Alcohol & Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Tanana Herb Company, LLC	**License Number:**		15814	
License Type:	Retail Marijuana Store				
Doing Business As:	TANANA HERB COMPANY, LLC				
Physical Address:	1200 Well Street				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99701 - 2835
Designated Licensee:	Leslea Nunley				
Email Address:	tananaherbcompany@gmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Stamped received and filed Food Service Permit Application Stamped received and filed Food Service Plan Review Application Proof of payment of fees for Food Service Applications

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

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 Tanana Herb Company, LLC		AK Business License # 1033939	
	Business/Corporate Mailing Address PO Box 81772	City Fairbanks	State AK	Zip 99708-1772
	Business/Corporate Phone 907-388-8023	Email tananaherbcompany@gmail.com		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Leslea Nunley Owner/Member		Fax 877-469-5383	
	Type of Entity ☐ **Individual** ☐ **Partnership** ☐ **Corporation** ☒ **Other:**			
Establishment Information	Establishment Name Tanana Herb Company, LLC	Physical Location 1200 Well Street	Nearest Community Fairbanks	
	Establishment Mailing Address PO Box 81772	City Fairbanks	State AK	Zip 99708-1772
	Establishment Phone 907-888-9696	Fax 877-469-5383	Contact Person Leslea Nunley	
	Establishment Physical Address 1200 Well Street	City Fairbanks	State AK	Zip 99701-2835

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 Retail Sales 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 N/A All Pre-packaged items
☐ 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:

RECEIVED
JAN 04 2018
State of Alaska DEC
Food Safety Program

Received by AMCO 1.4.18

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: Tanana Herb Company, LLC		Date 12/29/17
Plan Review Contact Name Leslea Nunley		
Phone Number 907-388-8023	Email tananaherbcompany@gmail.com	
Address Physical Address: 1200 Well Street, Fairbanks, AK 99701		
Operating Days/Hours 9AM-9PM Tuesday-Sunday	Proposed Opening Date June 1, 2018	

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)*

- ☒ 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:

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:

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:
It will be collected from trash cans and taken to the solid waste disposal area in the building garage and removed via private vehicle to the Borough Landfill.

d. **Plot Plan.** Have you included a detailed to scale drawing of the plot plan including: ☒ Yes ☐ No

- ☒ All buildings
- ☐ Outside walk-in cooler(s)/freezer(s)
- ☒ Access for deliveries
- ☒ Refuse storage site
- ☐ Outside storage areas
- ☐ Sewage disposal system
- ☒ Potable water supply
- ☒ Oil/Fuel tanks
- ☒ Identify nearby roads, streets, other landmarks, and/or give GPS coordinates

RECEIVED
JAN 04 2018
State of Alaska DEC
Food Safety Program

Received by AMCO 1.4.18

STATE OF ALASKA Division of Environmental Health

Invoice #1800404

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

CALENDAR YEAR	TYPE CODE
2018	FM-1 MJ

Facility #: N/A

CONTACT NAME:	Leslea Nunley	**ADDRESS:**	PO Box 81772
DBA:	Tanana Herb Company	**CITY:**	Fairbanks
PHONE:	907-388-8023	**STATE, ZIP:**	AK, 99708

FSS Contact Name: Nicole Swensgard

Phone: (907) 451-2123

APPLICANT: IMPORTANT

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

Date Payment Received: _____

PAID: $0.00

DUE: $125.00

NOTE: Payment due by 02/03/2018. Plan review will not begin until payment is received.

Date Issued: 01/04/18

TOTAL FEES

ANNUAL FEE	$0.00
Less 50% Discount	$0.00
SUBTOTAL	$0.00
PLAN REVIEW FEE	$125.00
CHANGE OF OWNERSHIP FEE	$0.00
OTHER:	$0.00
TOTAL FEES	$125.00

RECEIVED
JAN 4 2018
DEPARTMENT OF
ENVIRONMENTAL CONSERVATION

PAID JAN - 4 2018

Received by AMCO 1.4.18