RECEIVED

AUG 11 2021

State of Alaska DEC
Food Safety Program

Plan Review Application

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

Permit ID: _____

Section A- General Information *(All applicants complete entire section – please print).*

Purpose (check one) ☒ **New Construction** ☒ **Remodel of Existing Structure** ☐ **Reactivation**

General Information		
Establishment Name: Alaska Garden Solutions LLC DBA Stoned Cold Cannabis	Date 8/10/2021	
Plan Review Contact Name: Christopher Jacques		
Phone Number: 907-414-3484	Email: info@stonedcoldcannabis.com	
Address: 6967 Briar Loop, Anchorage, Alaska 99518		
Operating Days/Hours: Monday - Sunday 9 am - 9 pm	Proposed Opening Date: JAN. 2022	

If you are proposing to build a new food establishment or extensive remodeling of an existing food establishment in Alaska (except in the Municipality of Anchorage), you must submit a **completed Plan Review Packet 30 days prior to construction**. Additional information regarding calculations and drawings can be found in the Plan Review Guide.

Please Note: Failure to provide all the required information may delay the plan review process and permit issuance.

REQUIRED DOCUMENTATION LIST (*Include the following in your packet*)

- ☐ Food Establishment Application
- ☐ Fees (Plan Review Fee is Non-Refundable)
- ☐ Plot Plan
- ☐ Floor Plan
- ☐ Plumbing Schematic
- ☐ Complete list of equipment (including manufacturer's specifications)

SECTION B – REQUIRED DOCUMENTATION

a. **Potable Water Supply.** Have plans been submitted to the Drinking Water Program as required by 18 AAC 80?

☒ **Yes*** ☐ **No** ☐ **N/A** (Municipal Water Supply) ***Specify in comments.***

Comments:

Attach a confirmation email or letter from the Drinking Water Program stating that the system has been approved.

b. **Wastewater Disposal System.** Have plans been submitted to the Wastewater Program as specified by 18 AAC 72?

☒ **Yes*** ☐ **No** ☐ **N/A** (Municipal System) ***Specify in comments.***

Comments:

Attach a confirmation email or letter from the Wastewater Program stating that the system has been approved.

If you have a septic system, please provide the legal description of your property (Lot, Block, etc.) LEVALLEY ADD #2 LOT 1

c. **Solid Waste Disposal.** Please describe how you plan to dispose of your solid waste:

Stoned Cold Cannabis will be rendering any marijuana waste unusable by mixing it with compostable or non-compostable materials until the mixture is no more than 50% marijuana waste. All solid waste will be taken to a landfill via waste management truck

d. **Plot Plan.** Have you included a detailed to scale drawing of the plot plan including: ☒ **Yes** ☐ **No**

- ☐ All buildings
- ☐ Refuse storage site
- ☐ Potable water supply
- ☐ Outside walk-in cooler(s)/freezer(s)
- ☐ Outside storage areas
- ☐ Identify nearby roads, other landmarks, and/or give GPS coordinates
- ☐ Access for deliveries
- ☐ Sewage disposal system
- ☐ Oil/Fuel tanks

Received by AMCO 8.11.21. Payment 8.11.21

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 Alaska Garden Solutions LLC			AK Business License # 2127436	
Business/Corporate Mailing Address 6967 Briar Loop	City Anchorage		State Alaska	Zip 99518
Business/Corporate Phone 907-414-3484	Email info@stonedcoldcannabis.com			
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Christopher Jacques			Fax	
Type of Entity ☐ **Individual** ☐ **Partnership** ☒ **Corporation** ☐ **Other:**				

Establishment Information			
Establishment Name Stoned Cold Cannabis	Physical Location 5732 E. Gershmel Loop #1	Nearest Community Wasilla	
Establishment Mailing Address 6967 Briar Loop	City Anchorage	State Alaska	Zip 99518
Establishment Phone 907-414-3484	Fax	Contact Person	
Establishment Physical Address	City	State	Zip

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 concentrate manufacturing facility

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:

RECEIVED
AUG 11 2021
State of Alaska DEC
Food Safety Program

Received by AMCO 8.11.21. Payment 8.11.21