Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Why is this form needed?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing 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, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's Anchorage office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 – Transferor Information

Enter information for the ***current*** licensee and licensed establishment.

Licensee:	Sook C Yun		**License #:**		3293
License Type:	Restaurant or Eating Place		**Statutory Reference:**		AS 04.09.210
Doing Business As:	Second Floor Restaurant				
Premises Address:	116 W Rezanof Drive				
City:	Kodiak	**State:**	AK	**ZIP:**	99615
Local Governing Body:	City of Kodiak, Kodiak Island Borough				

Transfer Type:

- [x] Regular transfer
- [ ] Transfer with security interest
- [ ] Involuntary retransfer

OFFICE USE ONLY			
Complete Date:		***Transaction #:***	100778016
Board Meeting Date:		***License Years:***	
Issue Date:		***Examiner:***	

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STATE OF ALASKA

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 – Transferee Information

Enter information for the ***new*** applicant and/or location seeking to be licensed.

Licensee:	Nuniaq LLC				
Doing Business As:	Nuniaq Cafe & Deli				
Premises Address:	113 Lower Millbay Road				
City:	Kodaik	**State:**	Alaska	**ZIP:**	99615
Community Council:	City of Kodiak				

Mailing Address:	4207 Cliffside Road				
City:	Kodiak	**State:**	AK	**ZIP:**	99615

Designated Licensee:	Melissa Berns		
Contact Phone:	907.202.1139	**Business Phone:**	907.481.1660
Contact Email:	nuniaqak@gmail.com		

Seasonal License? Yes ☐ No ☑ **If "Yes", write your six-month operating period:** _____

Section 3 – 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.

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Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.
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:	Melissa Berns				
Address:	4207 Cliffside Road				
City:	Kodiak	**State:**	AK	**ZIP:**	99615

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		**State:**		**ZIP:**	

Section 5 – 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 6.
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:	Melissa Berns				
Title(s):	Member	**Phone:**	907.202.1139	**% Owned:**	100
Address:	4207 Cliffside Road				
City:	Kodiak	**State:**	AK	**ZIP:**	99615

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Form AB-01: Transfer License Application

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

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

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

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 #:	10192876	**AK Formed Date:**	04/12/22	**Home State:**	AK
Registered Agent:	Melissa Berns		**Agent's Phone:**	907.202.1139	
Agent's Mailing Address:	4207 Cliffside Road				
City:	Kodiak	**State:**	AK	**ZIP:**	99615

Residency of Agent:

	Yes	No
Is your corporation or LLC's registered agent an individual resident of the state of Alaska?	☑	☐

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Form AB-01: Transfer License Application

Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

	Yes	No
Does any representative or owner named as a transferee 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 7 – 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:

Nathan Svoboda, Business & Operations Manager

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Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Signature of transferor

Souk C. Yum
Printed name of transferor

Subscribed and sworn to before me this 2nd day of January, 2024.

STATE OF ALASKA
NOTARY PUBLIC
Micah Topacio
My Commission Expires: 3-16-26

Signature of Notary Public

Notary Public in and for the State of AK.

My commission expires: 3-16-26

Signature of transferor

Melissa Bems
Printed name of transferor

Subscribed and sworn to before me this 2nd day of January, 2024.

STATE OF ALASKA
NOTARY PUBLIC
Micah Topacio
My Commission Expires: 3-16-26

Signature of Notary Public

Notary Public in and for the State of AK.

My commission expires: 3-16-26

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Form AB-01: Transfer License Application

Section 9 – Transferee 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. MB

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

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. MB

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. MB

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

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein,and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. MB

STATE OF ALASKA
NOTARY PUBLIC
Micah Topacio
My Commission Expires: 3-16-26

Signature of transferee

Melissa Berns
Printed name

Signature of Notary Public

Notary Public In and for the State of AK.

My commission expires: 03-16-26

Subscribed and sworn to before me this 2nd day of January, 2024.

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Form AB-02: Premises Diagram

Why is this form needed?

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 may not be 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 Anchorage 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:	Nuniaq LLC	**License Number:**	3293		
License Type:	Restaurant or Eating Place				
Doing Business As:	Nuniaq Cafe & Deli				
Premises Address:	113 Lower Millbay Road				
City:	Kodiak	**State:**	AK	**ZIP:**	99615

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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.

