th Ave	SKAGWAY	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
RHONDA HENRICSEN	[Signature]	[Redacted]	.5 mile Dyea Rd	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jonathan Flood	[Signature]	[Redacted]	97 Naka Rd	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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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?
Paul Kowal	[Signature]	[Redacted]	403 11th	SKAGWAY	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Carol Bourcy	Carol Bourcy	[Redacted]	504 6th Ave	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Joe Moore	[Signature]	[Redacted]	645 Broadway	Skagway	3-9-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ian Hays	[Signature]	[Redacted]	1970 Alaska St. #B	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Leonard Wilson	[Signature]	[Redacted]	301 10th Ave	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Katherine Nelson	[Signature]	[Redacted]	1325 State St.	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Paul Myers	[Signature]	[Redacted]	1101 Main St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jesse Kennedy	[Signature]	[Redacted]	18th Ave	Skagway	09-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
David Lyttge	[Signature]	[Redacted]	Mile Post 2	Skagway	03-09-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Terry Ashton	[Signature]	[Redacted]	Mile Post 2	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jaimie Lawson	Jaimie Lawson	[Redacted]	1751 State St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Denise Sager	[Signature]	[Redacted]	Mile 3.5 Dyer	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Michaela Thomas	M Thomas	[Redacted]	420 19th Ave	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Conner Lawrence	Conner Lawrence	[Redacted]	580 12th Ave	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
RICHARD STERN	[Signature]	[Redacted]	HENLEY PARK	SKAGWAY	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
BEAU DENNIS	[Signature]	[Redacted]	361 State St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Hirsch	[Signature]	[Redacted]	2143 Main St.	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Laura Gutierrez	[Signature]	[Redacted]	800A Main St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
BEN WOOLARD	[Signature]	[Redacted]	800A MAIN ST	SKAGWAY	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CHRISTOPHER TARRO	[Signature]	[Redacted]	570 19th ST	SKAGWAY	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

AMCO Received 3/11/22

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?
Chelsey Stone			702A Main Street	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Charity Pomeroy			403 3rd Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Aubrey Niles			1101 State St	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Janelyn Negen			488 8th Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Willeke van den Hoorn			301 14th Ave	Skagway	3-8-2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tami Scime			1834 Main St.	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Keri Harris			1000 Alaska St	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JOHNNY ARIBAM			1900 Main St	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
GLADYS MORAN			22nd & Alaska #102	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
KENNETH MATTHEWS			286 8th Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
RORI LEAVERTON			404 8th Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ray Duncan-Clark			456 Apt 20th Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kevin Mahi			703C Broadway	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Taylor Ashton			1001 State St.	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
MARIA Theresa Hoover			1203 Main St.	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
TJ Moraniel			304 16th Ave #4	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Blake Perry			302 4th Ave Street	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Gavin			302 4th Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hillary Ush			49 Main St	Skagway	3/9/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Daniel Artascos			507 12th St	Skagway	3/8/22	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.  
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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?
John M. Baisel	[Signature]	[Redacted]	1403 Broadway	Skagway	3/7/2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Michael GlauBlitz	[Signature]	[Redacted]	555 4th Ave	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bryan Terrell	[Signature]	[Redacted]	402 State St. #1	Skagway	3/7/22	Yes <input type="checkbox"/> No <input type="checkbox"/>
Elizabeth Tyson	[Signature]	[Redacted]	11th/main St.	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lisa Florit	[Signature]	[Redacted]	307 16th	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Abigail Stuart	[Signature]	[Redacted]	Lot 8 Handike subdivision	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nancy Anderson	[Signature]	[Redacted]	503 13th Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mark Jefferson	[Signature]	[Redacted]	727 Alaska St.	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
LAURA AUSTIN ROBERTS	[Signature]	[Redacted]	900 Alaska St	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
GARY HEGER	[Signature]	[Redacted]	488 8th Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mike Swag	[Signature]	[Redacted]	827 Alaska St	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kristin Peterson	[Signature]	[Redacted]	1660 Main St	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shaun McKnight	[Signature]	[Redacted]	1660 Main St	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Douglas B. Mulk	[Signature]	[Redacted]	604 Second Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
MARK LASSEN	[Signature]	[Redacted]	301 12th	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert Deitrick	[Signature]	[Redacted]	405 3rd Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Beatrice Lingle	[Signature]	[Redacted]	405 3rd Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cindy Gobbey	[Signature]	[Redacted]	5180 12th St	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Meredith Schmidt	[Signature]	[Redacted]	401 5th Ave	Skagway	3/8/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jeffrey Blair	[Signature]	[Redacted]	381 16th & State	Skagway	3/8/22	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.

