FOOD SAFETY

THE STATE of ALASKA

GOVERNOR BILL WALKER

Department of Environmental Conservation

DIVISION OF ENVIRONMENTAL HEALTH
FOOD SAFETY & SANITATION PROGRAM

610 University Ave
Fairbanks, AK 99709
Main: 907.451.2110
Fax: 907.451.5120
www.dec.alaska.gov/eh/fss
jennifer.hall@alaska.gov

May 30, 2017

Robin Thomas
Gudlife Organization
303-c West E. St.
Nome, AK 99762

Dear Robin Thomas,

Thank you for your recent application for a permit from the Department of Environmental Conservation's Food Safety and Sanitation program. This letter is to inform you that the marijuana establishment you have described in your application does not require a permit under the Alaska Food Code (18 AAC 31) since your plan is to sell only prepackaged, non-potentially hazard food (18 AAC 31.012(c)(1)).

Non-potentially hazardous foods are foods that do not support the growth of dangerous bacteria because of their water activity, pH, or a combination of the two. A good method to determine whether a food is non-potentially hazardous is whether it requires refrigeration to keep it safe or preserve it. If it does not require refrigeration, it is most likely non-potentially hazardous. If you are unsure about the safety of a product and whether it requires temperature control be sure to contact the Food Safety and Sanitation program for more information.

Please be aware that if you change the type of food that you sell at your establishment to include foods that are potentially hazardous, you will be required to submit a plan of your operations and apply for a food establishment permit.

Sincerely,

Jennifer Hall

Jennifer Hall
Environmental Health Officer

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JUL 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Application for Food Establishment Permit

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

Permit ID: 324003109

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: GUDLIEF ORGANIZATION		AK Business License #: 1028146	
Business/Corporate Mailing Address: POBOX 397	City: NOME	State: AK	Zip: 99762
Business/Corporate Phone: 907-304-5054	Email: GUDYUL@GMAIL.COM		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: ROBIN THOMAS		Fax: NA	

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

Establishment Information

Establishment Name: GUDLIEF ORGANIZATION	Physical Location: 303-C WEST E St	Nearest Community: NOME, AK	
Establishment Mailing Address: PO Box 397	City: NOME	State: AK	Zip: 99762
Establishment Phone: 907 304 -5054	Fax: NA	Contact Person: ROBIN THOMAS	
Establishment Physical Address: 303-C west E St	City: NOME	State: AK	Zip: 99762

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 # 11119

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).
PACKAGING Less than one ounce < 28 grams

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 , list all the equipment used to protect food from contamination and maintain product temperature during:
Transportation: Hot or Cold Holding:
Child resistant packaging

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

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ALCOHOL BEVERAGE CONTROL OFFICE
STATE OF ALASKA

Gudlief Organization Marijuana Retail Store License # 11119

To whom it may concern,

Dear food safety staff;

Gudlief retail store will only sell dried marijuana flowers and leaf in one gram, 1/4ounce and 1 oz sizes.

Packaging will be child proof and tamper resistant and will be labeled with test results, ingredients and health warnings (see attachment) per state regulation.

There will be no "processed" product or infused edibles sold and no dried product will be refrigerated. Dried product that has been packaged and labeled will be stored in a dark and cool (< 60F) storage at 55 relative humidity till sold. The projected shelf life could be many years in these stable conditions.

Gudlief has a toilet and washroom with utility sink for employees to clean their hands after using the toilet or prior to packaging product. Gudlief will not be using 'sniffing jars" and does not anticipate the need to wash utensils other than wiping down hand trimming tools with alcohol. Gudlief could install a three section insert into the utility sink if required.

Please contact me with any questions . Cell : 907-304-5054 or Email : gudyul@gmail.com

Thank You.

Robin Thomas
owner of Gudlief Organization Retail Marijuana Store

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MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Gudlief Organization Retail Marijuana Store
license 1119 . Tested by Canlab of Anchorage, AK for:
pesticide,fungi,microbe,chemicals,cannibanoids
Strain: net grams:
WARNINGS
1. Marijuana has intoxicating effects
and may be habit forming and addictive.
2. Marijuana impairs concentration, coordination
and judgment. do not operate vehicle or
machinery while under it's influence.
3. There are health risks associated with
consumption of marijuana.
4. For use only by adults twenty-one
and older. Keep out of reach of children.
5. Marijuana should not be used by woman who
are pregnant or breast feeding.
Batch Number

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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?	☒ 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?	☐ 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): retail only on site

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

d. Do you have a HACCP Plan? ☐ 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? METRC TRACKING SOFTWARE ☒ 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: M.J License supplied by cultivation in same building # 10979

c. Will 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? ☐ Yes ☐ No ☒ N/A

b. Does everyone who works or will work at the food establishment have a Food Worker Card? ☐ 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** 05-16-2017

Applicant's Printed Name Robin Thomas **Title** owner

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