RECEIVED
DEC 19 2016
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Application for Food Establishment Permit

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

Permit ID: 311500120

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: Denali's Cannabis Cache LLC		AK Business License #: 11382	
Business/Corporate Mailing Address: P.O. Box 188	City: Cantwell	State: AK	Zip: 99729
Business/Corporate Phone: (907)-683-2633	Email: thecache2016@gmail.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Kevin James Schwan Owner/Operator		Fax: N/A	

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

Establishment Information

Establishment Name: Denali's Cannabis Cache LLC	Physical Location: M.M. 238.9 Parks HWY	Nearest Community: Healy	
Establishment Mailing Address: P.O. Box 188	City: Cantwell	State: AK	Zip: 99729
Establishment Phone: (907)-683-2633	Fax: N/A	Contact Person: Kevin James Schwan	
Establishment Physical Address: M.M. 238.9 Parks HWY Suite 420	City: Denali National Park	State: AK	Zip: 99755

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 Convenience with Retail Sales of Edibles

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:

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:

RECEIVED
JAN 17 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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

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:

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.

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:
Shelving and hooks for clothing with be located in a designated area of the restricted access storage room at the back of the shop.

c. **Poisonous/Toxic Materials.** Describe location and means to store poisonous or toxic materials:
All cleaning materials will also be located in a designated area of the restricted access storage room in a cabinet designated for the materials.

d. **Floors/Walls/Ceilings.** Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):
The Floors of the retail space are laminate and will be cleaned with Mohawk wood/laminate floor cleaner daily. The floor of the storage area is painted wood surface. All of the walls and ceilings in the retail space and storage area are drywalled and painted. Shelving through out the retail space and the storage space is a combination of painted wood and sanded wood finish.

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

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

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 _____ Date December 5, 2016

Applicant's Printed Name Kevin James Schwan Title Owner/Operator

RECEIVED
JAN 17 2017
ALCOHOL & MARIJUANA CONTROL OFFICE
STATE OF ALASKA

STATE OF ALASKA DIVISION OF ENVIRONMENTAL HEALTH **INVOICE #** 14841

FROM

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

CALENDAR YEAR 17

TYPE CODE FM - 1 MJ

PERMIT #: 3 1 1 5 9 0 1 2 0

TO

APPLICANT NAME: Denali's Cannabis Cache LLC

DBA: Denali's Cannabis Cache

ADDRESS: PO Box 188

CITY: Cantwell

STATE: AK **ZIP:** 99729

PHONE: (907) 683 2633

APPLICANT: IMPORTANT

1. **Make Check Payable To: State Of Alaska**
2. **Reference invoice number and permit number on your check.**
3. **Submit part (yellow) copy of this form with your payment.**

EHO Contact Name: Col. Taylor

EHO ID#: 189

EHO Phone: 907-451-2112

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

TOTAL FEES

ANNUAL FEE		
Less 50% Discount	( )	
SUBTOTAL		
Less Espresso Discount	( )	
SUBTOTAL		
Less Assoc. Discount	( )	
SUBTOTAL		
PLAN REVIEW FEE	+ 190.00	
Less Discount (3 or more operations)	( )	
SUBTOTAL		
CHANGE OF OWNERSHIP	+	
SUBTOTAL		
OTHER	+	
SUBTOTAL		
TOTAL FEES		190.00

PAID: CASH _____

CHECK _____

Date Payment Received _____

☒ Send Permit to Operator

☐ Send permit to EHO

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

Date Issued: 1/3/17

RECEIVED
JAN 17 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Form 18.31.INV.01 (rev 5/09) WHITE: Applicant YELLOW: Remittance Copy PINK: Data Entry GOLD: File Copy