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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?
Larry Gupton	<i>Larry Gupton</i>		440-B 2 <sup>nd</sup> Ave	Skagway	3/7/2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Melanie Lawrence	<i>Melanie Lawrence</i>		580 17 <sup>th</sup> St.	Skagway	3/7/2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shannon Ames	<i>Shannon Ames</i>		21 Ave Main	Skagway	3-07-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tim Authier	<i>Tim Authier</i>		2nd Ave	Skagway	3-07-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lee McKinnon	<i>Lee McKinnon</i>		Isnotgun Alley	Skagway	3-7-22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DEVIN HARDY	<i>Devin Hardy</i>		4 <sup>th</sup> BROADWAY	SKAGWAY	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Malena Whitehead	<i>Malena Whitehead</i>		400 9 <sup>th</sup> Ave	SKAGWAY	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
RUSSELL FULLER	<i>Russell Fuller</i>		400 BROADWAY	SKAGWAY	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
MIKE O'DANIEL	<i>Mike O'Daniel</i>		420 3 <sup>rd</sup> Ave	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John L O'Daniel	<i>John L O'Daniel</i>		3 <sup>rd</sup> House Lois Lane	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JAM KEEN	<i>Jam Keen</i>		2200 Alaska St Unit B	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Morgan Peterson	<i>Morgan Peterson</i>		13 Dyea Rd	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kay Ackerman	<i>Kay Ackerman</i>		1301 Main St.	Skagway	3/17/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Maureen Stacy	<i>Maureen Stacy</i>		1 MILE 8 Dyea Rd	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kay Lynn Howard	<i>Kay Lynn Howard</i>		800 Alaska St	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Chime Bricker	<i>Chime Bricker</i>		1322 State Street	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bruce O'Daniel	<i>Bruce O'Daniel</i>		420 3 <sup>rd</sup> St	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nicole Roscamp	<i>Nicole Roscamp</i>		850 Alaska St	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jim Sager	<i>Jim Sager</i>		3 <sup>rd</sup> mile Dyea Rd.	Skagway	3/7/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Stephen Rogers	<i>Stephen Rogers</i>		202 <sup>nd</sup> 3 <sup>rd</sup> Ave	Skagway	3/7/22	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?
Dobbie L. Ackerman			431 Third Ave	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kari Rain			401 2nd Ave	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brandie Bounds			Lot 3 B Vonnie Bertha Subdivision	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Doreen Whitson			340 7th Ave	SKG		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Chris Postera			41 7th Ave	SKG		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Long Nelson			237 7th Ave	"		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sam Nelson			301 16th Ave	"		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sean Layton			566 5th Ave	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CRYSTAL ACKERMAN			1902 A STATE ST	SKAGWAY		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nicole Chandler			44 Spring St	"		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
William J. Brady			700 Alaskan St	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Danra Grifford			5910 6th Ave	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Denise M. Welch			404 7th Ave.	SKAGWAY		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tim Cochran			307 19th Ave	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
K.C. Mayo			1900 Alaska Street	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will E. Godfrey			560 12th Ave	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Joe Hartford			Mile 10 Dka Rd	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CHRIS WILLIAMS			15th & State	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sherril Jones			550 4th Ave	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Viola GAZZARA			15th State St Apt 1	Skagway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

