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:	SILVERTHORN INVESTMENT GROUP, LLC	**License Number:**	10316		
License Type:	Retail Marijuana Store				
Doing Business As:	DENALI 420 RECREATIONALS				
Physical Address:	2876 N. Rex Street				
City:	Houston	**State:**	AK	**Zip Code:**	99694
Designated Licensee:					
Email Address:	lambjaredasd@gmail.com				

Section 2 – Attached Items

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

Attached Items:	-Please find for filing: -DEC received stamp food safety permit application. Dated 7/29/2016.

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

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: Silverthorn Investment Group, LLC.		AK Business License #: 1036881	
Business/Corporate Mailing Address: 733 W. 4th Avenue Suite 308	City: Anchorage	State: Alaska	Zip: 99501
Business/Corporate Phone: 907-240-3490	Email: lambjaredasd@gmail.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Jared Lamb, Manager/member LLC		Fax: 907-277-9859	

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

Establishment Information

Establishment Name: Denali 420 Recreationals	Physical Location: 2876 N.Rex Road	Nearest Community: Houston, AK.	
Establishment Mailing Address: 733 W. 4th Avenue,Suite 308	City: Anchorage	State: AK	Zip: 99501
Establishment Phone: 907-240-3490	Fax: 907-277-9859	Contact Person: Jared Lamb or Lance C. Wells, Atty.	
Establishment Physical Address: 2876 N.Rex Road	City: Houston	State: Alaska	Zip: 99694

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.)*

This will be a state approved marijuana retail store only, selling prepackaged marijuana and related products. No products will be made in the store. All items will come prepackaged and tested by the supplier per SOA statutes for marijuana.

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: N/A.
☐ 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: N/A.
Hot or Cold Holding: N/A.

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JUN 29 2016
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

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? N/A.	☐ 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? N/A. We do not make food products.	☐ Yes	☒ No
b.	Describe who you will be distributing your product to (i.e. grocery stores, etc): We will be selling others persons over 21 years of age prepackaged marijuana and marijuana related products.		
c.	Will you be doing any of the following processes? Check all that apply. ☐ Reduced Oxygen Packaging ☐ Smoking ☐ Other: n/a ☐ 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? *Required for high hazard food processors such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, reduced oxygen packaging, etc.*	☐ Yes ☐ No	☒ N/A
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? N/A.	☐ 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 N/A.		☒ No
b.	Provide names of suppliers where you will be purchasing your product: We are not selling food or seafood. They will be purchased from SOA to be approved marijuana cultivation, manufacturing and concentrate facilities.		
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? N/A.	☐ Yes	☒ No

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

a.	Have you attached a copy of a Food Manager's Certification? *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.*	☐ Yes	☐ No	☒ N/A
b.	Does everyone who works or will work at the food establishment have a Food Worker Card? *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.*	☒ Yes	☐ No	☐ N/A

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 [signature] **Date** 6/28/2016

Applicant's Printed Name Jared Lamb **Title** Manager/member, LLC.