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: The Grass Station, LLC		AK Business License #: 1040267	
	Business/Corporate Mailing Address: P.O. Box 71034	City: Fairbanks	State: Alaska	Zip: 99707
	Business/Corporate Phone: 907-460-0398	Email: gary@grassstation49.com		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Gary Evans		Fax: N/A	
	Type of Entity ☐ **Individual** ☐ **Partnership** ☒ **Corporation** ☐ **Other:**			
Establishment Information	Establishment Name: Grass Station 49	Physical Location: 3505 Airport Way	Nearest Community: Fairbanks, AK	
	Establishment Mailing Address: P.O. Box 71034	City: Fairbanks	State: AK	Zip: 99707
	Establishment Phone: (907)-460-0398	Fax:	Contact Person: Gary Evans	
	Establishment Physical Address: 3505 Airport Way	City: Fairbanks	State: AK	Zip: 99709

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.)*

*PREVIOUSLY "WISHFUL THINGS, LLC"

Marijuana Retail 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
☐ 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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DEC 20 2018
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Food Safety Program

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DEC 19 2018
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Received by AMCO 12.28.18