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: Great Northern Manufacturing, Inc.		AK Business License #: 1068642	
Business/Corporate Mailing Address: 645 G Street, Suite 100-907	City: Anchorage	State: AK	Zip: 99501
Business/Corporate Phone: (907) 887-6543	Email: steve@greatnortherncannabis.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Stephen W. Brashear, CEO / Jordan C. Huss, Executive Vice President		Fax:	

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

Establishment Information

Establishment Name: Great Northern Manufacturing, Inc.	Physical Location: 7031 Arctic Boulevard, #100	Nearest Community: Anchorage	
Establishment Mailing Address: 7031 Arctic Boulevard, Suite 100	City: Anchorage	State: AK	Zip: 99518
Establishment Phone: (907) 887-6543	Fax:	Contact Person: Steve Brashear	
Establishment Physical Address: 7031 Arctic Boulevard, Suite 100	City: Anchorage	State: Alaska	Zip: 99518

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 Supplement is required to process your application. Have you attached the Plan Review Supplement? ☒ **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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Permit ID(s)_____ Establishment Name(s) Great Northern Manufacturing, Inc.

f. Will your food establishment be a kiosk or mobile unit? ☐ Yes ☒ No

Are employee toilets available within 200 feet? ☐ Yes ☐ No

If you have an agreement with another business to use their restrooms, please attach written verification.

Portable water tanks, plumbing, and hoses are NSF or FDA approved components? ☐ Yes ☐ No

If you have a kiosk, is it located outside of a building? ☐ Yes ☐ No

Will you have a service provide water or remove wastewater? ☐ Yes ☐ No

If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.

g. Will another permitted food establishment (commissary) provide support to your facility? If yes, attach a copy of the Commissary Agreement. ☐ Yes ☒ No

FOOD PROCESSORS N/A

a. A copy of a label for each type of product you will produce is required. Have you attached food labels of each product to be produced? ☐ Yes ☐ No

b. Describe who you will be distributing your product to (i.e. grocery stores, etc):
Licensed Retail Marijuana Stores

c. Will you be doing any of the following processes? Check all that apply.

☐ Reduced Oxygen Packaging ☐ Smoking ☐ Other:
☐ Low Acid Canned Foods ☐ Curing
☐ Shelf Stable Acidified Foods ☐ Dehydrating

Be sure to check with your local Environmental Health Officer for any applicable forms and FDA requirements.

d. Do you have a HACCP Plan? ☐ Yes ☐ No ☐ N/A

Required for high hazard food processors such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, reduced oxygen packaging, etc.

e. You are required to have a product coding system and a recall plan. Have you attached a copy of the coding system and recall procedures? ☐ Yes ☐ No

MOBILE RETAIL VENDOR SELLING SEAFOOD N/A

a. A list of products that you will be selling is required. Have you attached a copy of the list of products? ☐ Yes ☐ No

b. Provide names of suppliers where you will be purchasing your product:

c. Will ***all*** of your product be prepackaged? ☐ Yes ☐ No

d. Will another permitted food establishment (commissary) provide support to your facility? If yes, attach a copy of the Commissary Agreement. ☐ Yes ☐ No

MACHINES VENDING POTENTIALLY HAZARDOUS FOODS N/A

a. Have you attached the label that will be affixed to the front of each machine with name, physical address, and phone number of the permitted food establishment servicing the machine? ☐ Yes ☐ No

SECTION 4 – Food Managers Certification/Alaska Safe Food Worker Card

a. Have you attached a copy of a Food Manager's Certification? ☐ Yes ☐ No ☒ N/A

The operator of a food establishment that serves and prepares unwrapped or unpackaged food, except for a bar, tavern, or limited food service, must have at least one Certified Food Protection Manager who is involved in the daily operations of the establishment.

b. Does everyone who works or will work at the food establishment have a Food Worker Card? ☒ Yes ☐ No ☐ N/A

An operator of a food establishment shall keep on file a copy of the Food Worker Card issued by the department for each employed food worker and make the copy available to the Department upon request.

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

Applicant's Signature Stephen W. Brashear **Date** 05/24/2018

Applicant's Printed Name Stephen W. Brashear **Title** CEO

Form 18.31.APP.01 (Rev 4/13)

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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: Great Northern Manufacturing, Inc.		Date 05/24/2018
Plan Review Contact Name Stephen W. Brashear		
Phone Number (907) 887-6543	Email steve@greatnortherncannabis.com	
Address 7031 Arctic Boulevard, Suite 100, Anchorage, Alaska 99518		
Operating Days/Hours Sunday-Saturday / 8:00 am-Midnight	Proposed Opening Date October 15, 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:
Municipal water supply provided by AWWU
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: Municipal wastewater disposal system provided by AWWU
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 will be collected weekly by Municipal trash removal services.

d. **Plot Plan.** Have you included a detailed to scale drawing of the plot plan including: ☒ **Yes** ☐ **No**
☒ All buildings
☒ Refuse storage site
☒ Potable water supply
☐ Outside walk-in cooler(s)/freezer(s)
☐ Outside storage areas
☐ Oil/Fuel tanks
☒ Access for deliveries
☐ Sewage disposal system
☒ Identify nearby roads, streets, other landmarks, and/or give GPS coordinates

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Permit ID(s)_____ Establishment Name(s) Great Northern Manufacturing, Inc.