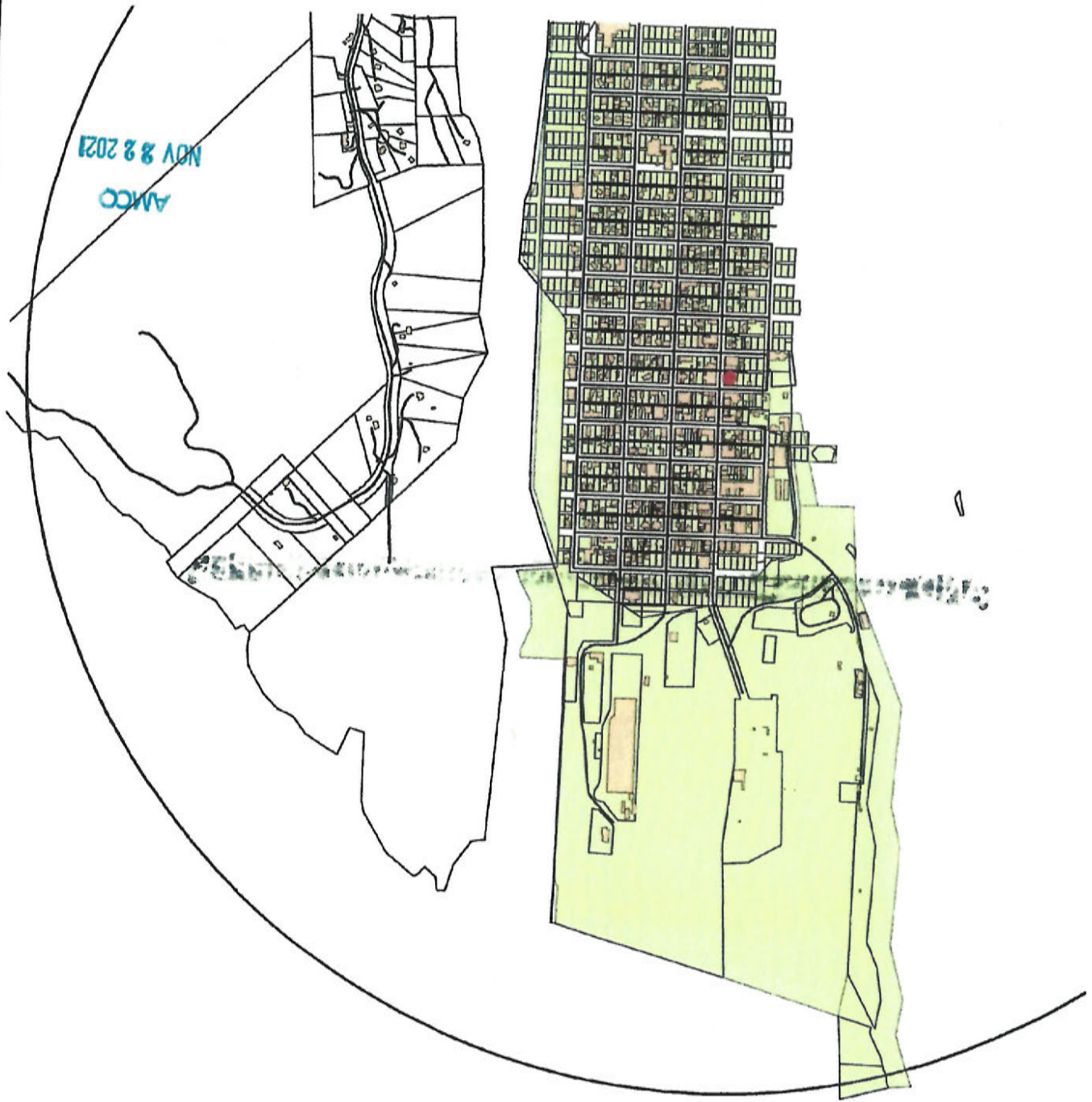
AMCO Received 3/11/22

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.

Page 9 of 9

Printed Name (Please print legibly)	Signature	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Miranda Schulte	Miranda Schulte	1002 main st #6	Skagway	3/1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Morgan Higgins	Morgan Higgins	4th & Broadway	Skagway	3/11	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shirley Mitchell	Shirley Mitchell	9th Broadway	Skagway	3/11/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lizzie Carroll	Lizzie Carroll	303 12th	Skagway	3/11/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
dena may	dena may	475 11th Ave	Skagway	3.11.20	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nicole Cooper	Nicole Cooper	PO Box 1252	Skagway	3/11/20	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
170th Creek	170th Creek	PO Box 170	Skagway	3/11/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Zach Preen	Zach Preen	608 Mulberry St	Uninc	3/11/22	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Lat/Long:  
-135.313856  
59.455960





STAY	
At The White House.....	15
Chilkoot Trail Outpost.....	1
Garden City RV Park & Laundromat.....	24
Historic Skagway Inn.....	53
Mile Zero Accommodations.....	12
Morning Wood Hotel.....	19
Pu'len Creek RV Park.....	82
Skagway Bungalows.....	3
The Swayin Spruce.....	2
Westmark Skagway.....	75
SIP & SAVOR	
Bonanza Bar & Grill.....	63

Happy Endings Saloon.....	20
Klondike Brewing Company.....	33
Kone Kompany.....	42
Lucy's Bakery.....	29
Olivia's Bistro at the Skagway Inn.....	53
Poppies Garden Restaurant at Jewell Gardens.....	5
Red Onion Saloon.....	34
Skagway Brewing Co.....	76
Skagway Spirits Distillery.....	8
Starfire.....	77
The Smokehouse Brew & BBQ.....	83
The Station Bar & Grill.....	18

SEE	
Centennial Park.....	68
Corringtons Museum of Alaskan History & Gift Shop.....	37
Days of '98 Show with Soapy Smith.....	58
Dedman Stage.....	7
Fjord Express To Juneau.....	84
Frontier Excursions & Adventures.....	37
Gold Rush Trail Camp & Salmon Bake.....	4
Jewell Gardens & Garden City Glassworks.....	5
Klondike Electric Bicycles.....	30
M&M Tours.....	17
Mascot Saloon.....	74

Molly Walsh Park.....	79
Moore House & Cabin.....	78
National Park Service Museum and Information Center.....	70
Packer Expeditions - The Mountain Shop.....	39
Parks Canada Trail Center.....	59
Red Onion Brothel Museum.....	34
Seven Pastures.....	6
Skagway Alaska Escapes.....	9
Skagway Float Tours.....	37
Skagway Museum & Archives.....	81
Skagway Public Library.....	21
Sockeye Cycle.....	46
Temsko Helicopters.....	10
White Pass Railroad.....	71

SHOP	
A Fine Line Alaskan Gifts.....	48
Alaska Christmas Store.....	40
Alaska Knife & Ulu Store.....	54
Alaska Liquor Store.....	67
Alaska Shoppe.....	60
Aurora Jewelers.....	35 & 64
Aurora Yarns of Alaska.....	57
Bank.....	51
Back Alley Rock Shop.....	41
Bearhead Photography.....	55
Corrington's Alaskan Ivory.....	47
Corringtons Museum of Alaskan History & Gift Shop.....	37

Due North.....	49
Duff's Backcountry Outfitters.....	44
Gold Rush Gifts.....	72
Grizzly's General.....	45
Inspired Arts - Local & Original.....	50
Jewell Gardens Gift Shop & Glass Gallery.....	5
Klothes Rush.....	43
Lynch & Kennedy Dry Goods, Inc.....	62
Packer Expeditions - The Mountain Shop.....	39
Remedy Shoppe.....	31
Richter's.....	66
Rushin' Tailor's Quilt Alaska.....	38
Skagway News Depot & Books.....	65

Skagway Brewing Co.....	
Skagway Mining Co.....	
Skagway Outlet Store.....	
Skagway Spirits Distillery.....	
Skagway's Golden Bear.....	
Skagway Ports of Call.....	
Skagway Sculpture & Fine Arts.....	
Train Shoppe, The.....	
US Post Office.....	
TRAVE	
Alaska Marine Highway.....	
Corner Gas Station.....	
Fjord Express To Juneau.....	
Haines Skagway Fast f.....	



