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: Glacier Extracts, LLC		AK Business License #: 1037905	
Business/Corporate Mailing Address: P.O Box 872468 Wasilla, AK 99687	City: Wasilla	State: AK	Zip: 99687
Business/Corporate Phone: 907-268-0717 or 907-841-1798	Email: glacierextractsak@gmail.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Matthew Peterson (member) See Attached for Partners		Fax:	

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

Establishment Information

Establishment Name: Glacier Extracts	Physical Location: 8639 Toloff st	Nearest Community: Abbott Loop	
Establishment Mailing Address: ~~P.O Box 872468~~ 8639 Toloff st.	City: Anchorage	State: AK	Zip: 99507
Establishment Phone: NA	Fax: NA	Contact Person: Cade Iusolo	
Establishment Physical Address: 8639 Toloff st	City: Anchorage	State: AK	Zip: 99507

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 Product manufacturing facility. We will not be baking or cooking anything.

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 ? ☐ Yes ☐ No

SECTION 3 – COMPLETE FOR ALL FOOD ESTABLISHMENTS *(Check all that apply)*

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

f. Will your food establishment be a or ? ☐ Yes ☐ No

Are employee toilets available within 200 feet? ☐ Yes ☐ No

If you have an agreement with another business to use their restrooms, please attach written verification.

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? ☐ Yes ☐ No

If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.

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

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? No food Products will be manufactured. ☐ Yes ☒ No

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

Retail Marijuana Stores, & other Product manufactures

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

☐ Reduced Oxygen Packaging ☐ Smoking ☒ Other: extracting resin.

☐ 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 ? ☐ 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 . Have you attached a copy of the coding system and recall procedures? ☐ Yes ☒ No

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 ( ) provide support to your facility? If yes, attach a copy of the . ☐ Yes ☐ No

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 ? ☐ 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 ? ☐ 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 Cade U. Inscho **Date** 8/19/16

Applicant's Printed Name Cade Inscho **Title** Project Manager.

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