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: HERBAN EXTRACTS, LLC		AK Business License #: 1058315	
Business/Corporate Mailing Address: 410 MAGIC AVE.	City: KENAI	State: AK	Zip: 99611
Business/Corporate Phone: 907-398-1694 or 907-252-4755	Email: Buddy@907maryjane.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Buddy Crowder, Owner		Fax: ____	

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

Establishment Information

Establishment Name: HERBAN EXTRACTS, llc	Physical Location: 14929 Kenai Spur Hwy	Nearest Community: KENAI	
Establishment Mailing Address: 410 MAGIC AVE.	City: KENAI	State: AK	Zip: 99611
Establishment Phone: N/A	Fax: N/A	Contact Person: Buddy Crowder	
Establishment Physical Address: 14927 Kenai-Spur Hwy.	City: KENAI	State: AK	Zip: 99611

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. No food will be processed or made. We will only be manufacturing marijuana concentrated oil.

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)* N/A

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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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 Buddy Crowder **Date** 8-20-17

Applicant's Printed Name Buddy Crowder **Title** ~~8-20-17~~ Owner/Manager

Form 18.31 APP 01 (Rev 4/13)

Received by AMCO 12.04.17

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: HERBAN EXTRACTS, LLC	Date 8/20/17
Plan Review Contact Name: Buddy Crowder or Lisa Coates	
Phone Number: 907-398-1694 or 907-252-4755	Email: buddy@907marijane.com
Address: 14927 Kenai Spur Hwy, Kenai, AK 99611	
Operating Days/Hours: Varying hours. It's a laboratory	Proposed Opening Date: Spring 2018, upon approval from Alaska Marijuana Control Board

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*) No food being manufactured.

- ☐ 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: Well and Septic being professionally installed by qualified, DEC certified company. No food being manufactered.

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: Septic to be installed by DEC certified person.

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 to be placed in a dumpster onsite or dropped off at waste station. Plant waste will be mixed with 50% normal garbage for disposal.

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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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: We will have a heat-recovery ventilation ~~sp~~ system. CO_2 extractor will have a vent to outside in case of accidental CO_2 escapement.

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.

No food deliveries.

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

There will be coat racks, shelving for personal belongings.

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

Ethanol will be stored in a drum in the lab (food grade), and isopropyl alcohol will be stored in a flammable storage cabinet.

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

Concrete flooring throughout w/an epoxy coating finish. Walls will be finished drywall.

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

Labware will be stored in the lab. Cleaned in a utility sink

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.

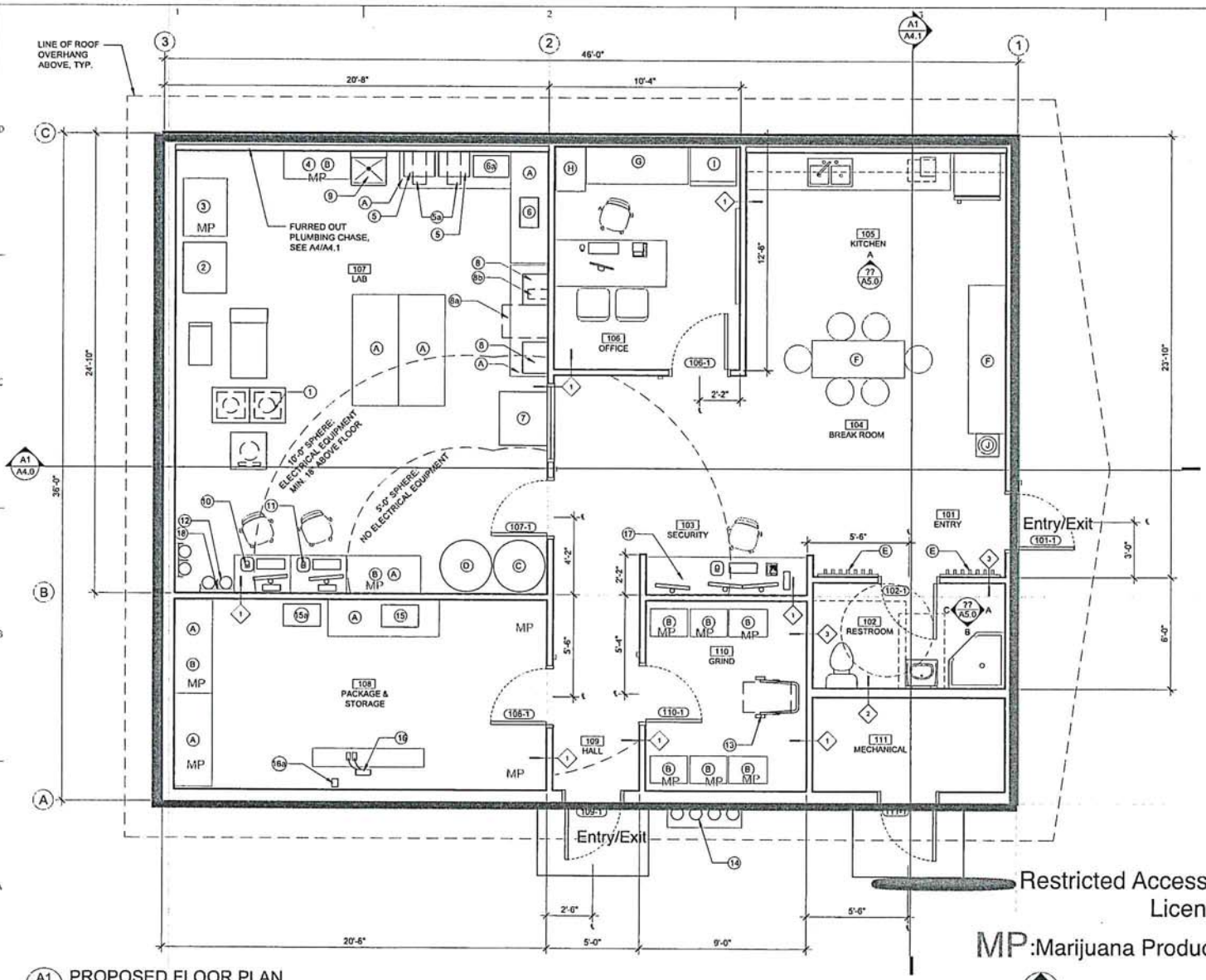
Applicant's Signature Buddy Crowder Date 8-20-17

Applicant's Printed Name Buddy Crowder Title 8-20-17

Received by AMCO 12.04.17

Received by AMCO 12.04.17

NOT FOR CONSTRUCTION



EQUIPMENT LIST:

1	CO2 EXTRACTOR CHILLER
2	CENTRIFUGE
3	STAND-UP FREEZER
4	FLAMMABLE STORAGE
5	DISTILLATE AREA
5a	CHILLER FOR DISTILLATE AREA
6	ULTRASONIC CLEANER
6a	WATER BATH
7	VACUUM OVEN
8	ROTARY EVAPORATOR
8a	RECIRCULATOR CHILLER
8b	VACUUM PUMP
9	UTILITY SINK
10	EXTRACTOR PC MONITOR
11	GENERAL PC MONITOR
12	CO2 CANISTER STORAGE
13	GRINDER
14	EMPTY CO2 CANISTER STORAGE
15	MANUAL CARTRIDGE FILLING MACHINE
15a	CARTRIDGE FILLING MACHINE
16	LABELING PRINTER - VIDEO JET
16a	DRIVER FOR LABELING PRINTER
17	SURVEILLANCE EQUIPMENT
18	WALL MOUNTED CO2 CYLINDER BRACKET

FURNITURE & STORAGE LIST:

A	STAINLESS STEEL TABLE
B	PRODUCT STORAGE MP
C	ETHANOL STORAGE
D	ETHANOL WASTE STORAGE
E	COAT RACK & SHELVING
F	TABLE & CHAIRS
G	LOCKABLE SERVER CLOSET
H	FILE CABINET
I	SAFE/VAULT
J	WATER COOLER

Restricted Access/Herban Extracts, LLC.
License #14432

MP:Marijuana Product

A1 / A2.0 PROPOSED FLOOR PLAN
3/8" = 1'-0" (22x34); 3/16" = 1'-0" (11x17)

PRELIMINARY

PROJECT: KENAI L&J OUTFITTERS

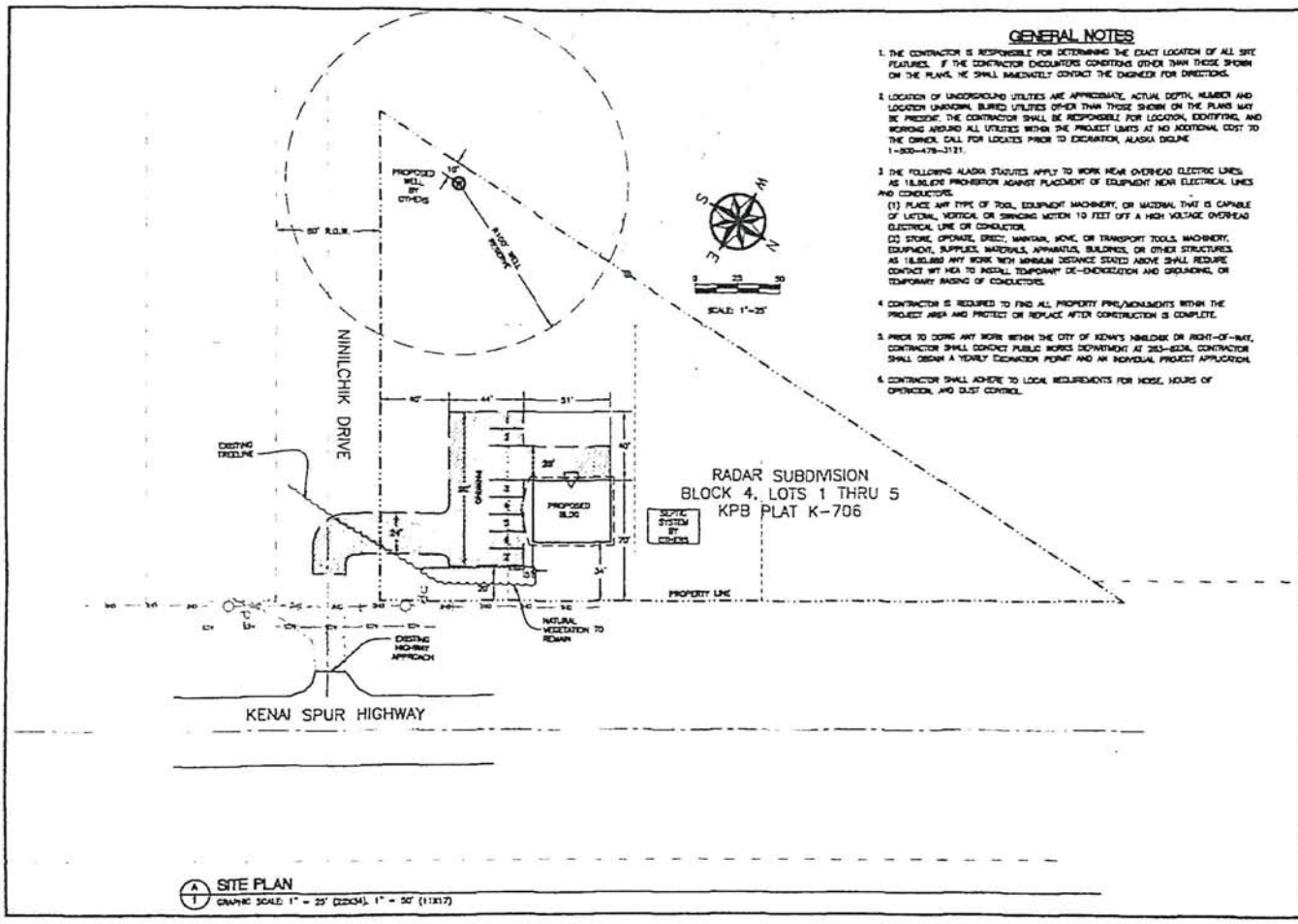
CLIENT: L&J OUTFITTERS (907) 252-4755

KLAUDER & COMPANY ARCHITECTS, INC.
606 Petersen Way
Kenai, Alaska 99611
Tel (907) 283-1919 : Fax (907) 283-0450
klauder@alaska.net

DESIGN BY: PK
DRAWN: AB
CHECKED: PK
JOB NO: 1722
DATE: September 14, 2017
REVISIONS:

CATEGORY: A
SHEET: 2.0
SHEET CONTENTS: PROPOSED FLOOR PLAN

AutoCAD FILE: 1722 a2.dwg | SCALE: AS SHOWN | PLOTTED 1/2 SCALE



GENERAL NOTES

1. THE CONTRACTOR IS RESPONSIBLE FOR DETERMINING THE EXACT LOCATION OF ALL SITE FEATURES. IF THE CONTRACTOR ENCOUNTERS CONDITIONS OTHER THAN THOSE SHOWN ON THE PLANS, HE SHALL IMMEDIATELY CONTACT THE ENGINEER FOR DIRECTIONS.

2. LOCATION OF UNDERGROUND UTILITIES ARE APPROXIMATE. ACTUAL DEPTH, NUMBER AND LOCATION UNKNOWN BURIED UTILITIES OTHER THAN THOSE SHOWN ON THE PLANS MAY BE PRESENT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR