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 THE GREEN SPOT		AK Business License #	
	Business/Corporate Mailing Address PO BOX 520964	City BIG LAKE	State AK	Zip 99652
	Business/Corporate Phone 907-355-7044	Email		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party ROBERT C JILLSON III		Fax	
	Type of Entity ☐ **Individual** ☐ **Partnership** ☒ **Corporation** ☐ **Other:**			
Establishment Information	Establishment Name THE GREEN SPOT	Physical Location 2893 S BIG LAKE ROAD	Nearest Community BIG LAKE	
	Establishment Mailing Address PO BOX 520964	City BIG LAKE	State AK	Zip 99652
	Establishment Phone 907-354-7044	Fax	Contact Person ROBERT JILLSON	
	Establishment Physical Address 2893 S BIG LAKE ROAD	City BIG LAKE	State AK	Zip 99652

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.)*

RETAIL MARIJUANA 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:

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

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):

RETAIL CUSTOMERS

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

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:

unknown at this time.

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? ☐ 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 Robert Jillson III **Date** 12-1-2016

Applicant's Printed Name ROBERT C JILLSON III **Title** OWNER

THE GREEN SPOT

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? inspection complete ☒ 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.

WE WILL BE SELLING TO OF AGE CUSTOMERS PREPACKAGED MARIJUANA EDIBLES

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:

EMPLOYEE BREAK ROOM

c. **Poisonous/Toxic Materials.** Describe location and means to store poisonous or toxic materials:

d. **Floors/Walls/Ceilings.** Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):

FLOORS ARE CONCRETE, WALLS ARE PAINTED, SHELVNG CONSISTS OF GLASS CASES, ALSO PEG BOARD HANGING.

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

WE WILL NOT HAVE DISHES OR UTENSILS TO BE WASHED AS EVERYTHING WILL BE PREPACKAGED

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

NOT APPLICABLE

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 Robert Jillson III **Date** 12-1-16

Applicant's Printed Name ROBERT C JILLSON III **Title** OWNER

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: THE GREEN SPOT		Date 12-1-2016
Plan Review Contact Name ROBERT C JILLSON III / JOLYN JILLSON		
Phone Number 907-354-7044	Email JOJO77@MTAONLINE.NET	
Address 2893 S BIG LAKE ROAD. BIG LAKE, AK 99652 / PO BOX 520964 BIG LAKE, AK 99652		
Operating Days/Hours 9Am – 10pm 7days	Proposed Opening Date unknown at this time	

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: PREPACKAGED MARIIJUANA EDIBLES

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: PREPACKAGED MARIJUANA EDIBLES

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:

N/A

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

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

(907) 269-4933

May be revoked for failure to keep in safe condition

State of Alaska

Certificate Of Inspection/Operation

Alaska Number	Owner No.	NB/Serial No.	Type	Inspected By	On:	Press/Wt	Cert Exp
838743AK	1	37662	WT Blr	Hawley, Eric	05/16	150	05/18

MAIL TO: Bob's Mini Market
Attn: Jillson, Robert
PO Box 520964
Big Lake, AK 99652-0964

LOCATION: BOB'S MINI MARKET -Big Lake Laundromat
2893 S Big Lake Rd Unit 3
Big Lake, AK 99623-9663

Heidi Drygas
Commissioner of Labor

Bill Walker
Governor

Certificate Not Valid Until Fees Are Received

(907) 269-4933
May be revoked for failure to keep in safe condition
Alaska Number 832742AK
Owner
MAIL TO:
Bob's Mini Market
Attn: Jillson, Robert
PO Box 520964
Big Lake, AK

Alaska Department of Labor & Workforce Development
Labor Standards & Safety Division
MECHANICAL INSPECTION SECTION
1251 Muldoon Road, Ste. 113 • Anchorage, AK 99504
Phone: (907) 269-4925