See attached

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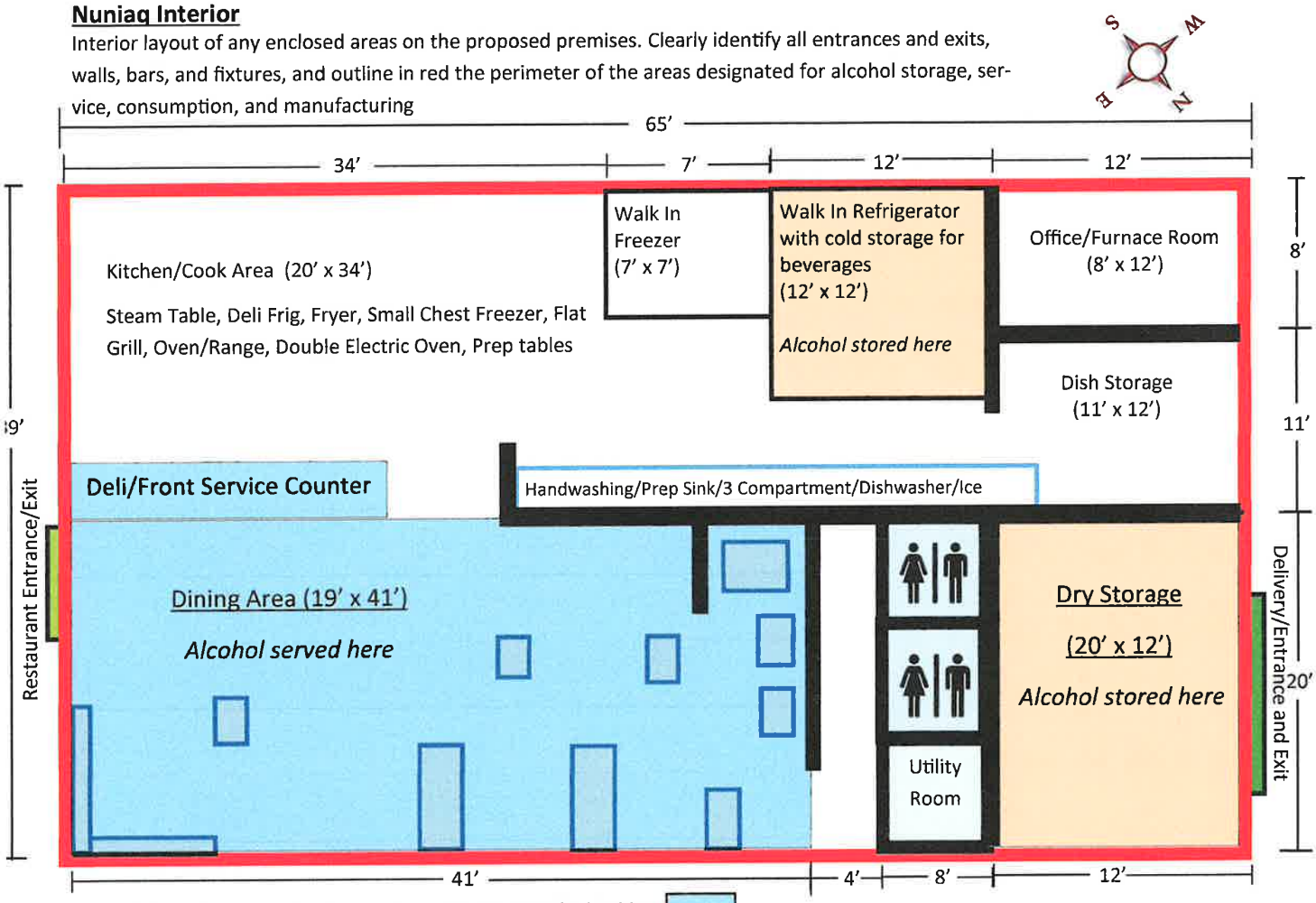
Melissa Berns, Chef & Owner
113 Lower Mill Bay Road
Kodiak, Alaska 99615
Restaurant: 907.481.1660
Cell: 907.202.1139
Email: nuniaqak@gmail.com

