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: Alaskan Mountain Trails, LLC DBA High Flower Creations		AK Business License #: 1055202	
Business/Corporate Mailing Address: PO Box 1452	City: Girdwood	State: AK.	Zip: 99587
Business/Corporate Phone: 907-382-8990	Email: ak_catmon@yahoo.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Catherine Moncrieff		Fax:	

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

Establishment Information

Establishment Name: HighFlowerCreations	Physical Location: 9525KingSt.Suite# 3	Nearest Community: Anchorage	
Establishment Mailing Address: PO Box 1452	City: Girdwood	State: AK	Zip: 99587
Establishment Phone: 907-382-8990	Fax:	Contact Person: CatherineMoncrieff	
Establishment Physical Address: 9525KingSt Suite# 3	City: Anchorage	State: AK	Zip: 99515

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 - Extraction only

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: delivery to marijuana retail stores

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
OCT 19 2017
State of Alaska DEC
Food Safety Program

Form 18-31-APP.01 (Rev 4/13)

Received by AMCO 11.03.17