e. **Floor Plan.** A floor plan with the listed components must be submitted as part of the application packet. Have you included a floor plan? ☒ Yes ☐ No

☒ Layout and purpose of each room
☒ Location of fixed equipment and plumbing features
☒ Size, construction, and design of fixed equipment
☒ Location of restrooms, including the number of toilets and handwash sinks.
☒ Type and location of lighting
☒ Type and location of ventilation, both building and local systems

f. **Plumbing Schematic.** A plumbing schematic with the listed components must be submitted as part of the application packet. Have you included a detailed drawing of the plumbing schematic? ☒ Yes ☐ No

☒ Plumbing schematic showing each hot, cold, and wastewater line.
☒ Plumbing connection to the wastewater line (direct vs. indirect)
☒ Hot water capacity

Have you contacted the State Plumbing Inspector? To be reviewed by Municipality of Anchorage plumbing inspector ☐ Yes ☒ No

G **Fire Marshall.** Have you contacted the State Fire Marshall? To be reviewed by Municipality of Anchorage fire marshal ☐ Yes ☒ No

Please describe your ventilation/hood system:

SECTION C – ADDITIONAL INFORMATION

a. **Storage.** How often will you receive food deliveries? Do you have adequate storage to support your operation? Consult the Plan Review Guide for information about storage capacity.

Food deliveries are expected to be twice per month. Dry goods will be stored on stainless steel storage racks. Cold and frozen goods will be stored in commercial reach-in refrigerator and freezers. Storage capacity is adequate for our operation.

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:

Employee's personal belongings will be stored in individual lockers

c. **Poisonous/Toxic Materials.** Describe location and means to store poisonous or toxic materials:

Any poisonous or toxic materials (cleaning supplies) will be stored in the Janitor room on wall-mounted shelf.

d. **Floors/Walls/Ceilings.** Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):

Floors will have epoxy coating or sealed concrete, with cove base; walls in the cooking areas will be epoxy painted or have FRP wainscot. All ceiling are GWB and painted. Bathrooms and janitor room floors are sheet vinyl with cove resilient base, and epoxy painted walls. Shelving will be stainless steel.

e. **Warewashing:** Describe how dishes, utensil, and equipment will be washed:

Dishes, utensils and equipment will be hand washed in the 3-compartment sink.

f. **Linens.** Describe how soiled and clean clothing/linens will be stored and where they will be cleaned:

Soiled aprons and towels will be stored in a bin, in Cleaning/Drying room, and cleaned in the washer and dryer in the adjacent suite, on premises.

SECTION D

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

Applicant's Signature Stephen W. Brashear **Date** 05/24/2018

Applicant's Printed Name Stephen W. Brashear **Title** CEO

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THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Environmental Conservation

DIVISION OF ENVIRONMENTAL HEALTH
FOOD SAFETY & SANITATION PROGRAM

555 Cordova Street
Anchorage, AK 99501-2617
Main: 907.269.7636
Fax: 907.269.7510
www.dec.alaska.gov/eh/fss
Noelani.thompson@alaska.gov

June 27th, 2018

Great Northern Manufacturing, Inc.
Attn: Steve Brashear
7031 Arctic Blvd Ste 100
Anchorage, AK 99518

Re: Plan Review for Great Northern Manufacturing, Inc.
Facility: 7060, Program (Permit): 8172

Dear Mr. Brashear:

Thank you for submitting your Food Establishment Application and Plan Review Application for Great Northern Manufacturing, Inc. located at 7031 Arctic Blvd Ste 100, Anchorage AK 99518.

This letter serves as the official approval of your plan review application. You should expect to receive copies of your Food Establishment Permit in the mail and be able to operate. An opening inspection from our Department will not be required in order for you to start operating.

You are approved based on the materials you have provided to ADEC. This approval is subject to provisions of the Alaska Food Code, 18 AAC 31. Ensure that all equipment is in working order and that visible, accurate thermometers are in use inside refrigerated equipment.

Here is a link that has resources that may be helpful for you and your facility, which address common food safety risk factors: http://dec.alaska.gov/eh/fss/risk-factor-resources

Please notify our office if there are any significant changes to the facility, style of service, location of service, ownership, or menu changes.

If you have any questions please do not hesitate to contact one of our Environmental Health Officers in the Anchorage office: EHO Noelani Thompson (907-334-5919), Noelani.thompson@alaska.gov, EHO Lizzy Buckingham (907-269-7505), lizzy.buckingham@alaska.gov, and EHO Carol Brady at (907) 269-7636, carol.brady@alaska.gov

Sincerely,

Noelani Thompson

Noelani Thompson
Environmental Health Officer

AMCO Received 10/26/2018

Alaska Food Code
2018 Establishment Permit

Division of Environmental Health
Food Safety & Sanitation Program

Permit Number:	8172
Issued to:	**GREAT NORTHERN MANUFACTURING, INC.**
For:	**Great Northern Manufacturing, Inc.**
For Operation of:	**FP-5 Jam/Jelly/Syrup/Confectionery**
Located at:	**7031 Arctic BLVD STE 100 Anchorage, AK 99518**

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:
December 31, 2018

Program Manager:
Kimberly Sor

If you have questions or concerns regarding safe food handling practices call toll free:

1-87-SAFE-FOOD

(in Anchorage call 334-2560)

AMCO Received 10/26/2018