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:	Bites ON Broadway				
License Type:	Seasonal Restaurant / Eating place	Statutory Reference:	04.11.400(b)		
Doing Business As:	Bites ON Broadway				
Premises Address:	648 Broadway				
City:	Skagway	State:	Alaska	ZIP:	99840
Local Governing Body:	Municipality of Skagway				
Community Council:					

Mailing Address:	P. O. Box 1345				
City:	Skagway	State:	Alaska	ZIP:	99840

Designated Licensee:	Paul Nils Davis			
Contact Phone:	907 209 0557	Business Phone:	907 983 2166	
Contact Email:	bitesonbroadway@hotmail.com			

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

OFFICE USE ONLY					
Complete Date:		License Years:		License #:	6053
Board Meeting Date:		Transaction #:	100354374		
Issue Date:		BRE:	KRS		

[Form AB-00] (rev 10/10/2016)

Page 1 of 5

AMCO Received 3/11/22



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 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.

1 mile / 5280 feet

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.

1/2 mile / 2640 feet

**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:	



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:	Paul Nils Davis				
Title(s):	Partner	Phone:	907 209 0557	% Owned:	50
Address:	Po Box 1345				
City:	Slagway	State:	Alaska	ZIP:	99840

Entity Official:	Earl H Stuvall Jr.				
Title(s):	Partner	Phone:	907 209 0736	% Owned:	50
Address:	Po Box 1345				
City:	Slagway	State:	Alaska	ZIP:	99840

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  
[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**

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.

*N/A for GENERAL PARTNERSHIP*

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:



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.

pnd

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

pnd

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.

pnd

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.

pnd

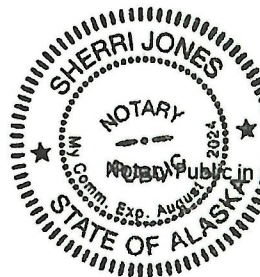
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

pnd

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.

Paul Nils Davis  
Signature of licensee

Paul Nils Davis  
Printed name of licensee



Sherri Jones  
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Aug. 3, 2024

Subscribed and sworn to before me this 17 day of February, 2022.



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:	BITES ON Bro Adway	License Number:	
License Type:	Seasonal Restaurant / Eating place - public Convenience		
Doing Business As:	Bites on Bro Adway		
Premises Address:	648 Bro Adway		
City:	Slagway	State:	AK
		ZIP:	99840