Nuniaq Interior

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



- Areas where alcohol is served or sold are identified in blue
- Areas where alcohol is stored are identified in orange
- The interior of our dining space for patrons is outlined with tables marked with yellow boxes. The main entrance in green.
- The Deli/Front Service Counter is marked in a blue box and were beverage orders will be taken in addition to table service.
- Walk in refrigerator with storage for cold beverages is marked in orange.
- The dry storage and receiving area will include storage for warm beverages is marked in orange.
- Business office where records will be kept is marked.
- Restrooms and the utility room are marked in gray boxes

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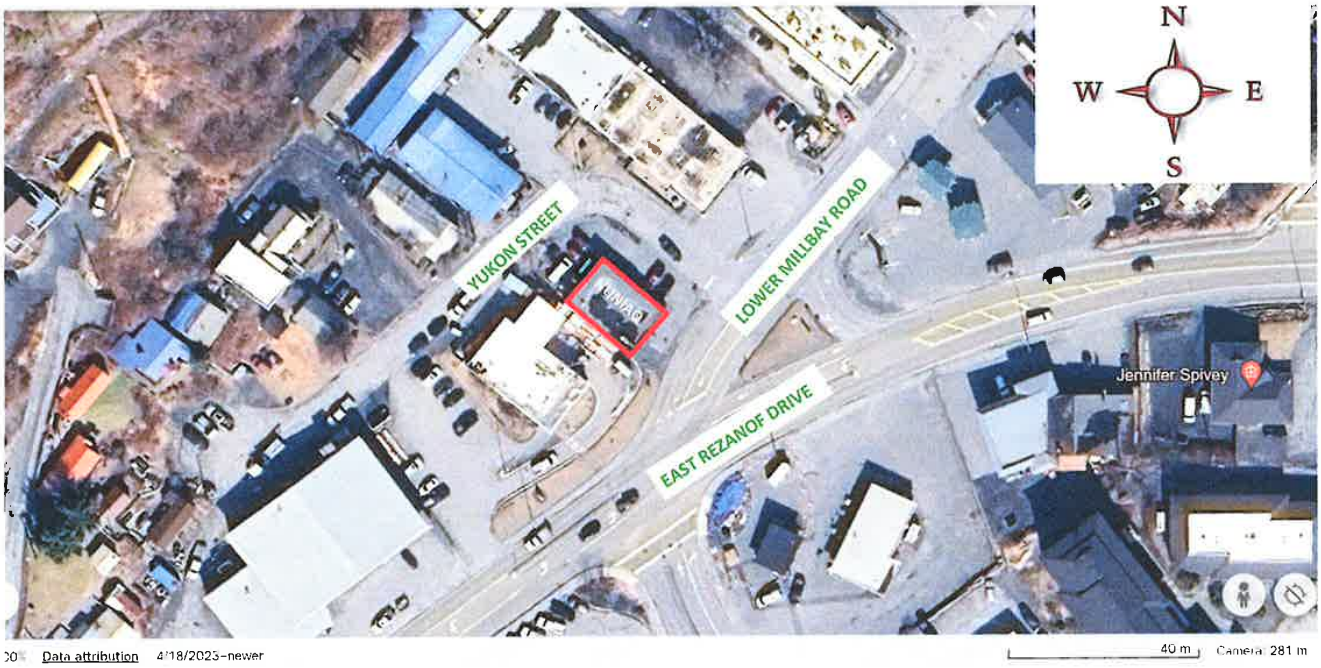
Melissa Berns, Chef & Owner
113 Lower Mill Bay Road
Kodiak, Alaska 99615
Restaurant: 907.481.1660
Cell: 907.202.1139
Email: nuniaqak@gmail.com

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.

Nuniaq Exterior

Premises Boundaries, Dimensions, Cross Streets, Entrance,



- Nuniaq LLC. is located at 113 Lower Millbay Road in the City of Kodiak, Alaska and Kodiak Island Borough.
- The building is 2,400 square feet; dining space is ~600 square feet.
- The property is on a .17 acre lot situated between Yukon Street and Lower Millbay Road.
- The main cross streets include Yukon Street, Lower Millbay Road and East Rezanof Drive in downtown Kodiak.
-

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For Restaurant information part of the Restaurant or Eating Place License Type

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Form AB-03: Restaurant Designation Permit Application

Why is this form needed?