LOCATION, IDENTIFYING, AND WORKING AROUND ALL UTILITIES WITHIN THE PROJECT LIMITS AT NO ADDITIONAL COST TO THE OWNER. CALL FOR LOCATES PRIOR TO EXCAVATION, ALASKA DIGLINE 1-800-478-3121.

3. THE FOLLOWING ALASKA STATUTES APPLY TO WORK NEAR OVERHEAD ELECTRIC LINES. AS 18.60.010 PROHIBITION AGAINST PLACEMENT OF EQUIPMENT NEAR ELECTRICAL LINES AND CONDUCTORS.
   (1) PLACE ANY TYPE OF TOOL, EQUIPMENT MACHINERY, OR MATERIAL THAT IS CAPABLE OF LATERAL, VERTICAL OR SWINGING MOTION 10 FEET OFF A HIGH VOLTAGE OVERHEAD ELECTRICAL LINE OR CONDUCTOR.
   (2) STORE, OPERATE, ERECT, MAINTAIN, MOVE, OR TRANSPORT TOOLS, MACHINERY, EQUIPMENT, SUPPLIES, MATERIALS, APPARATUS, BUILDINGS, OR OTHER STRUCTURES. AS 18.60.020 ANY WORK WITH MINIMUM DISTANCE STATED ABOVE SHALL REQUIRE CONTACT WIT HEA TO INSTALL TEMPORARY DE-ENERGIZATION AND GROUNDING, OR TEMPORARY RAISING OF CONDUCTORS.

4. CONTRACTOR IS REQUIRED TO FIND ALL PROPERTY PINS/MONUMENTS WITHIN THE PROJECT AREA AND PROTECT OR REPLACE AFTER CONSTRUCTION IS COMPLETE.

5. PRIOR TO DOING ANY WORK WITHIN THE CITY OF KENAI'S NINILCHIK DR RIGHT-OF-WAY, CONTRACTOR SHALL CONTACT PUBLIC WORKS DEPARTMENT AT 283-8234. CONTRACTOR SHALL OBTAIN A YEARLY EXCAVATION PERMIT AND AN INDIVIDUAL PROJECT APPLICATION.

