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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

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

Licensee:	Royal Mountain Extracts LLC	**License Number:**		13249	
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	X-TRACTED LABORATORIES				
Physical Address:	38957 S COMMERCIAL DR				
City:	Talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	Joe McAneney				
Email Address:	joe@thehighexpedition.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Food Safety Permit Application

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED

JUN 1 2 2017

State of Alaska DEC
Food Safety Program

Application for Food Establishment Permit

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

Permit ID: 222198000

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 Royal Mountain Extracts LLC DBA X-tracted Laboratories		AK Business License # 1054626	
Business/Corporate Mailing Address PO BOX 1127	City Talkeetna	State AK	Zip 99676
Business/Corporate Phone 907-360-9593	Email joe@thehighexpedition.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Joe McAneney & Dan Nelson - Partners		Fax N/A	

Type of Entity ☐ **Individual** ☒ **Partnership** ☐ **Corporation** ☐ **Other:**

Establishment Information

Establishment Name X-tracted Laboratories	Physical Location 38957 S. Commercial Dr.	Nearest Community Talkeenta	
Establishment Mailing Address PO BOX 1127	City Talkeetna	State AK	Zip 99676
Establishment Phone 907-360-9593	Fax N/A	Contact Person Joe McAneney	
Establishment Physical Address 38957 S. Commercial Dr.	City Talkeetna	State AK	Zip 99676

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

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

Marijuana Product Manufacturing Facility - we will be making edible marijuana products to be sold at wholesale to retail dispensaries. We will not be serving consumers directly.

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: Wholesale to Retail dispensaries

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: