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: Raspberry Roots, LLC		AK Business License #	
Business/Corporate Mailing Address: 501 Raspberry Road Suite 102	City: Anchorage	State: AK	Zip: 99518
Business/Corporate Phone: 907-727-6584	Email: kimkoleinak@gmail.com		
Owner(s) or Corporate Officer(s) & Title(s) or Rasponsible Party: Kimberley Kole		Fax	

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

Establishment Information

Establishment Name: Raspberry Roots, LLC	Physical Location: 501 Raspberry Road Suite 102	Nearest Community: Taku Campbell	
Establishment Mailing Address: 501 Raspberry Road, suite 101	City: Anchorage	State: AK	Zip: 99518
Establishment Phone: 907-727-6584	Fax	Contact Person: Kim Kole	
Establishment Physical Address: 501 Raspberry Road, suite 101	City: Anchorage	State: AK	Zip: 99518

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 Establishment

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:

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

f. Will your food establishment be a kiosk or mobile unit? ☐ Yes ☒ No

Are employee toilets available within 200 feet? ☐ Yes ☐ No

If you have an agreement with another business to use their restrooms, please attach written verification.

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? ☐ Yes ☐ No

Will you have a service provide water or remove wastewater? ☐ Yes ☐ No

If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.

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):

We won't distribute products, but other manufacturing establishments will provide products for us, plus non-infused items for sale.

c. Will you be doing any of the following processes? Check all that apply.

☐ Reduced Oxygen Packaging ☐ Smoking ☐ Other: none

☐ 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? ☐ 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.

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? ☒ 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:

This will be dependant on who gets licenses and when. At this time, we do not have those vendors, but anticipate this info soon

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? ☐ 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.

b. 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.

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 Kimberley A. Kole Date 7/21/16

Applicant's Printed Name Kimberley A. Kole Title Owner

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Commissary Agreements

At this time, since this is a new industry, we don't know for sure who will be obtaining a license, when that might happen, or what specific products they may be selling to us for resale. We know that we will purchase marijuana flowers from many cultivators, but no one is willing to create contracts at this time because they want to be able to sell to the highest bidder when their product is ready to go to market.

We also don't know which edible products we will have available because we again don't know which edible companies will be in business. The state won't even look at those licenses until September, and they have to approve the products produced at that time. We also don't know which specific products they will be selling. However, my best guess is that it will include a list of edible and non-edible items such as: cookies, brownies, hard candy, drinks, lip balm, salves and lotions, etc.

Since we don't know the specific products yet, we also can't know what the labels will look like.

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Recall Plan

If a recall is needed, there would be no way to contact our customers directly to let them know of it because it is part of Ballot Measure 2 that no personal records may be taken. However, we can post signs at the retail establishment informing repeat customers of the recalled product's batch number (which must be printed on the label of every item sold). This batch number, generated by the state approved Metrc inventory tracking system, would be an adequate coding system to ensure everyone can distinguish recalled products from undamaged ones. We will also post the recall on our social media sites for furthest outreach, and report it to the Alaska Marijuana Industry Association so they can also post it on their webpage for reference.

Anyone who brings the recalled product back to us will be given an identical product (if a non-recalled item is available) or a comparable item.

