Application for Food Establishment Permit

RECEIVED
JUL 28 2016
State of Alaska DEC
Food Safety Program

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

Permit ID: 11 301 0949

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: The Fireweed Factory LLC		AK Business License #: 1034839	
	Business/Corporate Mailing Address: 8393 No. Douglas Hwy.	City: Juneau	State: AK	Zip: 99801
	Business/Corporate Phone: 907 586 6790	Email: thefireweedfactory@gmail.com		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: The Fireweed Factory LLC Member/manager Paul V. Disdier		Fax: 907 586 6790	
	Type of Entity ☐ **Individual** ☐ **Partnership** ☐ **Corporation** ☒ **Other:** LLC			
Establishment Information	Establishment Name: The Fireweed Factory	Physical Location: 237 Front St. Juneau	Nearest Community: Juneau	
	Establishment Mailing Address: 8393 No. Douglas Hwy.	City: Juneau	State: AK	Zip: 99801
	Establishment Phone: 907 957 2670 cell Paul V. Disdier	Fax: 907 586 6790	Contact Person: Paul V. Disdier	
	Establishment Physical Address: 237 Front St.	City: Juneau	State: AK	Zip: 99801

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
All of our products will be prepackaged

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:

Permit ID(s)_____ Establishment Name(s)_____

f.	Will your food establishment be a kiosk or mobile unit?	☐ Yes	☐ No
	Are employee toilets available within 200 feet? *If you have an agreement with another business to use their restrooms, please attach written verification.*	☐ Yes	☐ No
	Portable water tanks, plumbing, and hoses are NSF or FDA approved components?	☐ Yes	☐ No
	If you have a kiosk, is it located outside of a building?	☐ Yes	☐ No
	Will you have a service provide water or remove wastewater? *If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.*	☐ Yes	☐ No
g.	Will another permitted food establishment (commissary) provide support to your facility? If yes, attach a copy of the Commissary Agreement.	☐ Yes	☐ No

FOOD PROCESSORS

a. A copy of a label for each type of product you will produce is required. Have you attached food labels of each product to be produced? ☐ Yes ☐ No

b. Describe who you will be distributing your product to (i.e. grocery stores, etc):

c. Will you be doing any of the following processes? Check all that apply.

☐ Reduced Oxygen Packaging ☐ Smoking ☐ Other:
☐ Low Acid Canned Foods ☐ Curing
☐ Shelf Stable Acidified Foods ☐ Dehydrating

Be sure to check with your local Environmental Health Officer for any applicable forms and FDA requirements.

d. Do you have a HACCP Plan? ☐ Yes ☐ No ☐ N/A
Required for high hazard food processors such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, reduced oxygen packaging, etc.

e. You are required to have a product coding system and a recall plan. Have you attached a copy of the coding system and recall procedures? ☐ Yes ☐ No

MOBILE RETAIL VENDOR SELLING SEAFOOD

a. A list of products that you will be selling is required. Have you attached a copy of the list of products? ☐ Yes ☐ No

b. Provide names of suppliers where you will be purchasing your product:

c. Will ***all*** of your product be prepackaged? ☐ Yes ☐ No

d. Will another permitted food establishment (commissary) provide support to your facility? If yes, attach a copy of the Commissary Agreement. ☐ Yes ☐ No

MACHINES VENDING POTENTIALLY HAZARDOUS FOODS

a. Have you attached the label that will be affixed to the front of each machine with name, physical address, and phone number of the permitted food establishment servicing the machine? ☐ Yes ☐ No

SECTION 4 – Food Managers Certification/Alaska Safe Food Worker Card

a. Have you attached a copy of a Food Manager's Certification? ☐ Yes ☐ No ☒ N/A
The operator of a food establishment that serves and prepares unwrapped or unpackaged food, except for a bar, tavern, or limited food service, must have at least one Certified Food Protection Manager who is involved in the daily operations of the establishment.

b. Does everyone who works or will work at the food establishment have a Food Worker Card? ☐ Yes ☐ No ☒ N/A
An operator of a food establishment shall keep on file a copy of the Food Worker Card issued by the department for each employed food worker and make the copy available to the Department upon request.

