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: Smoke Out Point		Date 8/12/2021
Plan Review Contact Name Anthony Wells		
Phone Number 907-982-2192	Email smopshop907@gmail.com	
Address 2521 E Max Drive, Palmer, Alaska 99645		
Operating Days/Hours Mon-Sun 9am - 10 pm	Proposed Opening Date MAY 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.)

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

Solid waste will be taken to the local land fill by either the licensee, a designated employee or a third party contracted waste truck. Marijuana waste will be rendered unusable by following the Operating Plan Section 8.1 prior to disposal.

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
AUG 12 2021
State of Alaska DEC
Food Safety Program

Received by AMCO 8.12.21. Payment 8.12.21

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: Smoke Out Point, LLC		AK Business License #: 2131856	
	Business/Corporate Mailing Address: 2521 East Mountain Village Drive, Ste B, PMB 248	City: Wasilla	State: Alaska	Zip: 99654
	Business/Corporate Phone: 907-982-2192	Email: smopshop907@gmail.com		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Anthony Wells		Fax:	
	Type of Entity ☐ **Individual** ☐ **Partnership** ☒ **Corporation** ☐ **Other:**			
Establishment Information	Establishment Name: Smoke Out Point	Physical Location: 10600 E Max Drive	Nearest Community: Palmer	
	Establishment Mailing Address: 2521 E Mountain Village Drive, Ste B, PMB 248	City: Wasilla	State: Alaska	Zip: 99654
	Establishment Phone: 907-982-2192	Fax:	Contact Person: Anthony Wells	
	Establishment Physical Address: 10600 E Max Drive	City: Palmer	State: Alaska	Zip: 99645

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 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:

RECEIVED
AUG 12 2021
State of Alaska DEC
Food Safety Program

Form 18-31-APP.01 (Rev 4/13)

Received by AMCO 8.12.21. Payment 8.12.21