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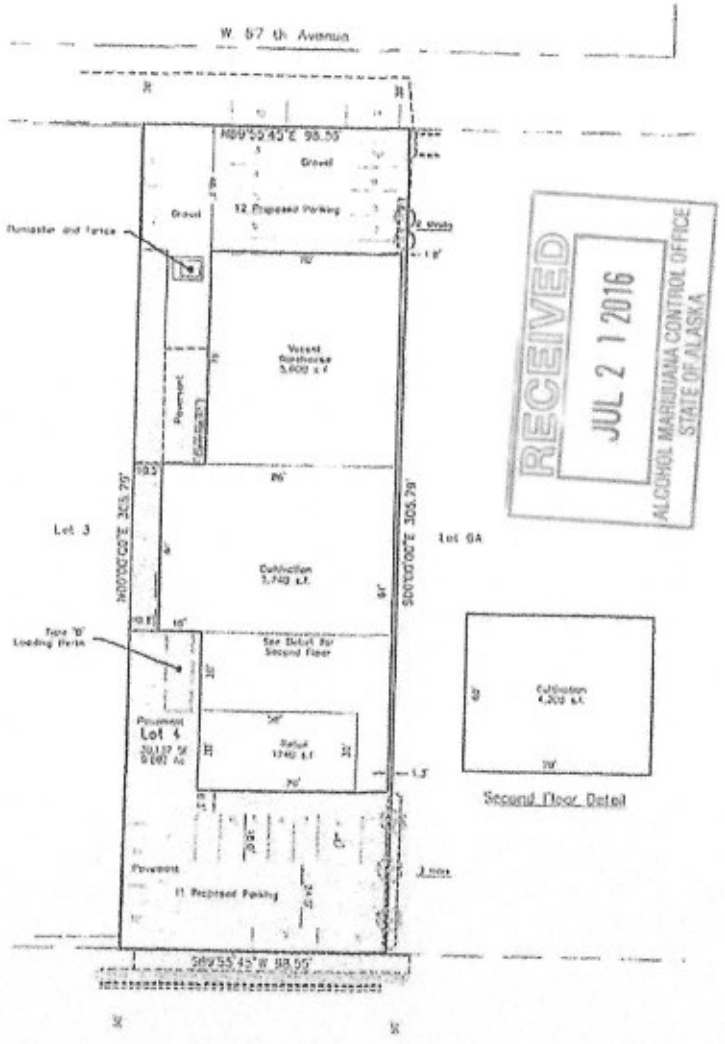

Zoning Notes:

Zoning is I-1

Open space:	None required
Snow Storage:	Haul off
Trash:	Existing Dumpsters
Fence:	Existing fences are shown
Signs:	Existing signs are shown

Parking Notes:

Use	sf	per sf	Parking Required
Cannabis Retail	1,740sf	350	5.0
Cannabis Cultivation	11,900sf	1000	11.9
Vacant Warehouse	5,600sf	1000	5.6
total parking required	22.5		
total parking shown	23		

Landscaping Notes:

Existing Trees

Existing Shrubs

Grass Area

Pavement

Survey Certification: I hereby certify that a Mortgagee's Inspection was performed on the described property.
Notes: It is the owner's responsibility to determine the existence of any easements, covenants, or restriction which are not on the recorded subdivision plat. This asbuilt shall not be used for construction or for establishing property lines.

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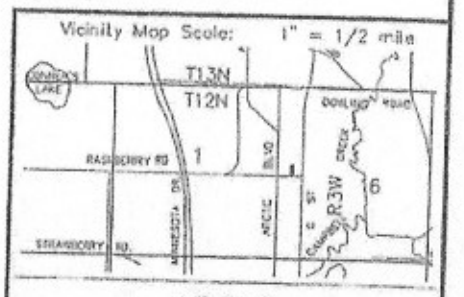
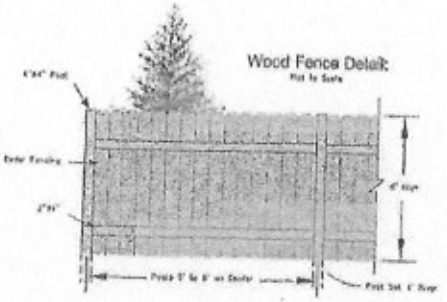
49TH
Thomas H. Dwyer
LS-7625

Sheet 1 of 1





A Site Plan of:

Raspberry Roots

LOCATED ON
TRACT 4, RASPBERRY INDUSTRIAL PARK, ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED UNDER PLAT NO. 72-58, RECORDS OF THE ANCHORAGE RECORDING DISTRICT, THIRD JUDICIAL DISTRICT, STATE OF ALASKA.

