# 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<br>Kerby's Corporation | | AK Business License #<br>1033365 | |
| | Business/Corporate Mailing Address<br>124 W Swanson Ave | City<br>Wasilla | State<br>AK | Zip<br>99654 |
| | Business/Corporate Phone<br>907-884-3153 | Email<br>kerby@greendegree.net | | |
| | Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party<br>Kerby Coman | | Fax | |
| | **Type of Entity** ☐ **Individual** ☐ **Partnership** ☒ **Corporation** ☐ **Other:** | | | |
| Establishment Information | Establishment Name<br>Hilltop Premium Green | Physical Location<br>13856 N. GLENN HWY | Nearest Community<br>Sutton | |
| | Establishment Mailing Address<br>124 W Swanson Ave | City<br>Wasilla | State<br>AK | Zip<br>99654 |
| | Establishment Phone<br>907-745-4425 | Fax | Contact Person<br>Kerby Coman | |
| | Establishment Physical Address<br>13856 N. GLENN HWY | City<br>Sutton | State<br>AK | Zip<br>99674 |

**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.)*

Cannabis Retail Store

## 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:

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State Of Alaska
DEC Wasilla Alaska 99654



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