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:** | Turnagain Manufacturing Company | **License Number:** | | 12815 | |
| **License Type:** | Marijuana Product Manufacturing Facility | | | | |
| **Doing Business As:** | TURNAGAIN MANUFACTURING COMPANY | | | | |
| **Physical Address:** | 524 E 48th Ave | | | | |
| **City:** | Anchorage | **State:** | AK | **Zip Code:** | 99503 - 0000 |
| **Designated Licensee:** | Seth Molen | | | | |
| **Email Address:** | molen.seth@turnagainherbco.com | | | | |

## Section 2 – Attached Items

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

| | |
|---|---|
| **Attached Items:** | Application document, Food Safety Permit (Application and Plan Review)<br><br>Company requests the information herein to be classified, and remain, confidential. |

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

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# 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: Turnagain Manufacturing Company | | | AK Business License #: 1052630 | |
| Business/Corporate Mailing Address: PO Box 994 | City: Girdwood | | State: AK | Zip: 99587 |
| Business/Corporate Phone: 833.425.9333 | Email: molen.seth@turnagainherbco.com | | | |
| Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Seth Molen, President | | | Fax: | |
| **Type of Entity** ☐ Individual ☐ Partnership ☒ Corporation ☐ Other: | | | | |

| Establishment Information | | | | |
|---|---|---|---|---|
| Establishment Name: Turnagain Manufacturing Company | Physical Location: 524 E 48th Ave | | Nearest Community: Midtown | |
| Establishment Mailing Address: PO Box 994 | City: Girdwood | | State: AK | Zip: 99587 |
| Establishment Phone: 833.425.9333 | Fax: | | Contact Person: Seth Molen | |
| Establishment Physical Address: 524 E 48th Ave | City: Girdwood | | State: AK | Zip: 99587 |

**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 Product 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: Packaged food items for wholesale.

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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Food Safety Program



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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: Turnagain Manufacturing Company | | Date August 17, 2017 |
| Plan Review Contact Name Seth Molen | | |
| Phone Number 907.306.0905 | Email Molen.Seth@TurnagainHerbCo.com | |
| Address 524 E 48th Ave Anchorage, AK 99503 | | |
| Operating Days/Hours Mon-Fri 9am-5pm | Proposed Opening Date October 1, 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: Municipal Water Supply

***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: Municipal System

***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 disposed of through Alaska 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
☒ 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

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