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:	Sideshow Food LLC	**License Number:**	13175		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	FIRE EATER				
Physical Address:	36160 SPUR HWY, SUITE A				
City:	SOLDOTNA	**State:**	AK	**Zip Code:**	99669 - 3448
Designated Licensee:	NICOLE CHRISTENSEN				
Email Address:	sideshowfood@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Food Safety Permit

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STATE OF ALASKA

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

STATE OF ALASKA DIVISION OF ENVIRONMENTAL HEALTH INVOICE#: 15059

REMIT TO:
Department of Environmental Conservation
Financial Services
410 Willoughby Ave. #303
Juneau, AK 99801-1795

CALENDAR YEAR 17

TYPE CODE FP-1 MJ

PERMIT #: 2366920666

CONTACT NAME: Sidshow Reduce

DBA: Fire Eater

ADDRESS: PO BOX 231573

CITY: Soldotna

STATE: AK **ZIP:** 99669

PHONE: (907) 223-3654

APPLICANT: IMPORTANT

1. **Make check payable to: State of Alaska**
2. **Reference invoice number and permit number on your check.**

FSS Contact Name: Indanie Hiller

Phone: (907) 262-3413

CHECK APPLICABLE DISCOUNT

PERMIT

- [ ] DISCOUNT 50% - 501(C) 4, 10, 19
  NOTE: Must provide IRS Exemption Letter
- [ ] DISCOUNT 50% - Ltd./ Mobile/Kiosk Serving Only Certain Beverages and Non PH Prepackaged Foods
- [ ] DISCOUNT 20% - ASSOCIATED Bar/Food Service

PLAN REVIEW

- [ ] DISCOUNT- 20% for 3 or more operations

PAID: CASH ____

CHECK # 1014 375.00

CREDIT CARD ____

Date Payment Received: ____

- [x] Send permit to Operator
- [x] ~~Send permit to EHO~~

NOTE: Payment due within 30 days of date of issue.

Date Issued: 6/7/17

TOTAL FEES

ANNUAL FEE	200-	
Less 50% Discount	( )	
SUBTOTAL		200-
Less Espresso Discount	( )	
SUBTOTAL		
Less Assoc. Discount	( )	
SUBTOTAL		
PLAN REVIEW FEE	+ 175-	
Less Discount (3 or more operations)	( )	
SUBTOTAL		175-
CHANGE OF OWNERSHIP	+	
SUBTOTAL		
OTHER	+	
SUBTOTAL		
TOTAL FEES		375-

Paid 6/7/17

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Form 18.31.INV.01 (rev 6/16) WHITE: Applicant YELLOW: File Copy

Application for Food Establishment Permit

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

Permit ID: 2366920ele

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 Sideshow Food LLC		AK Business License # 1053699	
	Business/Corporate Mailing Address Po Box 231573	City Anchorage	State AK	Zip 99523
	Business/Corporate Phone 907-360-4448	Email Sideshowfood@gmail.com		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Nicole Christensen, CEO or Martin Christensen Building Manager		Fax 1-800-675-9017	
	Type of Entity ☐ **Individual** ☐ **Partnership** ☒ **Corporation** ☐ **Other:**			
Establishment Information	Establishment Name SideShow Food LLC. DBA Fire Eater	Physical Location 36160 SPUR HWY, SUITE A , 99669	Nearest Community Soldotna	
	Establishment Mailing Address Po Box 231573	City Anchorage	State AK	Zip 99518
	Establishment Phone 907-223-3654	Fax	Contact Person Martin Christensen	
	Establishment Physical Address 36160 SPUR HWY, SUITE A	City Soldotna	State AK	Zip 99669

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.)*

Whole sale production of various cannabis edibles. Items will be prepared and packaged for retail here, but sold and consumed off sight
This will not be open to the public. Strictly wholesale to licenced retail shops

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).

d. Style of Service: ☐ Counter Service ☐ Self Service (i.e. buffet line, salad bar) ☐ Table Service
☒ Other: Wholesale cannabis snack food manufacturing

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:

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Kenai Area Office

Date Received RECEIVED OCT 07 2009 ADEC Kenai Area Office	**State of Alaska** **Department of Environmental Conservation** **Documentation of Construction**	ADEC Review Date and Initial 10/8/09 gjo

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Part I. General Information

Legal Description	IRON'S SUBD ENTERPRISE Addn. LOT 2A **Tax ID # (optional)**
Submitted By	☑ Registered Engineer ☐ Approved Homeowner ☐ Certified Installer No.
Installer Mailing Address & Phone	NORTH STAR PAVING 35743 KENAI SPUR HWY SUITE A SOLDOTNA, AK 99669 907 262-7283