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

Applicant's Signature Paul V. Disdier **Date** 7-28-2016

Applicant's Printed Name PAUL V. DISDIER **Title** Manager

Plan Review Application

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Food Safety and Sanitation Program

Permit ID: 11301 0949

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: The Fireweed Factory LLC		Date 7.28.16
Plan Review Contact Name Paul V. Disdier		
Phone Number 907 957 2670	Email thefireweedfactory@gmail.com	
Address 8393 No. Douglas Hwy. Juneau, AK 99801		
Operating Days/Hours Mon. - Sun. 10am-7pm	Proposed Opening Date 11.1.16	

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
- ☒ 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: Water for our portable sink unit will be supplied from CBJ water from our office facility in 5 gallon containers.

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: The retail store incinerator toilet inert waste will be disposed in the flush toilet of our cultivation facility at 8415 Airport Blvd.

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

c. **Solid Waste Disposal.** Please describe how you plan to dispose of your solid waste:
N/A
The store will not be generating any solid waste from our prepackaged products.

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

- ☒ All buildings
- CBJ ☐ Refuse storage site
- CBJ ☐ Potable water supply
- NA ☐ Outside walk-in cooler(s)/freezer(s)
- NA ☐ Outside storage areas
- NA ☐ Oil/Fuel tanks
- ☒ Access for deliveries
- ☒ Sewage disposal system (see above)
- ☒ Identify nearby roads, streets, other landmarks, and/or give GPS coordinates 58.300, -134.407

ID(s)_____ Establishment Name(s)_____

Floor Plan. A floor plan with the listed components must be submitted as part of the application packet. Have you included a floor plan? ☒ Yes ☐ No

- ☒ Layout and purpose of each room
- ☒ Location of fixed equipment and plumbing features
- ☒ Size, construction, and design of fixed equipment
- ☒ Location of restrooms, including the number of toilets and handwash sinks.
- ☒ Type and location of lighting
- ☒ Type and location of ventilation, both building and local systems

f. **Plumbing Schematic.** A plumbing schematic with the listed components must be submitted as part of the application packet. Have you included a detailed drawing of the plumbing schematic? ☒ Yes ☐ No

- ☐ Plumbing schematic showing each hot, cold, and wastewater line.
- ☐ Plumbing connection to the wastewater line (direct vs. indirect)
- ☒ Hot water capacity

Have you contacted the State Plumbing Inspector? contacted + working w/ CB staff ☒ Yes ~~☐ No~~

G **Fire Marshall.** Have you contacted the State Fire Marshall? ☒ Yes ☐ No

Please describe your ventilation/hood system:

Because we will not be producing any food items, the only ventilation needed for the store is the small ventilating fan already installed above the front door.

SECTION C - ADDITIONAL INFORMATION

a. **Storage**. How often will you receive food deliveries? Do you have adequate storage to support your operation? Consult the Plan Review Guide for information about storage capacity.

~~N/A~~ Yes ample storage

OK

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:
Employees will wear their own street clothes. Storage for minimal employee belongings will be stored on shelving in the bathroom area.

OK

c. **Poisonous/Toxic Materials**. Describe location and means to store poisonous or toxic materials:
N/A, none will be used.

OK

d. **Floors/Walls/Ceilings**. Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):
Floors are plastic laminate. Walls and ceilings are painted drywall and will be repainted with heavy duty enamel paint capable of being washed and sanitized.
Shelving, counters and all other surfaces will also be painted with the same type of enamel paint.

OK - will inspect on open.

e. **Warewashing:** Describe how dishes, utensil, and equipment will be washed:
N/A

None needed

f. **Linens.** Describe how soiled and clean clothing/linens will be stored and where they will be cleaned:
~~N/A~~

OK

SECTION D

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

Applicant's Signature Paul V. Disdier **Date** 7-28-2016

Applicant's Printed Name PAUL V. DISDIER **Title** Manager