6. CONTRACTOR SHALL ADHERE TO LOCAL REQUIREMENTS FOR NOISE, HOURS OF OPERATION, AND DUST CONTROL.

NO	REVISION	DATE

COMBUILTWIND ENGINEERING
STRUCTURAL/CIVIL
130 SIGNATURE ST
KENAI, ALASKA 99611
TEL: (907) 283-2883
WILSONENGINEERING@ALASKA.NET

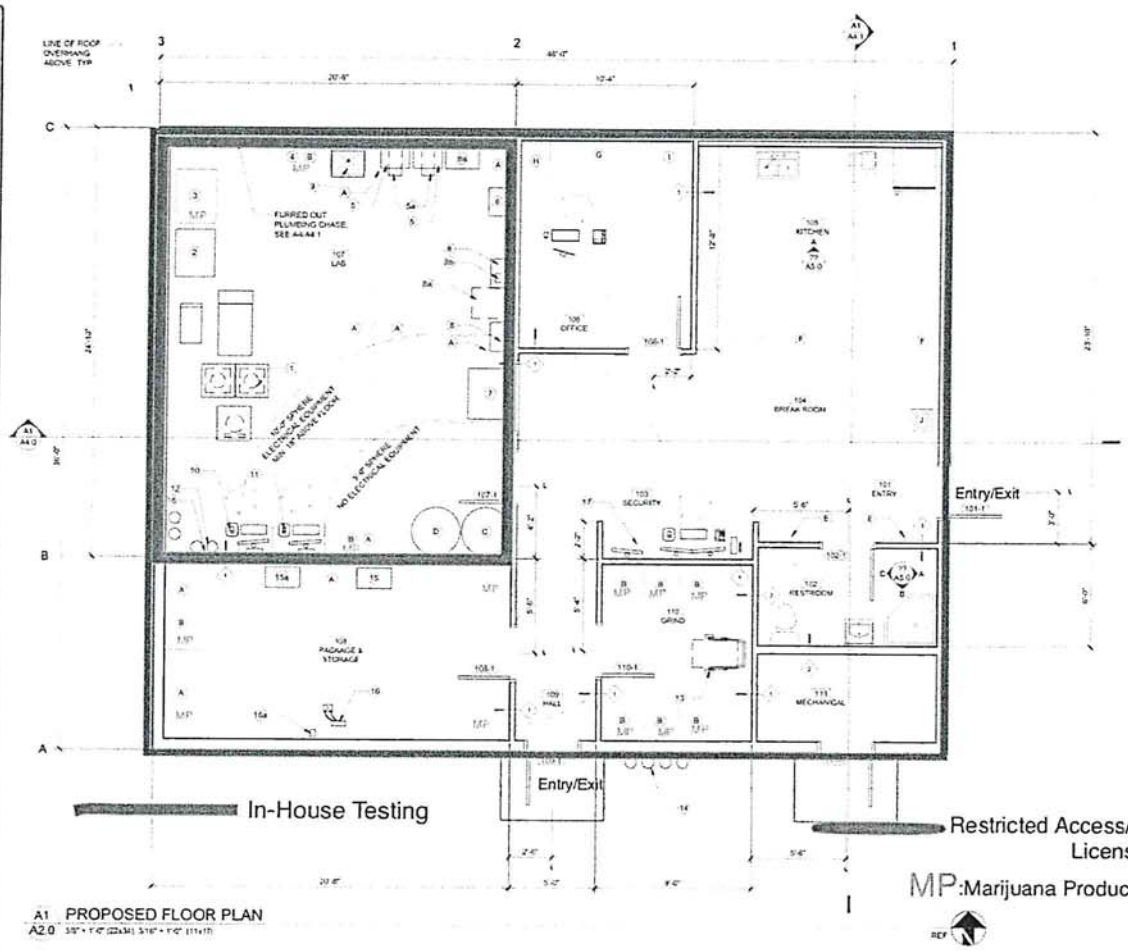
KENAI L&J OUTFITTERS
KLAUDER AND COMPANY
KENAI, ALASKA
SITE PLAN

PROJECT NO. 1746
DRAWN BY: KCD
CHECKED BY: WJW
DATE: 08/16/17
SCALE: NOTED
HORZ. NOTED
VERT. NOTED
SHEET: 1
1 OF 1

A/1 SITE PLAN
GRAPHIC SCALE: 1" = 25' (22X34), 1" = 50' (11X17)

Received by AMCO 12.04.17

NOT FOR CONSTRUCTION



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FURNITURE & STORAGE LIST

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B PRODUCT STORAGE MP
