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: Arctic Bakery, LLC		Date 06/13/2018
Plan Review Contact Name Brian Simpson		
Phone Number 907-322-9841	Email noainc@mosquitonet.com	
Address 1409 Well Street Fairbanks AK 99701		
Operating Days/Hours 6 AM - 6 PM	Proposed Opening Date August 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: Golden Heart Utilities

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: Golden Heart Utilities

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:
Solid waste generated will be disposed of in accordance with AMCO guidelines, and through Alaska Waste commercial trash removal services.

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

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JUN 13 2018
State of Alaska DEC
Food Safety Program

Received by AMCO 6/13/18

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 Arctic Bakery, LLC		AK Business License # 1061979	
Business/Corporate Mailing Address P.O. Box 70002	City Fairbanks	State AK	Zip 99707
Business/Corporate Phone 907-322-9841	Email noainc@mosquitonet.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Brian Simpson - General Manager		Fax	

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

Establishment Information

Establishment Name Arctic Bakery, LLC	Physical Location 1409 Well Street	Nearest Community Fairbanks	
Establishment Mailing Address P.O. Box 70002	City Fairbanks	State AK	Zip 99707
Establishment Phone 907-322-9841	Fax	Contact Person Brian Simpson	
Establishment Physical Address 1409 Well Street	City Fairbanks	State AK	Zip 99701

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 Product 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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