Application for Food Establishment Permit

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

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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: Frog Mountain			AK Business License #: 1032323	
Business/Corporate Mailing Address: 148 Mattle Rd	City: Ketchikan		State: AK	Zip: 99901
Business/Corporate Phone: 907-254-2452	Email: frogmountainco2@gmail.com			
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Harold Haynes, Owner			Fax:	
Type of Entity ☐ **Individual**	☐ **Partnership**	☒ **Corporation**		☐ **Other:**

Establishment Information			
Establishment Name: Frog Mountain	Physical Location: 9779 Totem Bight Rd.	Nearest Community: Ketchikan	
Establishment Mailing Address: 9779 Totem Bight Rd.	City: Ketchikan	State: AK	Zip: 99901
Establishment Phone: N/A	Fax: N/A	Contact Person:	
Establishment Physical Address: 9779 Totem Bight Rd.	City: Ketchikan	State: AK	Zip: 99901

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 Concentrate Manufacturing Facility

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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f.	Will your food establishment be a kiosk or mobile unit?	☐ Yes	☒ No
d	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
e	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):
Licensed Marijuana product manufacturers and Licensed Marijuana retail stores in Alaska.

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:

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 Jason Pfeifer **Date** 10/2/17

Applicant's Printed Name Jason Pfeifer **Title** Extraction Specialist

Form 18.31.APP.01 (Rev 4/13)

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Plan Review Application

Alaska Department of Environmental Conservation
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Food Safety and Sanitation Program

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STATE OF ALASKA

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: Frog Mountain		Date 10/02/2017
Plan Review Contact Name Jason Pfeifer		
Phone Number (907) 978-2897	Email frogmountainco2@gmail.com	
Address 9779 Totem Bight Rd.		
Operating Days/Hours 7Days/24hrs	Proposed Opening Date December 20, 2017	

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:
Water Provided By Municipal Water Supply Delivery.

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:

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:
Solid Waste will be collected and dropped off at the Ketchikan Landfill Weekly or sooner as necessary.

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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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

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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.

Deliveries will be weekly for local and Bi-Weekly for out of town products. There is more than enough space necessary for operation. There is a 4800 cubic foot walk in cooler for storing materials that require only about 250 cubic feet.

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

Coat Racks will be available in the entry

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 will be an industrial Hypo-allergenic tile for food service and hospitals. Walls will be painted and shelving will be stainless steel.

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

All dishes and utensils will be washed in a 3 bay sink containing Hot Soapy water, Clean rinsing Water, And Sanitizer. Everything will be placed on a drying rack to air dry.

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 Jason Pfeifer **Date** 10/2/17

Applicant's Printed Name Jason Pfeifer **Title** Extraction Specialist

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HAZARD ANALYSIS WORK SHEET

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Firm Name: Frog Mountain

Firm Address: 9779 Totem Bight Rd
Ketchikan, AK 99901

Product Description: Marijuana Vape Cartridge

Method of Storage and Distribution: Sealed Bag in 65°F

Intended Use and Consumer: To be sold to Licensed Retailers

(1) Ingredient/Processing Step	(2) Identify Potential Hazards Introduced, Controlled, or Enhanced at this Step(1)	(3) Are any Potential Food Safety Hazards Significant? (Yes/No)	(4) Justify your decision for Column 3	(5) What Preventive Measure(s) can be Applied for the Significant Hazards?	(6) Is this Step a Critical Control Point? (Yes/No)
Dried flower is delivered to the facility, in sealed Containers	*Biological*	No	Containers are sealed		No
	Chemical	No	Containers are sealed		No
	Physical	No	Containers are Sealed		No
Material is inventoried and placed into cool storage.	*Biological*	No	Containers remain Closed		No
	Chemical	No	Containers remain Closed		No
	Physical	No	Containers remain closed		No
Material is dumped into extraction vessel.	*Biological* Bacteria	Yes	funnel will be cleaned every use.	Extraction Equipment is cleaned regularly	No
	Chemical	No	No chemicals introduced		
	Physical	No	No physical danger		
	Biological				

Extraction occurs in machine with CO_2 as Solvent	Biological	No	Closed loop System		No
	Chemical	No	Closed loop System	Alarms in room to monitor leaks	No
	Physical	No	Closed loop System	Safety pressure Values on all equipment	No
Material is winterized and purged of Solvent	Biological	Yes	Potential for Air borne bacteria	State required Testing for each Lot	No
	Chemical	Yes	Potential for residuals.	State required Test for each Lot	Yes
	Physical	No			No
Product is Packaged + Sealed.	Biological	No	Product is dispensed using a new sterile packed syringe	all packaging is delivered in sealed Package	No
	Chemical	No			
	Physical	No			
Product Delivered	Biological	No	Sealed Packaging		No
	Chemical	No	Sealed Packaging		No
	Physical	No	Sealed Packaging		No
	Biological				
	Chemical				
	Physical				

Signature: Jason [illegible]

Date: 10/2/17

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Company Name/Address/AK#

Product HACCP Plan is for:

(1) Critical Control Point (CCP)	(2) Significant Hazard(s)	(3) Critical Limits for each Preventative Measure	(4)	(5)	(6)	(7)	(8) Corrective Action (s)	(9) Records	(10) Verification
			Monitoring						
			What	How	Frequency	Who			
purging of winterized material.	residual CO_2 or C_2H_6O	< 500 ppm	Pressure and Temp during Purging Process Testing for residual solvents	guages Analytical Testing	every Lot	State Licensed Marijuana Testing Facility	Batch will be refined if possible or disposed of if not salvageable	Records are updated instantly in the states METRC Tracking System	Product Can't be sold without Test results

Signature: Jason [illegible] Date: 10/2/17 Page 3 of 3

Product Label

Frog Mountain
CO_2 Extractions

Manufactured at Frog Mountain
License # : 14020 / 14079
LOT #: 00001
Weight: 0.5 grams
Date Packaged: 12/20/17

???% THC-
???% T
???% C
???% C

Marijuana has intoxicating effects and may be habit forming and addictive. Marijuana impairs concentration, coordination, and judgment. Do not operate a vehicle or machinery under its influence. There are health risks associated with consumption of marijuana. For use only by adults twenty- one and older. Keep out of the reach of children. Marijuana should not be used by women who are pregnant or breast feeding.

8888 6666 5555 7777

Product Code

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In the Event of a Recall:

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- Inventory in question will be identified.
- The Lot number will be looked up in the inventory tracking system (METRC)
- Any store who has purchased from this Lot will be Notified of the Recall
- Items will be returned and dealt with accordingly