Jason Ward

JUN 27 2017 RECD

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: TARA ANN BASS		AK Business License #: 1032810	
Business/Corporate Mailing Address: PO BOX 165	City: SKAGWAY	State: AK	Zip: 99840
Business/Corporate Phone: 907-612-0277	Email: taramallory@hotmail.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: TARA ANN BASS OWNER/OPERATOR		Fax: 907-983-3046	

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

Establishment Information

Establishment Name: REMEDY SHOPPE	Physical Location: 371 THIRD STREET	Nearest Community: SKAGWAY	
Establishment Mailing Address: PO BOX 165	City: SKAGWAY	State: AK	Zip: 99840
Establishment Phone: 907-612-0277	Fax: 907-983-3046	Contact Person: TARA BASS	
Establishment Physical Address: 371 THIRD AVENUE		State: AK	Zip: 99840

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.)*

RETAIL MARAJUNA 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 Supplement is required to process your application. Have you attached the Plan Review Supplement? ☒ 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: NA

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: NA Hot or Cold Holding: NA

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

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: NA
☐ 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	Tara Bass	**Date**	6/17/16
Applicant's Printed Name	TARA BASS	**Title**	6/17/16

Form 18.31.APP.01 (Rev 1/13)

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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: REMEDY SHOPPE		Date 17JUNE2016
Plan Review Contact Name TARA ANN BASS		
Phone Number 907-612-0277	Email TARAMALLORY@HOTMAIL.COM	
Address PO BOX 165 SKAGWAY AK 99840		
Operating Days/Hours MON-SAT 11AM-7PM	Proposed Opening Date 01SEPTEMBER2016	

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:

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.

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

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
☐ Oil/Fuel tanks
☒ Access for deliveries
☐ Sewage disposal system
☒ Identify nearby roads, streets, other landmarks, and/or give GPS coordinates

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

e. **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? ☐ Yes ☐ No

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

Please describe your ventilation/hood system:

NA

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.

YES

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:

NONE ON SITE

c. **Poisonous/Toxic Materials.** Describe location and means to store poisonous or toxic materials:

NONE

d. **Floors/Walls/Ceilings.** Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):

SHEETROCK/WOOD FLOORS

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

DEEP SINK/STEAMER SANTIZER

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

NA

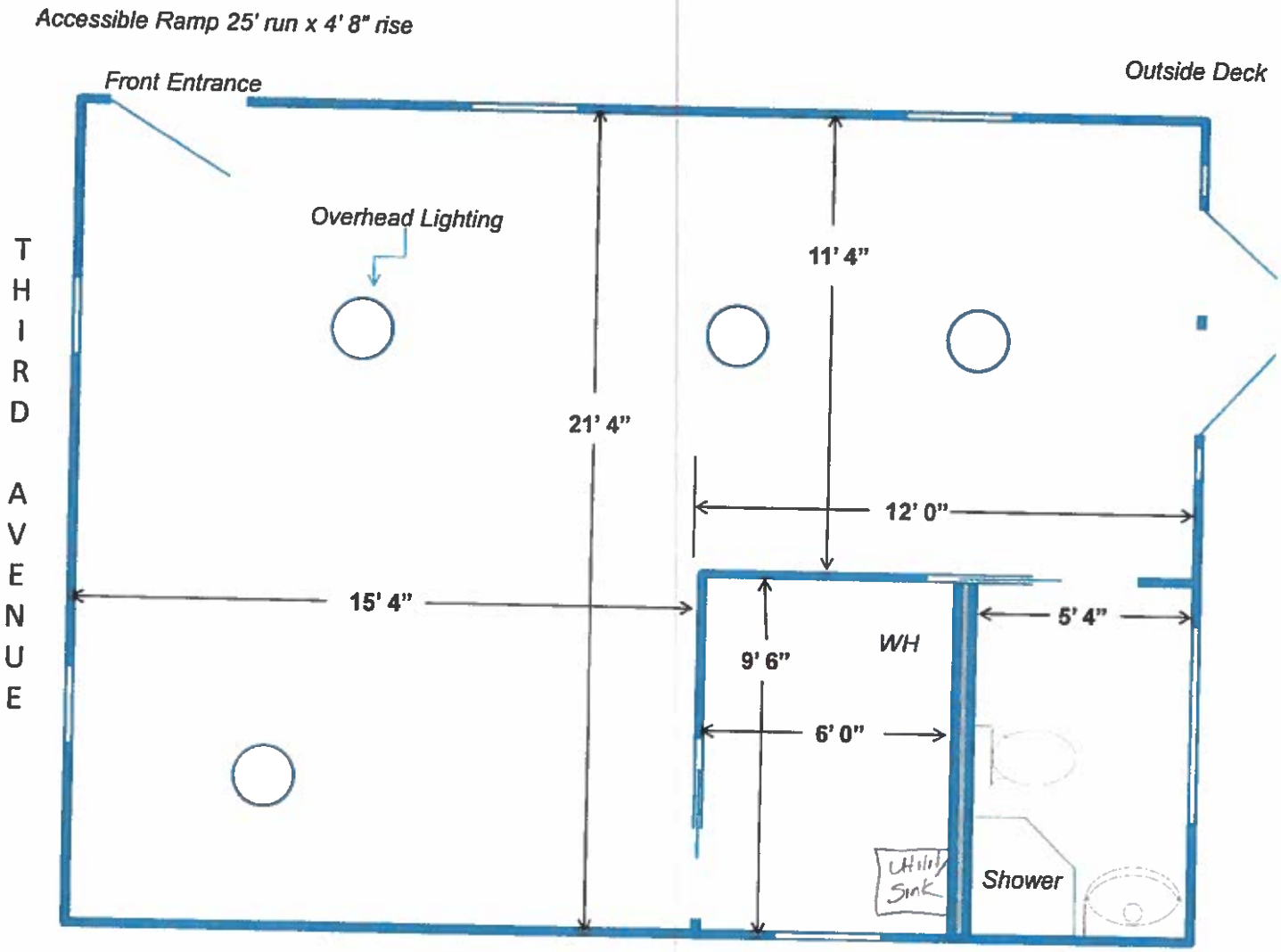
SECTION D

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 Tara Bass Date 6/17/16

Applicant's Printed Name TARA BASS Title 6/17/16

Form 18.31.APP.01 (Rev 6/13)

Joan Wiles

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