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:	Cosmic SeaWeed, LLC	**License Number:**	19728		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	COSMIC SEAWEED, LLC				
Physical Address:	262 Charles Way				
City:	Homer	**State:**	AK	**Zip Code:**	99603
Designated Licensee:	Christina Logan				
Email Address:	cosmicseaweed@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Food Establishment Permit Date Stamped received

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

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STATE OF ALASKA

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: C3 Commerical Building - Cosmic SeaWeed, LLC		AK Business License #: 1088609	
Business/Corporate Mailing Address: 272 Charles Way	City: Homer	State: Alaska	Zip: 99603
Business/Corporate Phone: 907-982-0513	Email: chrisloganm@hotmail.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Chris Logan- Managing Partner		Fax:	

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

Establishment Information

Establishment Name: Cosmic SeaWeed, LLC	Physical Location: 262 Charles Way	Nearest Community: Homer	
Establishment Mailing Address: 272 Charles Way	City: Homer	State: AK	Zip: 99603
Establishment Phone: 907-982-0513	Fax:	Contact Person: Chris Logan	
Establishment Physical Address: 262 Charles Way	City: Homer	State: AK	Zip: 99603

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 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 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:

Form 18-31-APP.01 (Rev 4/13)

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State of Alaska DEC
Food Safety Program

C3 Commerical Building

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

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? ☐ Yes ☒ No

G **Fire Marshall.** Have you contacted the State Fire Marshall? ☒ Yes ☐ No

Please describe your ventilation/hood system:

We do not have a hood system. We will have an air ventilation system with a fresh air heat exchanger and robust ventilation fans which will operate as needed.

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.

We will not receive food deliveries. Intake of raw product for processing will be no more than 5 pound packages by a designated and properly licensed delivery person. Raw product will be stored in either room temperature lockers or in cold storage depending on the designation of the final product. There will be two 20 cu ft freezers and a 40 cu foot storage locker in the intake area.

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

There is a small office area with lockers for each employee. There are only 2 employees who will usually not be working at the same time. Employees will wear lab coats over clothing and have a dedicated pair of shoes that are only worn inside the building.

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

Butane will be stored in an approved compression cylinder, and secured in a manner to prevent issues in the event of an earthquake.

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

[illegible] walls and ceiling. Painted. Floor in vinyl linoleum. Shelving will be melamine, plastic, or metal for certain storage

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