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DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Application for Food Establishment Permit

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

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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: Baked Alaska LLC		AK Business License #: 1062188	
Business/Corporate Mailing Address: P.O. Box 83573	City: Fairbanks	State: Alaska	Zip: 99708
Business/Corporate Phone: 907-460-1903	Email: bagelsandbrew@outlook.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Audrey Ranstead, Steve Hallsten		Fax: 452-3941	

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

Establishment Information

Establishment Name: Baked Alaska LLC	Physical Location: 2745 Hanson Rd	Nearest Community: Fairbanks	
Establishment Mailing Address: P.O. Box 83573	City: Fairbanks	State: Alaska	Zip: 99708
Establishment Phone: 907-460-1903	Fax: 452-3941	Contact Person: Audrey Ranstead	
Establishment Physical Address: 2745 Hanson Rd	City: Fairbanks	State: Alaska	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 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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