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

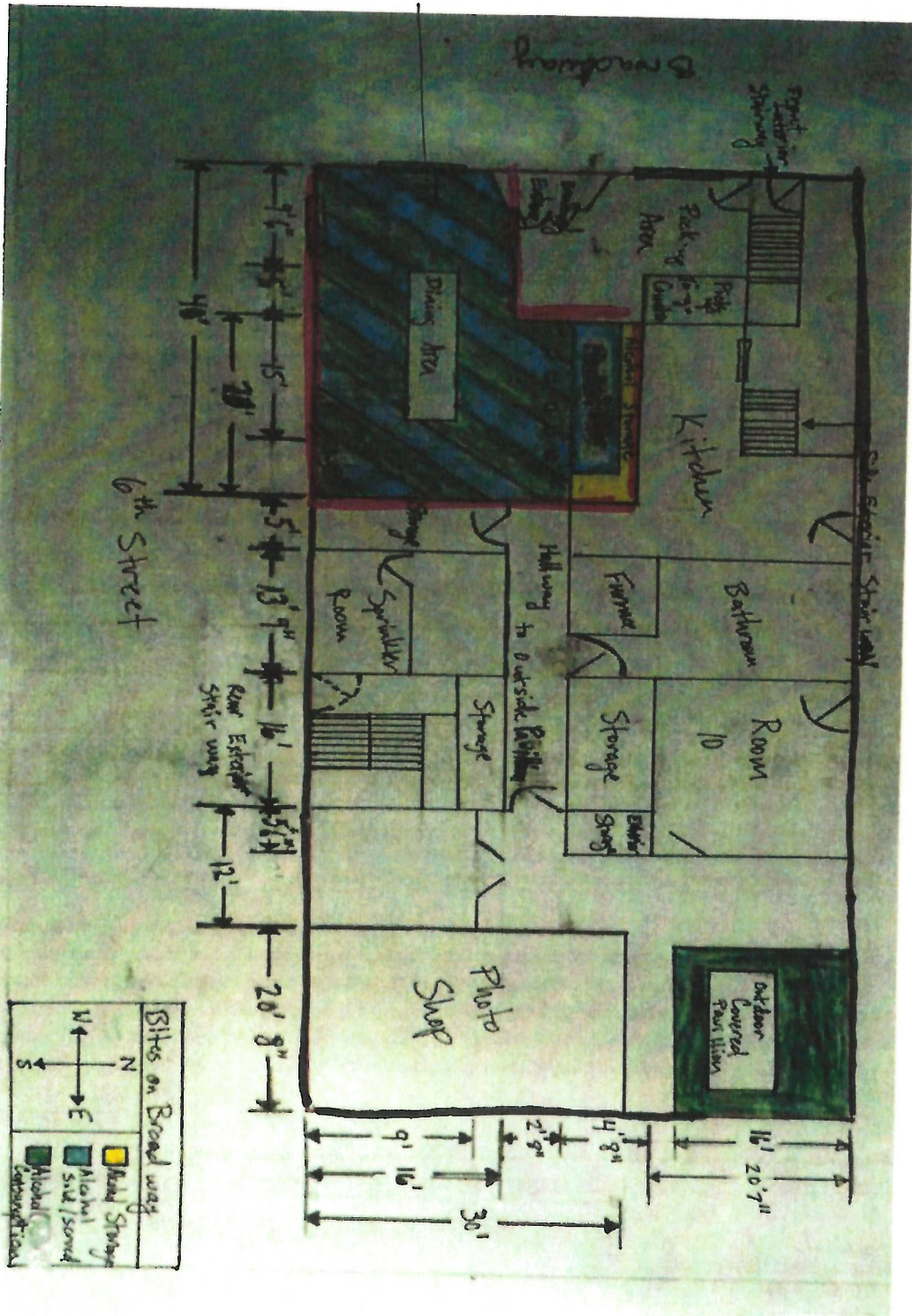
Alaska Alcoholic Beverage Control Board

## Form AB-02: Premises Diagram

### Section 2 – Detailed Premises Diagram

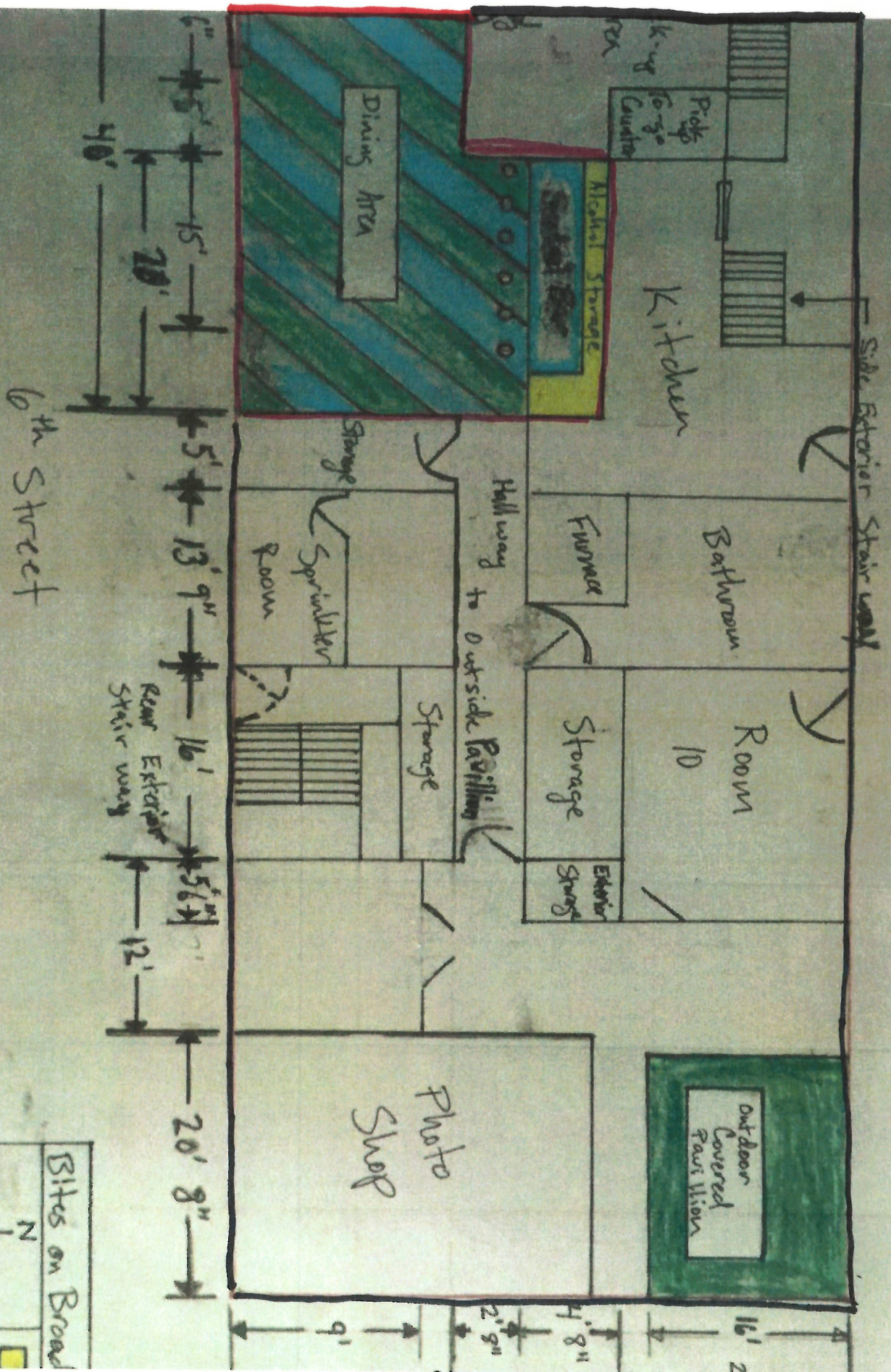
Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas 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.

