Alcohol & Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Herbal Outfitters, LLC	**License Number:**	10173		
License Type:	Retail Marijuana Store				
Doing Business As:	HERBAL OUTFITTERS, LLC				
Physical Address:	165 Fairbanks Drive				
City:	Valdez	**State:**	AK	**Zip Code:**	99686
Designated Licensee:					
Email Address:	info@herbaloutfitters.green				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	
1	Two pages application for food safety permit marked received May 23, 2016

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

Alaska Food Code
2016 Establishment Permit

Division of Environmental Health
Food Safety & Sanitation

Permit Number:	246860342
Issued to:	**Herbal Outfitters LLC**
For:	**Herbal Outfitters LLC**
For Operation of:	**FM-1 MJ Convenience with MJ (retail sales of edibles)**
Located at:	**165 Fairbanks Drive; VALDEZ**

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:
December 31, 2016

Program Manager:

If you have questions or concerns regarding safe food handling practices call toll free:

1-87-SAFE-FOOD

(in Anchorage call 334-2560)

Application for Food Establishment Permit

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

Permit ID: 246860342

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: Herbal Outfitters LLC		AK Business License #: 1032590	
	Business/Corporate Mailing Address: PO Box 2911	City: Valdez	State: Alaska	Zip: 99686
	Business/Corporate Phone: 907-835-4201	Email: info@herbaloutfitters.green		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Richard C. Ballow		Fax: 907-834-4430	
	Type of Entity ☐ Individual ☐ Partnership ☐ Corporation ☒ Other:			
Establishment Information	Establishment Name: Herbal Outfitters LLS	Physical Location: 165 Fairbanks Drive	Nearest Community: Valdez	
	Establishment Mailing Address: PO Box 2911	City: Valdez	State: Alaska	Zip: 99686
	Establishment Phone: 907-835-4201	Fax: 907-834-4430	Contact Person: Richard	
	Establishment Physical Address: 165 Fairbanks Drive	City: Valdez	State: Alaska	Zip: 99686

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: 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 ☒ Selling for off-site consumption of pre-packaged food items.
☐ 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:

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

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DEPARTMENT OF
ENVIRONMENTAL CONSERVATION

Permit ID(s) 246860342 Establishment Name(s) Herbal Outfitters

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 N/A	☐ No
If you have a kiosk, is it located outside of a building?	☐ Yes N/A	☐ 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
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 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 N/A ☐ No

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

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.

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.

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 N/A ☐ No

MOBILE RETAIL VENDOR SELLING SEAFOOD

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

Provide names of suppliers where you will be purchasing your product: N/A

Will *all* of your product be prepackaged? N/A ☐ Yes ☐ No

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

MACHINES VENDING POTENTIALLY HAZARDOUS FOODS

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 N/A ☐ No

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

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.

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.

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

pplicant's Signature [signature] Date 5/20/16

pplicant's Printed Name Richard C Ballow Title 5/20/16 owner

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MAY 23 2016
DEPARTMENT OF
ENVIRONMENTAL CONSERVATION