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: Thee Treasure Chest LLC.		AK Business License #: 1063483	
	Business/Corporate Mailing Address: POB 446	City: Craig	State: Alaska	Zip: 99921
	Business/Corporate Phone: (239) 220-2619	Email: Kit@Kitkraft.net		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Kit Kraft, member		Fax:	
	Type of Entity ☐ Individual ☐ Partnership ☒ Corporation ☐ Other:			
Establishment Information	Establishment Name: Thee Treasure Chest	Physical Location: 1000 Water Street	Nearest Community: Craig, Alaska	
	Establishment Mailing Address: POB 446	City: Craig	State: AK	Zip: 99921
	Establishment Phone: (239) 220-2619	Fax:	Contact Person: Kit Kraft	
	Establishment Physical Address: 1000 Water Street	City: Craig	State: Alaska	Zip: 99921

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.)*

The proposed establishment will be a Retail Marijuana Store pending approval by the State of Alaska Alcohol, Marijuana Control Office (AMCO).

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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State of Alaska DEC
Food Safety Program

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