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 MICHAEL J WELCH			AK Business License # 1091564	
Business/Corporate Mailing Address 34669 COMMERCE ST	City SOLDOTNA		State AK	Zip 99669
Business/Corporate Phone 907-331-9672	Email MJWELCH79@OUTLOOK.COM			
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party MICHAEL J WELCH - OWNER			Fax	
Type of Entity ☒ **Individual** ☐ **Partnership** ☐ **Corporation** ☐ **Other:**				

Establishment Information			
Establishment Name COLDSMOKE FARMACY	Physical Location SOLDOTNA, AK	Nearest Community SOLDOTNA	
Establishment Mailing Address 34669 COMMERCE ST	City SOLDOTNA	State AK	Zip 99669
Establishment Phone 907-331-9672	Fax	Contact Person MICHAEL J WELCH	
Establishment Physical Address 840 KALIFORNSKY BEACH RD, SUITE B	City SOLDOTNA	State AK	Zip 99669

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 STORE, SELLING MARIJUANA AND CBD PRODUCTS.

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:

RECEIVED
JUL 01 2019
ADEC
Kenai Area Office

Received by AMCO 7.1.19