Only  
this  
Area



AMCO Received 12/21/2021

AMCO Received 3/11/22

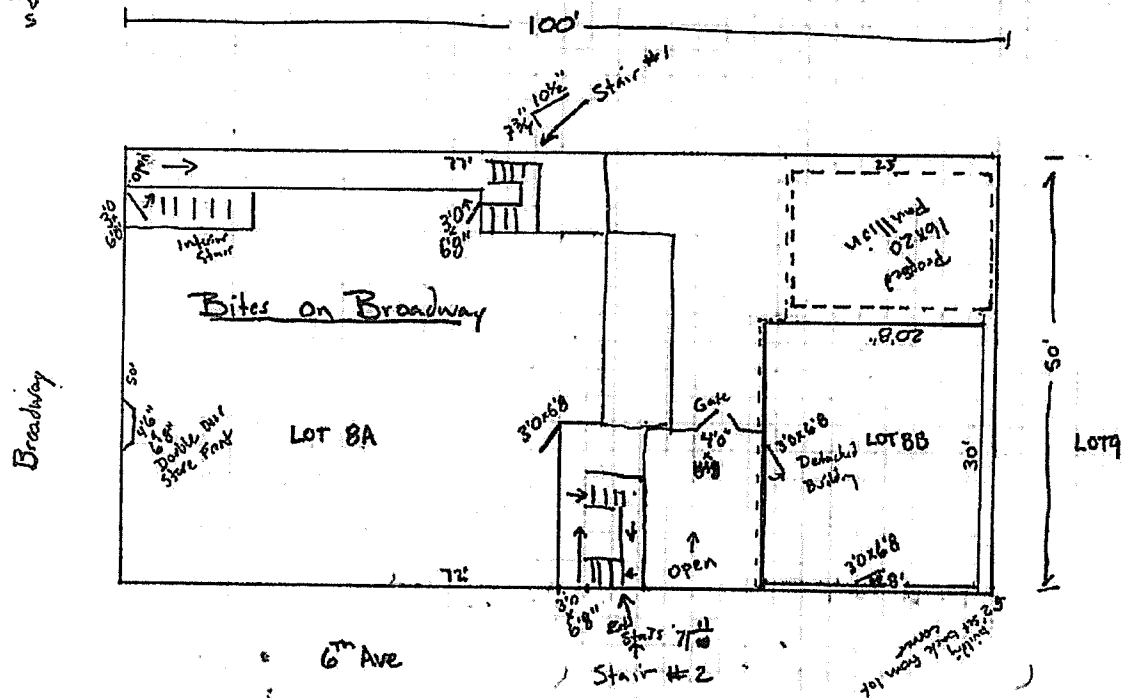




Bites on Broadway

Not to Scale

N  
100' 50' E



AMCO

NOV 22 2021

# 600A/600 Broadway Street

Parcel Number 110WN023072 GIS LINK ID  
 Property Type C - Commercial City\* Skagway  
 Customer ID STOV-E



Legal Lot 8A, Plat 2011-1  
 Plat  Lot  Block  Quality   
 Location   
 Waterfront   
 View   
 Lot Size 2500  
 Zoning BH

Design

Year Blt 1900~

Eff Age

Condition

Rooms

GLA

Basement

Fin Bsmt

Functional

Heating

Energy Efficient

Garage

Garage Size

EP

CP

Dk

Fireplace

Misc

Roof

Siding

Foundation

Owner Davis, Paul Nils & Stovall JR, Earl

Sales Date 9/9/2013

Street P.O. Box 1345

Sales Price \$850,000

City/State Skagway, AK 99840

DOT

Current Year	2021	2020	2019	2018	2017
Land	\$339,700	\$339,700	\$339,700	\$339,700	\$323,500
Buildings	\$453,900	\$453,900	\$453,900	\$453,900	\$432,300
Total	\$793,600	\$793,600	\$793,600	\$793,600	\$755,800

Previous Owner Mitchell, Glenn

Prior Sales Date

Prior Sales Price

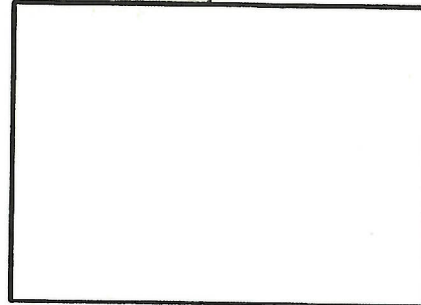
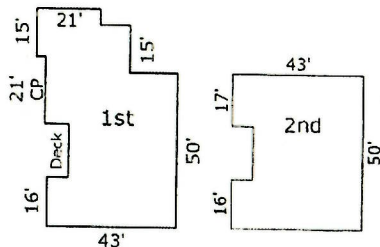
Tracking

Exempt Type

Exempt Amount

Enlarge Sketch

Enlarge Plat



Show In Acrobat

Scan Folder

Recorded Deed

Assessment History

Appeal Information

APPEAL#

Cost Approach

Sales Letter

Notes

Remodel 1970s & 80's

Photo's

Tax Info

The municipality of Skagway was against us using our outside deck area for the use of selling alcohol.