INSPECTION TAG

State ID No. 838743AK

Inspector ID No. HAWLEY 14997

1 2 3 4 ● 6 7 8 9 10 11 12
● 17 18 19 20 21 22 23 24 25 26 27

Do NOT detach or deface Identification - Not an Inspection Certificate

ERDMAN & ASSOCIATES

DRINKING WATER ANALYSIS
COLIFORM BACTERIA

SECTION I.
COMPLETED BY PERSON TAKING THE SAMPLE

BOB'S MINI MART
PO Box 520964
Big Lake, AK 99652

Phone 775-4411 (Jo Lynn)
Fax

Email jojo77@mtaonline.net

☒ Routine Public Water System ID# 223828

☐ Repeat sample Lab reference # _____

COLLECTION INFORMATION

Date: 11/28/16 Time: 10:54 AM / PM

Collected By: DL

Location: Bathroom

Delivered to Lab by: SME

SECTION II.
COMPLETED BY LAB

LAB ID# 161042

Date/Time Received: 11/28/16 110 AM / PM Initial: SME

Date/Time Test Set-up: 11/28/16 126 AM / PM Initial: SME

Comments:

TEST	READING * PRESENT	READING * ABSENT	DATE	TIME	INT'L	RESULTS
Total Coliform Read in 24-28 hours		✓	11/29/16	240 AM PM	SME	☒ SATISFACTORY ☐ UNSATISFACTORY
E. Coli Read in 24-28 hours		✓				☐ INCONCLUSIVE *Please submit another sample*

*** Bacteria Present in or Absent from Water Sample, by Standard Method 9223.**

SECTION III.
NOTIFICATION / DISTRIBUTION

Date ADEC Notified *(Public Positives Only)*: _____ Date Client Notified *(Positives Only)*: _____

Comments: _____ Comments: _____

Faxed/Mailed to Client ☐ Date: _____

Results Entered in EDRS ☒ Date: 12/2/16

5200 Dunbar Drive Wasilla, Alaska 99654 Tel: 907-376-6989 Fax: 907-373-2157
ADEC Lab Certification #AK00910

ServSafe
National Restaurant Association

EXAM FORM NO. 4888

CERTIFICATE NO. 10590835

ServSafe CERTIFICATION

JOLYN JILLSON

for successfully completing the standards set forth for the ServSafe Food Protection Manager Certification Examination which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

11/30/2013
DATE OF EXAMINATION

11/30/2018
DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

Paul Hansen
Executive Vice President, National Restaurant Association

ANSI
ACCREDITED PROGRAM
American National Standards Institute and the Conference for Food Protection

