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: Rebel Roots LLC		AK Business License #	
Business/Corporate Mailing Address: 302 Cowles St	City: Fairbanks	State: Ak	Zip: 99701
Business/Corporate Phone: 253-310-5127	Email: grant@blackrapidsak.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Grant Anderson (owner)		Fax	

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

Establishment Information

Establishment Name: Rebel Roots LLC	Physical Location: 2575 Goldstream RD	Nearest Community: Fairbanks	
Establishment Mailing Address: 302 Cowles St	City: Fairbanks	State: Ak	Zip: 99709
Establishment Phone: 253-310-5127	Fax	Contact Person: Grant Anderson	
Establishment Physical Address: 2575 Goldstream RD	City: Fairbanks	State: Ak	Zip: 99709

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.)*

Cannabis Retail

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
JUN 07 2017
State of Alaska DEC
Food Safety Program

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? *If you have an agreement with another business to use their restrooms, please attach written verification.*	☑ 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?	☐ Yes	☐ No
	Will you have a service provide water or remove wastewater? *If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.*	☐ 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):		
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? *Required for high hazard food processors such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, reduced oxygen packaging, etc.*	☐ 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?	☐ 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:		
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? *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.*	☐ Yes	☐ No	☒ N/A
b.	Does everyone who works or will work at the food establishment have a Food Worker Card? *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.*	☒ 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 _____ **Date** 23 April 17

Applicant's Printed Name Grant Andersen **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: Rebel Roots LLC	Date: 23 April 17
Plan Review Contact Name: Grant Anderson	
Phone Number: 253-310-5127	Email: grant@blackrapidsak.com
Address: 2575 Goldstream road, Fairbanks, AK, 99709	
Operating Days/Hours: 1000-2200, 7 Days a week	Proposed Opening Date: 21 July 17

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: Potable water used for hand washing only. 5 gallons held in self contained hand wash station

**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: Waste water hauled by Sani-Can service provider and includes greywater and human waste only

**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:

Trash - Recycled or ~~[illegible]~~ placed in Dumpster
Cannabis - Ground and Rendered inert by Mixing @ a 1:1 ratio with inert product per AMCO regulations

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

RECEIVED
JUN 07 2017
State of Alaska DEC
Food Safety Program

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
☒ Type and location of lighting
☒ Location of fixed equipment and plumbing features
☒ Type and location of ventilation, both building and local systems
☒ Size, construction, and design of fixed equipment
☒ Location of restrooms, including the number of toilets and handwash sinks.

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. Less then weekly. Storage is Adequate

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:
A Coat Rack will be located in the Storage room

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

d. **Floors/Walls/Ceilings.** Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):
Floors - Laminate
Walls - ~~[illegible]~~ Paint
Shelving - glass or wire

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

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

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** 23 Apr. 17

Applicant's Printed Name Grant Anderson **Title** Owner

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

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: 907.451.2123
Fax: 907.451.5120
www.dec.alaska.gov/eh/fss
jennifer.hall@alaska.gov

May 4, 2017

Mr. Grant Anderson
Rebel Roots LLC
302 Cowles St
Fairbanks, AK, 99701

Subject: DEC Food Establishment Permit Not required

Dear Mr. Anderson,

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
Dept. of Environmental Conservation Food Safety
610 University Avenue, Fairbanks AK 99709
Phone: (907) 451-2123 Fax: (907) 451-5120