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:	The Grass Station, LLC	**License Number:**	12956		
License Type:	Retail Marijuana Store				
Doing Business As:	GRASS STATION 49				
Physical Address:	665 Rainbow Drive				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99712
Designated Licensee:	Gary Evans				
Email Address:	skinnygmc@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Alaska Department of Environmental Conservation: 1. Application for Food Establishment Permit

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

Received by AMCO 10.09.17

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: Gary Evans		AK Business License #: 1040267	
	Business/Corporate Mailing Address: 814 Goldmine Trail	City: Fairbanks	State: AK	Zip: 99709
	Business/Corporate Phone: 907-374-4420	Email: grassstation49@gmail.com		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Gary Evans (Owner);Mason Evans(Owner)		Fax: N/A	
	Type of Entity ☐ **Individual** ☐ **Partnership** ☐ **Corporation** ☐ **Other:**			
Establishment Information	Establishment Name: Grass Station 49	Physical Location: 665 Rainbow Drive	Nearest Community: Fairbanks	
	Establishment Mailing Address: 814 Goldmine Trail	City: Fairbanks	State: AK	Zip: 99712
	Establishment Phone: 907-374-4420	Fax: N/A	Contact Person: Gary Evans	
	Establishment Physical Address: 665 Rainbow Drive	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.)*

Marijuana Retail Store

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
SEP 1 2017
Received by AMCO 10.09.17
State of Alaska DEC
Food Safety Program

STATE OF ALASKA Division of Environmental Health 1725601

REMIT TO:
Department of Environmental Conservation
Food Safety and Sanitation Program
555 Cordova St.
Anchorage, AK 99501-2617

CALENDAR YEAR	TYPE CODE
17	FM-1 MJ

Facility #: 0

CONTACT NAME:	Gary Evans	**ADDRESS:**	814 Goldmine Trail(907)374-4420
DBA:	Grass Station 49 - Rainbow Dr	**CITY:**	Fairbanks
PHONE:	-	**STATE, ZIP:**	AK, 99709

FSS Contact Name: Jessica Davison

Phone: (907) 451-2110

NOT ELIGIBLE FOR 50% DISCOUNT - 501(C)4/10/19

APPLICANT: IMPORTANT

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

PAID: $125

Date Payment Received: 9/13/17

NOTE: Payment due within 30 days of date of issue. Plan review will not begin until payment is received.

Date Issued: 09/13/17

TOTAL FEES

ANNUAL FEE	$0.00
Less 50% Discount	$0.00
SUBTOTAL	$0.00
PLAN REVIEW FEE	$125.00
CHANGE OF OWNERSHIP FEE	$0.00
OTHER: 0	$0.00
TOTAL FEES	$125.00

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