#0655

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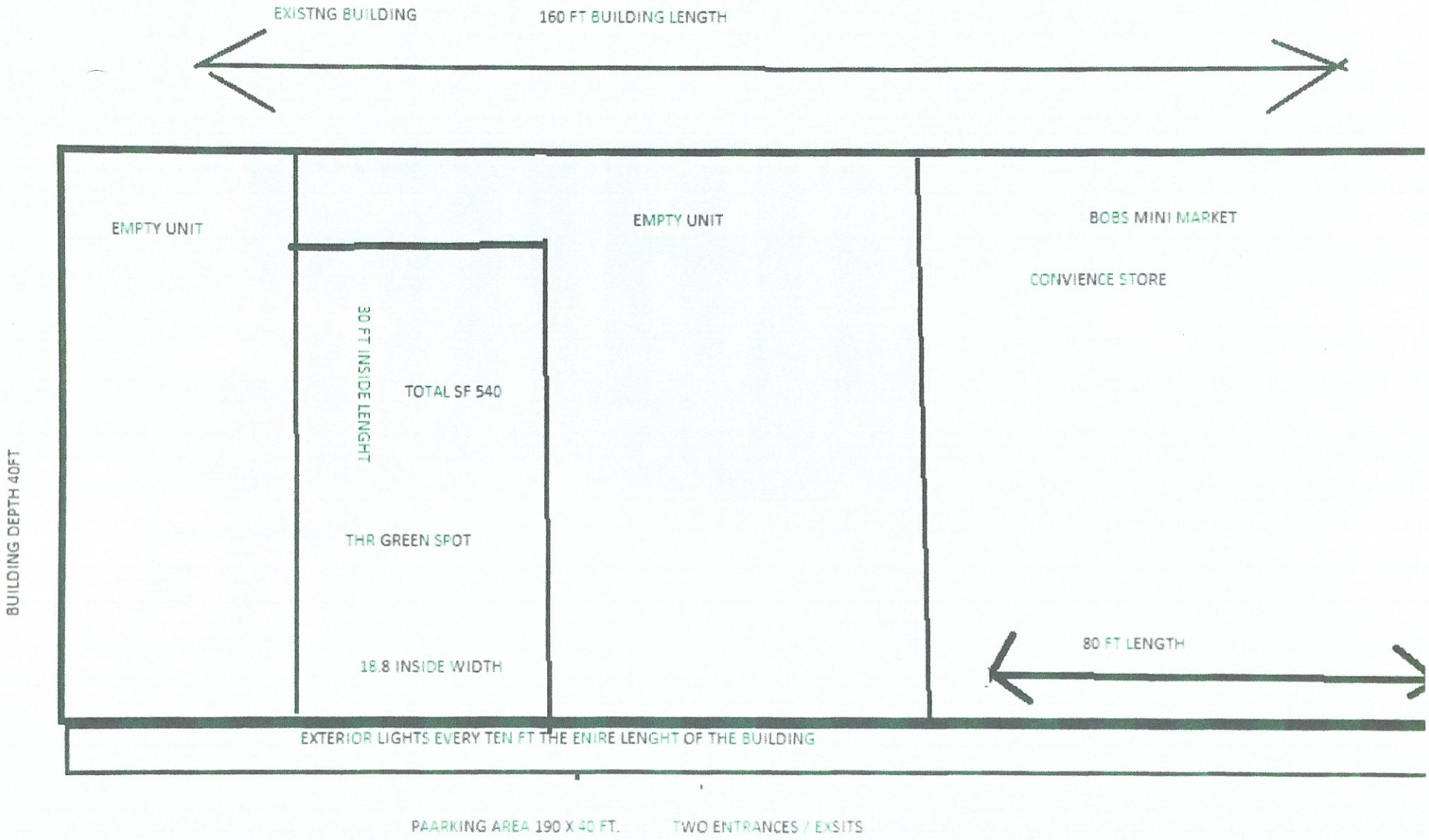
The logo [illegible] is a trademark of the National Restaurant Association.


EXISTNG BUILDING
160 FT BUILDING LENGTH
EMPTY UNIT
EMPTY UNIT
BOBS MINI MARKET
CONVIENCE STORE
30 FT INSIDE LENGHT
TOTAL SF 540
THR GREEN SPOT
18.8 INSIDE WIDTH
BUILDING DEPTH 40FT
80 FT LENGTH
EXTERIOR LIGHTS EVERY TEN FT THE ENIRE LENGHT OF THE BUILDING
PAARKING AREA 190 X 40 FT.
TWO ENTRANCES / EXSITS

STATE OF ALASKA DIVISION OF ENVIRONMENTAL HEALTH INVOICE#: 15375

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

CALENDAR YEAR: 17

TYPE CODE: FM-OL

PERMIT #: 222150080

CONTACT NAME: Jolyn Jillson

DBA: The Green Spot LLC

ADDRESS: PO Box 520964

CITY: Big Lake

STATE: AK ZIP: 99652

PHONE: 907-355-7044

APPLICANT: IMPORTANT

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

FSS Contact Name: Nathan Maxwell

Phone: 907-376-1854

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 X

CHECK _____

CREDIT CARD _____

Date Payment Received: _____

☐ Send permit to Operator

☐ Send permit to EHO

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

Date Issued: 2/20/17

TOTAL FEES

ANNUAL FEE	125.00	
Less 50% Discount	(_____)	
SUBTOTAL		_____
Less Espresso Discount	(_____)	
SUBTOTAL		_____
Less Assoc. Discount	(_____)	
SUBTOTAL		_____
PLAN REVIEW FEE	+ 125.00	
Less Discount (3 or more operations)	(_____)	
SUBTOTAL		_____
CHANGE OF OWNERSHIP	+_____	
SUBTOTAL		_____
OTHER _____	+_____	
SUBTOTAL		_____
TOTAL FEES		250.00

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