So on this applicaiton we are only requesting to use the inside dining area. We will not allow alcohol outisde the dining area and will have our staff monitor the exits at all times. We will also be installing security cameras.



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:	BITEs ON BROADWAY				
License Type:	Seasonal Restaurant/Eating	License Number:			
Doing Business As:	BITEs on Broadway place - public convenience				
Premises Address:	648 Broadway				
City:	Slagway	State:	AK	ZIP:	99840
Contact Name:	paul nils davis	Contact Phone:	907 209 0557		

**Section 2 – Type of Designation Requested**

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

- ☒ Dining after standard closing hours: AS 04.16.010(c)
- ☒ Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- ☒ Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- ☐ Employment for persons 16 or 17 years of age: AS 04.16.049(c)  
NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

OFFICE USE ONLY	
Transaction #:	Initials:



Alaska Alcoholic Beverage Control Board

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

**Section 3 – Minor Access**

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

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

Minors will only be allowed to be in the dining area or place to go orders at our take out counter

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.

- Train staff on the responsibility of serving Alcohol
- establish a responsible alcohol service system
- check everyones ID no matter how old they look
- No proof / no service
- Train employees to spot fake ID's
- Make sure employees can see all sections of the restaurant

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

Yes ☒ No ☐

**Section 4 – DEC Food Service Permit**

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

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

Please follow this link to the Municipality Food Safety Website:

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

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

Initials

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

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



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:

6am - 9pm  
Monday - Sunday

**Section 6 – Entertainment & Service**

Review AS 04.11.100(g)(2)

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

Yes ☒ No ☐

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

live music featuring our "Singing Barista"  
he will perform music at 3pm - 9pm  
~~10:00 am 2:00 pm 6:00 pm~~  
~~12:00 noon 4:00 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:

AMCO Received 3/11/22

AMCO Received 5/17/2022



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.

pnd

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.

pnd

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.

pnd

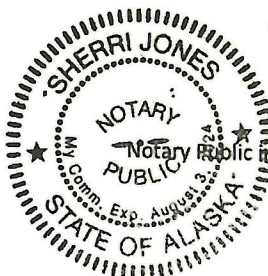
I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted.  
(AB-03 applications that accompany a new or transfer license application will not be required to submit an additional copy of their premises diagram.)

pnd

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

Paul Mills Davis  
Signature of licensee

Paul Mills Davis  
Printed name of licensee



Sherri Jones  
Signature of Notary Public

and for the State of Alaska

My commission expires: Aug. 3, 2024

Subscribed and sworn to before me this 17 day of February, 2022.

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



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:



## **Alaska Food Code 2022 Establishment Permit**

Division of Environmental Health  
Food Safety & Sanitation Program

Permit Number: 1776  
Issued to: Earl H Stovall Jr & Paul N Davis  
For: Bites On Broadway  
For Operation of: FF-6 Deli/Takeout/Drive-in Food Service  
Located at: 348 Broadway ST Skagway, AK 99840

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

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

Expiration Date:  
December 31, 2022

Program Manager:

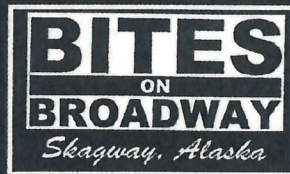
A handwritten signature in black ink, appearing to read "Kathy S. ...", is written over the printed name of the Program Manager.

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

# 1-87-SAFE-FOOD

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





# BREAKFAST

## BUILD YOUR OWN BREAKFAST SANDWICH 7.95

Served with egg, cheese, and mayonnaise

### CHOOSE BREAD

White  
Wheat  
Croissant  
Plain Bagel  
Jalapeno Bagel  
Cheddar Bagel  
Pizza Bagel  
Everything Bagel  
Asiago Bagel  
Asiago Everything Bagel  
Gluten Free Bun +1.50

### CHOOSE MEAT

Sausage  
Bacon  
Ham  
Turkey  
Reindeer Sausage  
No Meat  
Extra Meat +1.50  
Extra Egg +1

### ADD YOUR FAVORITE TOPPINGS -0.50/EACH

Spinach	Cream Cheese
Red Onion	Hummus
Jalapeno Peppers	Sweet Potato Butter
Hot Sauce	
Mushrooms	Avocado Spread +2
Black Olives	Salmon Spread +2
Tomato	Basil +1
Caramelized Onion	
Red Pepper	

### 3 EGG OMELET 12.95

made with eggs, cheese and (1) choice of meat served with golden Yukon potatoes and white or wheat toast  
»add extra favorite toppings

### AVOCADO TOAST 7.95

served with Avocado spread and sundried tomatoes  
»add extra favorite toppings

### HUMMUS TOAST 7.95

served with Hummus and topped with sliced boiled egg  
»add extra favorite toppings