Part II. Wastewater Disposal

Onsite Wastewater System Serves	☐ Single Family # of bedrooms _____ ☐ Duplex Total # of bedrooms _____ ☑ Small Commercial Facility with Estimated Design flow of less than 500 gpd.
☑ **New System** ☐ **Repair Existing System**	
System Installed By ☐ Certified Installer ☐ Registered Engineer ☑ Inspection by a Registered Engineer ☐ Approved Homeowner (attach approval letter)	**Installation Notification Date** NA **Date Installed** 8-23/24-09 + 9-19-09
Septic Tank	Size 1000 # of Compartments 2 Manufacturer SCE
Type of Soil Absorption System	☐ Deep Trench ☑ Shallow Trench W/ SAND LINER ☐ Seepage Pit ☐ Bed ☐ Mound ☐ Other, specify
Soils	Classification SAND LINER - SP Rating - ~~sq ft/bedroom~~ 1.0 gpd/sq ft.
Dimensions	Absorption Area (1) 65' SHALLOW TRENCH AND (1) 35' SHALLOW TRENCH Thickness/Depth of Distribution Rock 12" MIN. Size of Rock 3/4 - 1½" DIAM.
Perc Test Results	Minutes per Inch NA Sq. Ft. per bedroom _____ Performed By (Attach results by sealed/signed registered engineer)
Ground Cover Over	Septic Tank 3' plus 2" FOAM INSUL. Absorption Area 4' Sewer Pipes 2-3' plus 2" FOAM INSUL.
Cleanout Pipes/Caps	Foundation Cleanout YES Septic Tank YES Monitor Tubes YES

Separation Distances from septic tank or absorption area, whichever is closest, to all nearby
Public drinking water sources within 200 feet 150' To Well Private drinking water sources within 100 feet NONE
Nearest water bodies (see 18 AAC 72.020(b)) >100 ft Lot Line ~5 ft.

Separation Distances from On Lot Sewer Lines to Drinking Water Sources - Public > 75' To Well **Private** > 50 ft.

Separation Distances from Bottom of Distribution Rock to Groundwater Table > 4 ft. **Bedrock** > 6 ft.

Separation Distance from Absorption Area to Slope exceeding 25% > 50 ft

Comments/Recommendations
THE EXISTING SEPTIC SYSTEM WAS PROPERLY ABANDONED AND THE CONCRETE SEPTIC TANK WAS FILLED WITH CEMENT GROUT.

Seal Registered Professional Engineer
STATE OF ALASKA 49TH ARNE TIKKA CE-8300 10-6-09 REGISTERED PROFESSIONAL ENGINEER

I certify that the above information, and that provided in Section III, is correct:

Signature Arne Tikka **Printed Name** ARNE TIKKA

Title, Reg/Cert No, Inst No. CE 8300 **Date** 10-6-09

NOTE: Must be signed by a Certified Installer, DEC staff or Approved Homeowner. If engineering seal bears printed name, registration number and is signed, those blocks need not be completed for engineered submittals.

Part III - Required Diagram of System(s)

1. In a plan view, locate and identify each of the following:
   a) Well b) All Structures c) Septic Tank d) Soil Absorption system (include dimensions)
   e) Surface Water f) Sources of contamination g) Property Line h) Closest well on adjacent property
   i) Closest septic tank on an adjacent property j) Closest edge of an absorption field on adjacent property
   k) All Cleanouts and monitor tubes l) Testhole location
2. Show distances between the well and each of the sources of contamination listed in 1.
3. Show distances between water bodies and each part of the onsite system listed in 1.
4. In a cross section view of the soil absorption area, identify each component and show the depth (thickness) of the following:
   a) Soil cover b) Absorption Material c) Water Table d) Bedrock e) Discharge pipes f) Insulation

Testhole total depth: 12 ft **Groundwater/Seeps encountered? Y (N) at _____ ft**
Impermeable soil (Silt/Clay/Bedrock) encountered? Y (N) at _____ ft

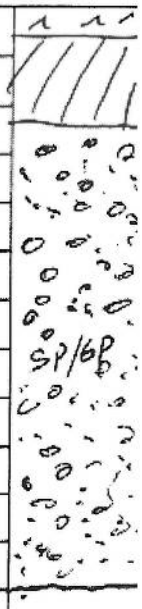
Testhole Log

Date: 8-23-09

Inspected By: AT

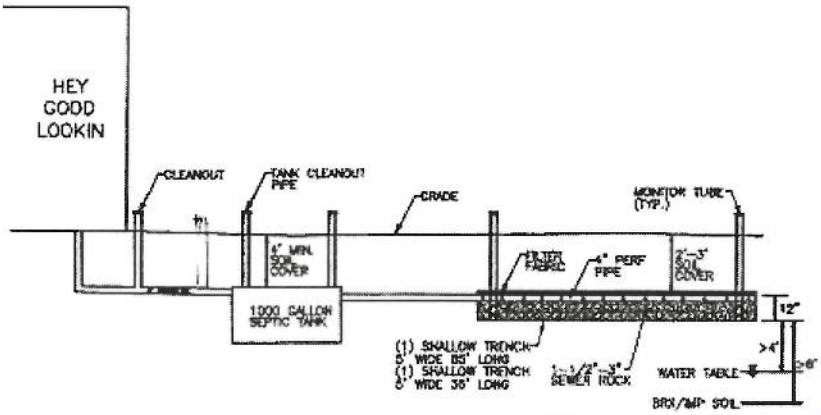
Plan View

SEE ATTACHED PLAN VIEW
RECORD DRAWING



1 ft	
2 ft	
3 ft	
4 ft	
5 ft	
6 ft	
7 ft	
8 ft	
9 ft	
10 ft	
11 ft	
12 ft	
13 ft	
14 ft	
15 ft	
16 ft	
17 ft	
18 ft	
19 ft	
20 ft	
21 ft	

Cross Section



CROSS SECTION
RECORD DRAWING

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