Application for Food Establishment Permit

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

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JAN 26 2018
State of Alaska DEC
Food Safety 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: Sunnybrook Group, LLC		AK Business License #: 1032989	
Business/Corporate Mailing Address: P.O. Box 567	City: Talkeetna	State: AK	Zip: 99676
Business/Corporate Phone: (907) 354-6257/521-8012	Email: sbgak@protonmail.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Wayne Allen, Owner Sibyl Atkins, Owner		Fax:	
Type of Entity ☐ **Individual** ☐ **Partnership** ☒ **Corporation** ☐ **Other:**			

Establishment Information			
Establishment Name: Frontier Manufacturing	Physical Location: Bartlett Hills AK B-6 L-33	Nearest Community: Talkeetna	
Establishment Mailing Address: P.O. Box 567	City: Talkeetna	State: AK	Zip: 99676
Establishment Phone: (907) 354-6257/521-8012	Fax:	Contact Person: Wayne Allen	
Establishment Physical Address: 38436 S. Malaspina Loop	City: Talkeetna	State: AK	Zip: 99676

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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TE OF ALASKA Division of Environmental Health **Invoice #1802500**

EMIT TO:
Department of Environmental Conservation
Food Safety and Sanitation Program
555 Cordova St.
Anchorage, AK 99501-2617

CALENDAR YEAR	TYPE CODE
2018	FP-1

Facility #: N/A

CONTACT NAME:	Wayne Allan	**ADDRESS:**	P.O. Box 567
DBA:	Frontier Manufacturing	**CITY:**	Talkeetna
PHONE:	907-354-6257	**STATE, ZIP:**	AK, 99676

FSS Contact Name: Laura Nielsen

Phone: (907) 376-2849

APPLICANT: IMPORTANT

1. **Make check payable to: State of Alaska**
2. **Reference invoice number and facility number on your check.**

Date Payment Received: 01/18/18
PAID: $0.00
DUE: $620.00

NOTE: Payment due by 02/24/2018. Plan review will not begin until payment is received.

Date Issued: 01/25/18

TOTAL FEES

ANNUAL FEE	$310.00
Less 50% Discount	$0.00
SUBTOTAL	$310.00
PLAN REVIEW FEE	$310.00
CHANGE OF OWNERSHIP FEE	$0.00
OTHER:	$0.00
TOTAL FEES	$620.00

$ 560.00 CASH
80.00.00 CARD
$620.00

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