Application for Food Establishment Permit

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

Permit ID: 215190002

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: Christina Euscher		AK Business License #: 1031643	
Business/Corporate Mailing Address: 7801 King Street	City: Anch	State: AK	Zip: 99518
Business/Corporate Phone: R.C. Tinderbox 907-349-5067	Email: ckway331999@hotmail.com		
Owner(s) or Corporate Officer(s) & Title(s) of Responsible Party: Christina Euscher CEO		Fax:	

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

Establishment Information

Establishment Name: R.C. Tinderbox	Physical Location: 7801 King Street	Nearest Community: Talkeetna Campbell	
Establishment Mailing Address: 7801 King Street	City: Anchorage	State: AK	Zip: 99518
Establishment Phone: 907-349-5067	Fax:	Contact Person:	
Establishment Physical Address: 7801 King Street	City: Anchorage	State: AK	Zip: 99518

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 Processing Extracts only (NO FOOD)

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** N/A ☐ **No**

b. Attach appropriate label, placard, or menu notation for the consumer advisories if you serve: N/A
☐ 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 N/A
☐ 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: N/A

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: N/A

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