S4 Group
Land Surveying
Land Development Consultants
Subdivision Specialists
Construction Surveying

Thomas H Dwyer, P.L.S.
124 E 5th Avenue
Anchorage, Alaska 99501
(907) 276-8164
mail@s4AK.com

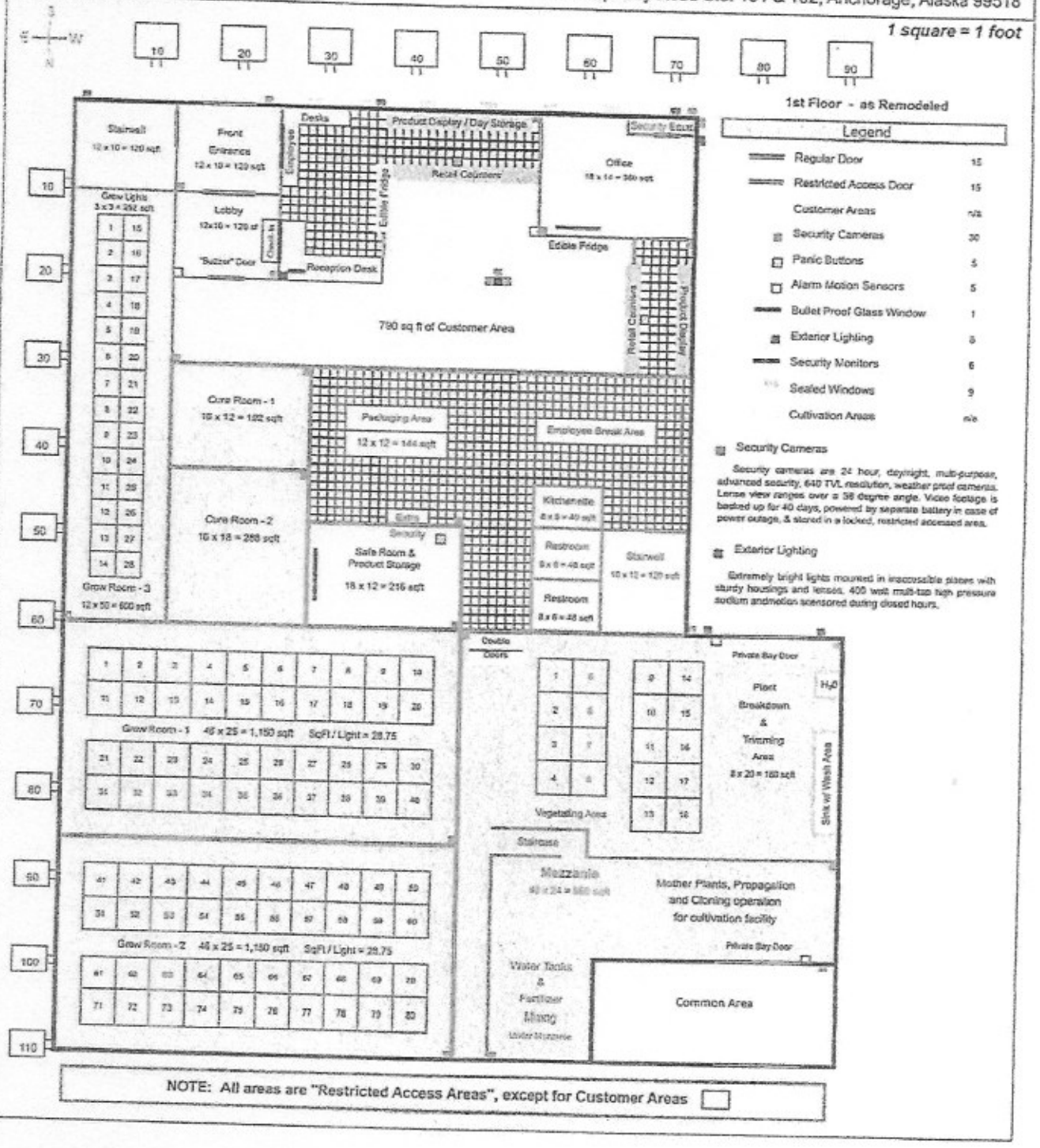
Drawn by: CR/MF	Scale 1" = 30'	Grid	SW20J0
Field Book: 139	MOA Case	Date:	6/21/2016

