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State of Alaska DEC
Food Safety Program

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 The Mason Jar LLC		AK Business License # 1054744	
Business/Corporate Mailing Address PO Bpx 35264	City Juneau	State AK	Zip 99803
Business/Corporate Phone 907-723-6508	Email akmasonjar.com denny@~~thundermountaindrywall.com~~		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Dennis Lavigne		Fax 907-789-8473	

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

Establishment Information

Establishment Name The Mason Jar LLC	Physical Location 2771 Sherwood Lane	Nearest Community Juneau, AK	
Establishment Mailing Address PO Box 35264	City Juneau	State AK	Zip 99803
Establishment Phone 907-723-6508	Fax 907-789-8473	Contact Person Denny	
Establishment Physical Address 2771 Sherwood Lane	City Juneau	State AK	Zip 99801

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.)*

Retail Marijuana Store - Prepackaged edibles. We will not be making or packaging any edibles at our store.

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:

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

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