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 entrées prepared on-site 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:	Nuniaq LLC				
License Type:	Restaurant or Eating Place	**License Number:**	3293		
Doing Business As:	Nuniaq Cafe & Deli				
Premises Address:	113 Lower Millbay Rd.				
City:	Kodiak	**State:**	AK	**ZIP:**	99615
Contact Name:	Melissa Berns	**Contact Phone:**	907-202-1139		

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):

1. ☐ **Dining after standard closing hours:** AS 04.16.010(c)
2. ☑ **Dining by persons 16 – 20 years of age:** AS 04.16.049(a)(2)
3. ☑ **Dining by persons under the age of 16 years, accompanied by a person over the age of 21:** AS 04.16.049(a)(3)
4. ☑ **Employment for any persons under 21 years of age:** AS 04.16.049(c)
   NOTE: Under AS 04.16.049(d), a Department of Labor and Workforce Development work permit is not required to employ a person 18 - 20 years of age.

OFFICE USE ONLY			
Transaction #:	100778016 (Didn't Charge $50 for this)	*Initials:*	

Need RE

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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.)

Non employeed minors will only be allowed in dining area.
Employeed miniors will be permitted in the kitchen and dining area.

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.

Alcohol will be under direct supervisoion of managers at opening, during service and closing. Only staff with TAP cards will be permitted to accecss beer/wine in receiving, storage, stocking and during services.
In addition; camera monitoring systems are in place and recording indoor and outdoor, monitoring activitiies at all times.
Alcohol will be stored under lock and key with access limited to TAPS certified staff. Key for alcohol stroage will be limited to owners and managers.

	Yes	No
Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?	✔	☐

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.	MD

**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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Form AB-03: Restaurant Designation Permit Application

Section 5 – Hours of Operation

Review AS 04.16.010(c).

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

Sunday 10am-2pm
Monday-Thursday 11am-2pm
Friday 4pm-8pm

Section 6 – Entertainment & Service

Review AS 04.11.100(g)(2)

	Yes	No
Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?	☑	☐

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

May have some music on weekends or special occasions

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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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. [MO]

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons. This menu includes entrées that are regularly sold and prepared by the licensee at the licensed premises. [MO]

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. [MO]

I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted. [MO]

*(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 hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. [MO]

Melissa Berry
Printed name of licensee

Signature of licensee

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

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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:

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NUNIAQ

ORDER ONLINE
NUNIAQ.COM

FROM THE KITCHEN

Featured Burger of the Month — 19

BOURBON BBQ & BACON MEATLOAF BURGER
Juicy and delicious bourbon bbq meatloaf grilled and topped with more bourbon BBQ sauce, thick crisp pieces of bacon, melted cheddar cheese and greens on a Kaiser bun. Served with our house chips.

SALMON MELT GF* — 18
A melt in your mouth blend of wild Alaskan salmon and fresh herb spread sandwiched with cheddar cheese and herb cream cheese on toasty sourdough bread. Served with house chips.

BANG BANG SHRIMP BOWL GF — 17.5
Crisp shrimp in a tangy bang bang sauce with a little kick! Served over brown rice with edamame, pickled red onion, cucumbers and carrots. Bowls come with a side salad and toasted sesame dressing; simply irresistible!

COD JALAPENO POPPER GRILLED CHEESE GF* — 18
Grilled Pacific cod paired with our herb cream cheese blend, melty cheddar cheese and pickled jalapeño slices on sourdough bread. Served with our house chips

NUNIAQ BURGER — 16.5
Our juicy and delicious, hand-crafted, 1/3# seasoned, all beef burger grilled and topped to your liking. Served on a toasted kaiser bun with chips, greens, tomato slices, pickled onions, and condiments.
Add Cheese: Cheddar/Pepper Jack/Habanero/Swiss $1.
Bacon $2 Avocado Spread $1 Peanut butter $1
Fried Egg $1.5 BBQ/Chipotle Ranch/Cilantro Sauce $ .5

SOURDOUGH BLTA GF* — 18
Four pieces of thick smoked bacon, crisp greens, tomato slices, avocado spread and our house chipotle ranch on a toasted sourdough bread. Served with our house chips.