### VEGGIE QUICHE 9.95

served with Yukon potatoes and white or wheat toast

### SAUSAGE, SPINACH, AND CHEESE QUICHE 9.95

served with golden Yukon potatoes and white or wheat toast

### BISCUITS AND GRAVY 8.95

#### MUFFINS 3.95

Alaska Blueberry  
Apple Cinnamon  
Lemon Cranberry

#### FRESH BAKED CINNAMON ROLLS 5.95

#### BELGIAN WAFFLES 8.95

**HOMEMADE BISCUITS 6.95**  
(Bacon and Cheese, Sausage and Cheese)

## COLD DRINKS

**SOFT DRINKS 2.50**  
(coke, diet coke, sprite, root beer)

**ENERGY DRINKS 4.50**

**BOTTLED WATER 2.50**

**FRESH BREWED TEA 3.50**  
sweet, unsweet, or rhubarb

**PINK LEMONADE 3.50**

**ORANGE JUICE 3.50**

**APPLE JUICE 3.50**

## HOT DRINKS

**HOUSE SPECIAL:**  
Sea Salt Butterscotch  
Mocha 6.50

#### ESPRESSO

Single shot 2.00  
Double shot 2.50

**FRESH BREWED COFFEE 3.25**

**CAFE AU LAIT 4.00**

**CAFE CON LECHE 4.00**

**LATTE 5.75**

**FLAT WHITE 5.75**

**CAPPUCCINO 5.75**

**LATTE MACCHIATO 6.50**

**SWEET CREAM LATTE 6.50**

**MOCHA 6.50**

**AMERICANO 3.50**

**CHAI TEA LATTE 5.75**

**LONDON FOG 4.75**

**APPLE PIE STEAMER 5.75**

**HOT CHOCOLATE 5.75**

**BONBOM 4.00**  
(double shot pulled over sweetened condensed milk)

**CUBANO 4.00**  
(double shot pulled thru raw sugar) 4.00

### MILK ALTERNATIVES 1.50

Almond Milk  
Soy Milk  
Coconut Milk  
Oat Milk

## FRAPPY'S

**HAZY FRAP 7.25**

**VIETNAMESE FRAP 7.25**

### FLAVORS +1/EACH

Vanilla, Caramel, Hazelnut  
Almond, Coconut, Raspberry  
Butterscotch, Sugar Free  
Vanilla, Sugar Free Hazelnut

# LUNCH

## TASTE OF ALASKA CHARCUTERIE

Reindeer Sausage  
Elk Jerky  
Buffalo Jerky

Alaska Salmon Spread  
Smoked Salmon Jerky  
Rhubarb Crunch

Cheese  
Crackers  
Seasonal Fruit

Serves 1-2 29.99 ▲ Serves 2-4 59.99 ▲ Serves 6-8 99.99

**FRUIT AND CHEESE TRAY 24.99**

### HUMMUS TRAY

served with Garlic Hummus served with carrots, celery, and warm pita points 9.99

## BUILD YOUR OWN LUNCH SANDWICHES 13.95

### CHOOSE BREAD

White  
Wheat  
Croissant  
Plain Bagel  
Cheddar Bagel  
Jalapeno Bagel  
Pizza Bagel  
Everything Bagel  
Asiago Bagel  
Hoagie Roll  
Hamburger Bun

Gluten Free Bun +2

### CHOOSE MEAT

BBQ Chicken  
Chicken Salad  
Roasted Turkey  
Honey Ham  
Salmon Salad  
Veggie Sandwich  
¼lb Hamburger  
Elk Burger  
Bison Burger  
Veggie Burger

### ADD YOUR FAVORITE TOPPINGS -0.50/EACH

Spinach  
Red Onion  
Jalapeno Peppers  
Mushrooms  
Black Olives  
Tomato  
Caramelized Onions  
Red Peppers  
Hot Sauce  
Cream Cheese  
Hummus  
Sweet Potato Butter  
Avocado Spread +2  
Salmon Spread +2  
Basil +1

### CONDIMENTS

Mayonnaise ▲ Mustard ▲ Ketchup

## LUNCH EXTRAS

**BROADWAY HOT DOG 4.99**

**REINDEER SAUSAGE 9.99**

Add Chili, Cheese or Red Onion +1

**FRITO CHILI PIE 6.99**

**NACHOS 14.99**

Piled high with cheese, red onions, black olives, tomatoes, and jalapeno peppers. Topped with sour cream and salsa.

»Add toppings from favorite toppings section.

**BITES HOUSE SALAD 10.95**

Fresh greens, tomatoes, red onions, carrots, croutons and cheddar cheese.

»Add toppings from favorite toppings section.

**DRESSINGS:**

Balsamic Vinaigrette ▲ Ranch ▲ Thousand Island

## HOMEMADE SOUPS

**ALASKA SALMON CHOWDER**

Cup 6.99 / Bowl 11.99

**SOUP OF THE DAY**

Cup 6.99 / Bowl 11.99

**YUKON CHILI**

Cup 6.99 / Bowl 11.99

## KIDS MENU

**CORN DOG 4.99**

**PBJ 4.99**

**MAC AND CHEESE 4.99**

648 BROADWAY ▲ SKAGWAY, AK ▲ PHONE: (907) 983-2166 ▲ WWW.BITESONBROADWAY.COM

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

©2022 Bites On Broadway

AMCO Received 5/17/2022