Confidential Information
Please Do Not Distribute

Raspberry Roots, LLC

501 Raspberry Road Ste. 101 & 102, Anchorage, Alaska 99518

1 square = 1 foot



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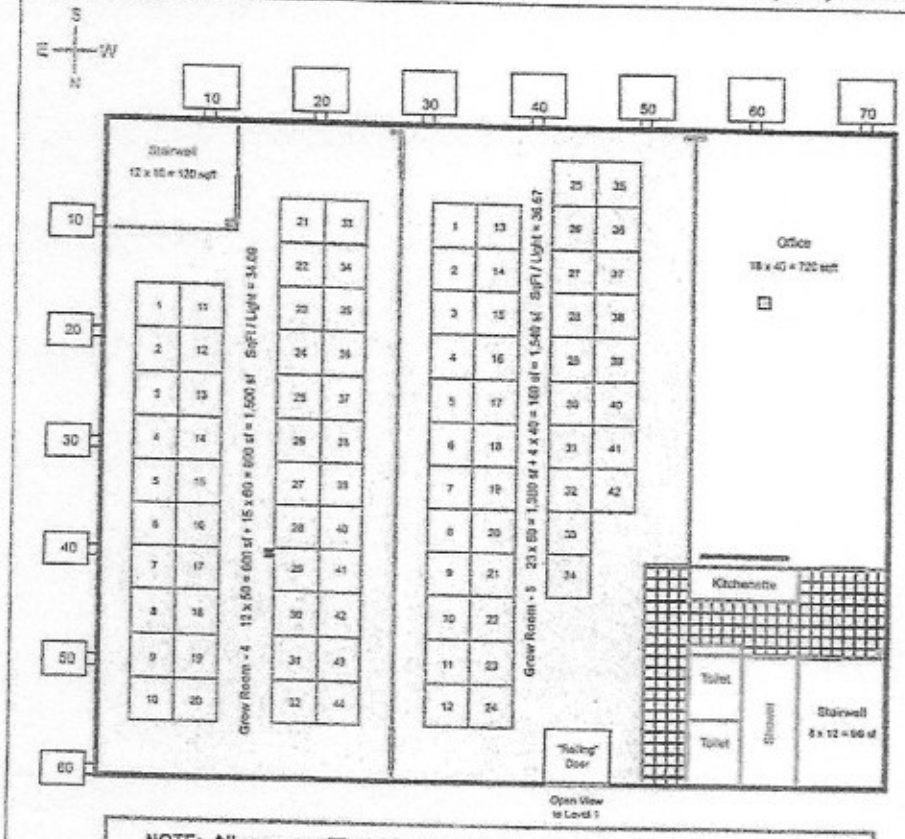
Raspberry Roots, LLC

501 Raspberry Road Ste. 101 & 102, Anchorage, Alaska 99518

1 square = 1 foot



NOTE: All areas are "Restricted Access Areas", except for Customer Areas

2nd Floor - as Remodeled

Legend

Regular Door	18
Restricted Access Door	15
Customer Areas	n/a
Security Cameras	30
Panic Buttons	5
Alarm Motion Sensors	5
Bullet Proof Glass Window	1
Exterior Lighting	6
Security Monitors	6
Sealed Windows	9
Cultivation Areas	n/a

Security Cameras

Security cameras are 24 hour, daylight, multi-purpose, advanced security, 640 TVL resolution, weather proof cameras. Lense view ranges over a 38 degree angle. Video footage is backed up for 40 days, powered by separate battery in case of power outage, & stored in a locked, restricted accessed area.

