



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 Danielson	Contact Phone:	(907)-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

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**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.





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550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
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**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:



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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:





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**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.

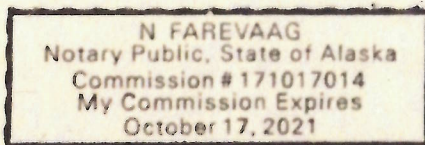
Signature of licensee

Signature of Notary Public

Bunny Danielsen  
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 10/17/21



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>
	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)

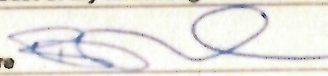
#### FOOD SERVICE ESTABLISHMENTS

- 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>		
<i>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.</i>			
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