Alcohol & Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	ANDREW G SABLON	**License Number:**	19658		
License Type:	Retail Marijuana Store				
Doing Business As:	DEJAVU CANNABIS COMPANY				
Physical Address:	11676 west rezanof drive				
City:	Kodiak	**State:**	AK	**Zip Code:**	99615
Designated Licensee:	ANDREW G SABLON				
Email Address:	drewsablon@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Letter Re: food safety permit

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

Received by AMCO 2.13.19

Plan Review Application

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program

Section A- General Information *(All applicants complete entire section – please print).*

Permit ID:

Purpose (check one) ☒ New Construction ☐ Remodel of Existing Structure ☐ Reactivation

General Information

Establishment Name: Dejavu Cannabis Company	Date 2/6/19
Plan Review Contact Name Andrew Sablon	
Phone Number 252 202 7469	Email drewsablon@me.com
Address 11676 W. Rezanof dr Kodiak AK 99615	
Operating Days/Hours 7days 10am – 11 Pm	Proposed Opening Date

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 (Plan Review Fee is Non-Refundable)
- ☐ 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:

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:

Attach a confirmation email or letter from the Wastewater Program stating that the system has been approved.
If you have a septic system, please provide the legal description of your property (Lot, Block, etc.)

c. **Solid Waste Disposal.** Please describe how you plan to dispose of your solid waste:

Local Waste Management Company - rental Dumpster

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
- ☐ Identify nearby roads, other landmarks, and/or give GPS coordinates
- ☐ Access for deliveries
- ☐ Sewage disposal system
- ☐ Oil/Fuel tanks

Received by AMCO 2.13.19

Permit ID(s)_____ Establishment Name(s)_____

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

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? NA ☐ Yes ☒ No

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

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

☐ Reduced Oxygen Packaging ☐ Smoking ☐ Other: NA

☐ 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

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: NA

c. Will *all* of your product be prepackaged? NA ☐ 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

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 [signature] **Date** 2/6/19

Applicant's Printed Name Andrew Sablen **Title** Owner

Received by AMCO 2.13.19

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: Andrew Sablon		AK Business License #: 1088016	
Business/Corporate Mailing Address: 11676 W Rezanof dr	City: Kodiak	State: AK	Zip: 99615
Business/Corporate Phone: 252-202-7469	Email: drewsablon@me.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Andrew Sablon owner		Fax:	

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

Establishment Information

Establishment Name: DejaVU Cannabis Company	Physical Location: Kodiak borough	Nearest Community: Kodiak	
Establishment Mailing Address: 11676 W. Rezanof dr	City: Kodiak	State: AK	Zip: 99615
Establishment Phone: 252 202 7469	Fax:	Contact Person: Andrew Sablon	
Establishment Physical Address: 11676 W. Rezanof dr	City: Kodiak	State: AK	Zip: 99615

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.)*

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? NA ☐ Yes ☒ No

b. Attach appropriate label, placard, or menu notation for the consumer advisories if you serve: NA
☐ 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: NA
☐ 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: NA ☒ 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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Retail Marijuana Store - Marijuana Products, NO Edibles
Shirts, hats, Pipes

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Applicant's Printed Name Andrew Sablon **Title** Owner

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Doing Business As:	DEJAVU CANNABIS COMPANY				
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Section 2 – Attached Items

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Attached Items:	Letter Re: food safety permit

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

Received by AMCO 2.7.19

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Environmental Conservation
DIVISION OF ENVIRONMENTAL HEALTH
Food Safety & Sanitation Program
555 Cordova Street, 5th Floor
Anchorage, Alaska, 99501-2617
Main: 907.269.7636
fax: 907.269.7510
dec.alaska.gov/eh/fss
carol.brady@alaska.gov

February 7, 2019

Andrew Sablon
Dejavu Cannabis Company
111676 W Rezanof Dr
Kodiak, AK 99615

Subject: DEC Food Establishment Permit Not Required

Dear Mr. Sablon:

Thank you for your recent application for a permit from the Department of Environmental Conservation's Food Safety and Sanitation program. This letter is to inform you that the marijuana establishment you have described in your application does not require a permit under the Alaska Food Code (18 AAC 31) since your plan is to sell only prepackaged, non-potentially hazardous food (18 AAC 31.012(c)(1)), and your store will not carry any edible marijuana products.

Non-potentially hazardous foods are foods that do not support the growth of dangerous bacteria because of their water activity, pH, or a combination of the two. A good method to determine whether a food is non-potentially hazardous is whether it requires refrigeration to keep it safe or preserve it. If it does not require refrigeration, it is most likely non-potentially hazardous. If you are unsure about the safety of a product and whether it requires temperature control be sure to contact the Food Safety and Sanitation program for more information.

Please be aware that if you change the type of food that you sell at your establishment to include foods that are potentially hazardous, you will be required to submit a plan of your operations and apply for a food establishment permit.

Sincerely,

Carol Brady
Environmental Health Officer

Received by AMCO 2.7.19