TACOS GF* — 17/17/16
Three corn tortilla tacos with melted cheese; your choice of **Pacific Cod, Southwest Seasoned Chicken or Southwestern Veggie**; topped with our Asian salad blend and your choice of cilantro-lime cream or chipotle ranch. Served with tortilla chips and salsa.

GRILLED FLANK STEAK SANDWICH GF* — 18.5
Tender and juicy flank steak strips on a bed of Cajun shrimp remoulade with pickled red onions and greens on a warm ciabatta roll. Served with our house chips

SEAFOOD CHOWDER — 8/15
Our chowder is the ultimate comfort food made with Kodiak's freshest seasonal seafood blended with creamy potatoes, carrots, and of course, salty smoked bacon; served with pilot bread and sweet cream butter. Served in a cup or bowl.

BUTTERNUT SQUASH & CASHEW BISQUE D/V/GF* — 14
Slow roasted butternut squash seasoned with notes of thyme & sea salt and pulled together with a smooth cashew cream. Topped with sourdough croutons and spicy roasted pepitas.
*Soup is vegan and gluten & dairy free; croutons served on the side.

FROM THE DELI

FALL BUDDAH BOWL GF/V — 16
Our bowl is filled with some of the best seasonal flavors, including roasted butternut squash, dried cranberries, crunchy pecans, pumpkin seeds, crumbled feta cheese, crispy apples, quinoa, and greens with a tangy apple cider vinaigrette.

SMOKED SALMON WRAP GF* — 17.50
Flakey smoked Kodiak salmon on an herb cream cheese spread tortilla wrapped with cucumber slices, baby spinach, pickled red onions and sweet bell peppers.
Served with tortilla chips.

CHICKEN PESTO WRAP GF* — 18
Garlic and herb roasted chicken breast topped with basil pesto, sun dried tomato puree, feta crumbles and mixed greens in a sun dried tomato tortilla wrap. Served with tortilla chips.

SIERRA TURKEY WRAP GF* — 18
Oven roasted turkey breast paired with sharp white cheddar cheese, baby spinach, herb cream cheese and dried cranberries rolled together in a spinach wrap. Served with sweet onion vinaigrette and tortilla chips.

CHICKPEA & HERB SALAD V/GF — 16
A fresh and creamy chickpea salad in a lemon, Greek yogurt and herb blend served with sliced radishes, shredded carrots and cucumbers on a bed of salad greens; served with pita bread.

GREEK CHICKEN SALAD GF — 17
Mediterranean seasoned chicken, cherry tomatoes, banana pepper rings, cucumber, Kalamata olives, red wine vinegar pickled red onions, and feta cheese nestled on a bed of fresh salad greens! Served with a balsamic vinaigrette.

KODIAK SMOKED SALMON PASTA SALAD — 9
Wild caught Kodiak salmon brined and hot smoked to perfection; combined with herbs, bell peppers, penne pasta, and a creamy dressing. 16oz cup

CAESAR SALAD V/GF* — 12.5
Crisp romaine lettuce tossed in our house Caesar dressing with parmesan cheese, crunchy sourdough crouton pieces and sweet cherry tomatoes.

SWEETS & TREATS

DREAM BARS — 5

TRIPLE CHOCOLATE BROWNIES — 5

KRISPY TREAT BARS — 4.5

COOKIES, CUPCAKES AND OTHER BAKED GOODS
Our bakers will have fresh and hot out of the oven options to satisfy your sweet tooth daily! Stop by or ask when placing an order to see what's new.

GF = Gluten Free GF = Can easily be made gluten free V = Vegan V* = Can easily be made vegan*

CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH OR EGGS MAY INCREASE YOUR RISK OF FOODBORNE ILLNESS, ESPECIALLY IF YOU HAVE CERTAIN MEDICAL CONDITIONS
MENU ITEMS CAN BE MOTIFIED TO MEET MOST DIETARY PREFERENCES, PLEASE ASK OUR SERVERS FOR OPTIONS.

RECEIVED
FEB 27 2023

Alaska Food Code
2024 Establishment Permit

Division of Environmental Health
Food Safety & Sanitation Program

Permit Number:	13681
Issued to:	**NUNIAQ LLC**
For:	**Nuniaq**
For Operation of:	**FF-7 Food Service and Caterer**
Located at:	**113 Lower Mill Bay RD Kodiak, AK 99615**

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, 2024

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)

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FEB 27 2023