C ETHANOL STORAGE
D ETHANOL WASTE STORAGE
E COAT RACK & SHELVING
F TABLE & CHAIRS
G LOCKABLE SERVER CLOSET/video recordings
H FILE CABINET
I SAFE/VAULT
J WATER COOLER

A1 PROPOSED FLOOR PLAN
A2.0 3/8" = 1'-0" (22x34); 3/16" = 1'-0" (11x17)

PRELIMINARY

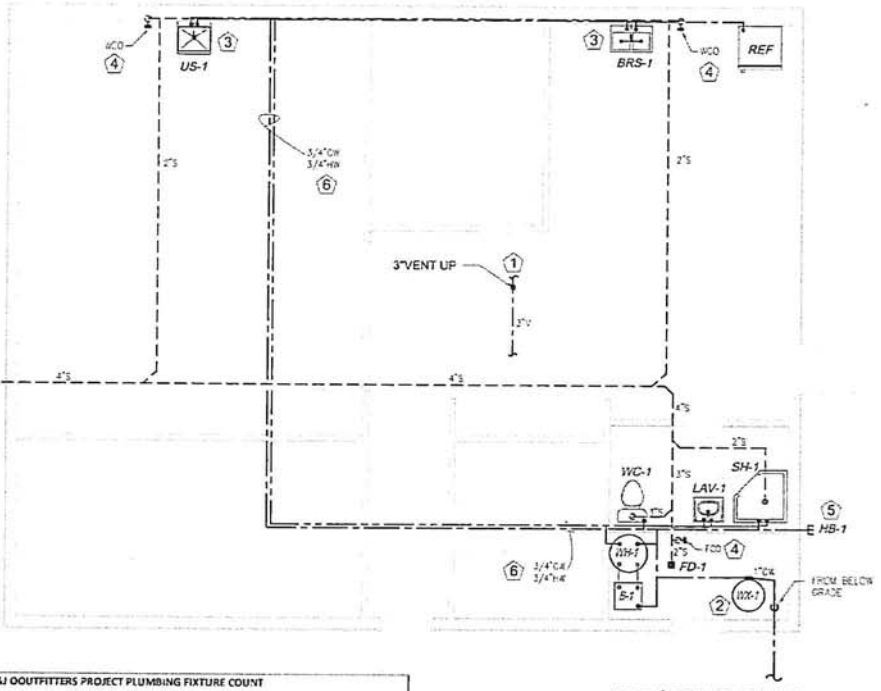
KENAI L&J OUTFITTERS

L&J OUTFITTERS
(907) 252-4755

KLAUDER & COMPANY ARCHITECTS, INC.
606 Peterson Way
Kenai, Alaska 99611
Tel (907) 283-1910 ; Fax (907) 283-0450
klauder@alaska.net

CATEGORY: A
SHEET: 2.0
SHEET CONTENTS: PROPOSED FLOOR PLAN

Received by AMCO 12.04.17



PLUMBING PLAN

SCALE: 3/16" = 1'0" ON 22"x34"
SCALE: 3/16" = 1'0" ON 11"x17"

NORTH

SHEET NOTES:

THIS DRAWING IS DIAGRAMMATIC, NOT NECESSARILY SHOWING ALL OFFSETS OR EXACT LOCATIONS OF MECHANICAL EQUIPMENT

1. ALL PLUMBING FIXTURES TO BE VENTED TO A COMMON 2" VENT THROUGH THE ROOF. FLASH AND SEAL ROOF PENETRATION AS REQUIRED
2. INSTALL SHUTOFF VALVE AND LOW POINT DRAIN AT SERVICE ENTRANCE.
3. PROVIDE ISOLATION VALVES FOR THE HOT AND COLD WATER SUPPLY LINES TO EACH PLUMBING FIXTURE.
4. PROVIDE CLEANOUTS REQUIRED BY CODE
5. INSTALL WALL HYDRANT, NON-FREEZE, ANTI-SIPHON, AUTOMATIC DRAINING.
6. ROUTE 3/4" PEX HOT WATER AND COLD WATER SUPPLY HEADERS TO US-1 AND BRS-1 FIXTURES. EITHER ROUTE LINES BELOW SLAB OR ROUTE LINES IN FRAMING AND ABOVE SUSPENDED CEILING. INSTALL PIPE INSULATION ON THE LINES WHERE BURIED OR EXPOSED ABOVE SUSPENDED CEILING.

XENAI L&J OOUTFITTERS PROJECT PLUMBING FIXTURE COUNT

Completed By: Jerry Hartwig, PE

FIXTURE CODE	DESCRIPTION	QUANTITY	SUPPLY DEMAND	SUPPLY TOTAL	SIZE/VOLTAGE	WASTE DEMAND	WASTE TOTAL	TRAP SIZE
LAB								
LAV-1	LAVATORY	1	1	1	1/2"	1	1	1"
MEAT ROOM								
BRS-1	MEAT ROOM SINK	2	1.5	1.5	1/2"	2	2	1-1/2"
TOILET ROOM								
WC-1	WATER CLOSET	1	2.5	2.5	1/2"	4	4	3"
SH-1	SHOWER	1	1	1	1/2"	1	1	1-1/2"
SH-2	SHOWER	1	1	1	1/2"	1	1	1"
MECHANICAL ROOM								
FD-1	FLOOR DRAIN	1	0	0	N/A	2	2	2"
EXTERIOR								
HB-1	HOSE BIBB	1	2.5	2.5	1/2"	N/A	N/A	N/A
BUILDING TOTALS			10 WSFU =	12		DFU =	15	

From UPC Table 6-5, 1" Building Supply - Max Allowable Length = 400 ft. @ 12 WSFU & Min. 30 PSI Supply Pressure
From UPC Chart A-3, Demand Load = 30 GPM

From UPC Table 7.5, Min 4" @ 1/4"/ft. Slope = 216 DFU
From UPC Table 7.5, Min 3" @ 1/4"/ft. Slope = 30 DFU

ISSUED FOR ADEC PLAN REVIEW

PLOTTED 1/2 SCALE

SCALE: AS SHOWN

AutoCAD FILE: M-Plumbing.dwg

NO. | REVISION | DATE

CENTRAL ALASKA ENGINEERING COMPANY, LLC
1025 LAKEFRONT DR., SOLDOTNA, AK 99669
PH: (907) 262-5135 FAX: (907) 262-5136
E-MAIL: JJOHNSON@CAENGINEER.COM

PROJECT: KENAI L&J OUTFITTERS PROJECT

CLIENT: KLAUDER & COMPANY ARCHITECTS, INC.
PO BOX 2120, Kenai, Alaska 99611
Tel (907) 283-1910 Fax (907) 283-4480

PLAN REVIEW SUBMITTAL
SEPTEMBER 11, 2017

DRAWN: JPK | CHECKED: JJ

SHEET CONTENTS: PLUMBING PLAN

CATEGORY: M | SHEET: 2.0

Received by AMCO 12.04.17