Exterior Lighting

Extremely bright lights mounted in inaccessible places with sturdy housings and lenses. 400 watt multi-tap high pressure sodium andmotion sensored during closed hours.

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Plan Review Application

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

Permit ID:

Section A- General Information *(All applicants complete entire section – please print).*

Purpose (check one) ☐ New Construction ☒ Remodel of Existing Structure ☐ Reactivation

General Information

Establishment Name: Raspberry Roots, LLC	Date: July 20, 2016
Plan Review Contact Name: Kimberley Kole	
Phone Number: 907-727-6584	Email: kimkoleinak@gmail.com
Address: 501 Raspberry Rd Suite 101 Anchorage, AK 99518	
Operating Days/Hours: Sun-Sat, 10 am - 10 pm	Proposed Opening Date: late September

If you are proposing to build a new food establishment or extensive remodeling of an existing food establishment in Alaska (except in the Municipality of Anchorage), you must submit a **completed Plan Review Packet 30 days prior to construction.** Additional information regarding calculations and drawings can be found in the Plan Review Guide.

Please Note: Failure to provide all the required information may delay the plan review process and permit issuance.

REQUIRED DOCUMENTATION LIST *(Include the following in your packet)*

- ☐ Food Establishment Application
- ☐ Fees
- ☐ Plot Plan
- ☐ Floor Plan
- ☐ Plumbing Schematic
- ☐ Complete list of equipment (including manufacturer's specifications)

SECTION B – REQUIRED DOCUMENTATION

a. **Potable Water Supply.** Have plans been submitted to the Drinking Water Program as required by 18 AAC 80?
☐ Yes* ☐ No ☒ N/A (Municipal Water Supply) ***Specify in comments.***
Comments:

Attach a confirmation email or letter from the Drinking Water Program stating that the system has been approved.

b. **Wastewater Disposal System.** Have plans been submitted to the Wastewater Program as specified by 18 AAC 72?
☐ Yes* ☐ No ☒ N/A (Municipal System) ***Specify in comments.***
Comments:
there will be no H_2O waste

Attach a confirmation email or letter from the Wastewater Program stating that the system has been approved.

c. **Solid Waste Disposal.** Please describe how you plan to dispose of your solid waste:
Anchorage Municipal Waste

d. **Plot Plan.** Have you included a detailed to scale drawing of the plot plan including: ☒ Yes ☐ No

- ☐ All buildings
- ☐ Refuse storage site
- ☐ Potable water supply
- ☐ Outside walk-in cooler(s)/freezer(s)
- ☐ Outside storage areas
- ☐ Oil/Fuel tanks
- ☐ Access for deliveries
- ☐ Sewage disposal system
- ☐ Identify nearby roads, streets, other landmarks, and/or give GPS coordinates

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

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:

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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.
We have multiple storerooms on premise for flower and edible products. Deliveries will be a few times per week, depending on which facility is making it.

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:
There is an employee breakroom where lockers will be available for use. Employees will need to supply their own lock.

c. **Poisonous/Toxic Materials.** Describe location and means to store poisonous or toxic materials:
All poisonous materials, such as cleaning supplies, will be in a closet and appropriately labeled as to their contents.

d. **Floors/Walls/Ceilings.** Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):
The walls and ceilings will have paint, and the flooring will be a commercial grade laminate.

e. **Warewashing:** Describe how dishes, utensil, and equipment will be washed:
Everything will be prepackaged so that there will be no dishes or equipment to wash.

f. **Linens.** Describe how soiled and clean clothing/linens will be stored and where they will be cleaned:
No linens will be used.

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 Kimberley A Kole Date 7/21/16

Applicant's Printed Name Kimberley A. Kole Title Owner

Form 18.31.APP.01 (Rev 6/13)