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:	AKO Farms, LLC	**License Number:**	19898		
License Type:	Retail Marijuana Store				
Doing Business As:	AKO FARMS, LLC.				
Physical Address:	1210 Beardslee Way				
City:	Sitka	**State:**	AK	**Zip Code:**	99835
Designated Licensee:	Justin Brown				
Email Address:	akofarmsllc@gmail.com				

Section 2 – Attached Items

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

Attached Items:	FOOD AND SAFETY PERMIT APPLICATION

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

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: AKC FARMS

AK Business License #:

Business/Corporate Mailing Address: PO BOX 2426 | City: SITKA | State: AK | Zip: 99835

Business/Corporate Phone: 907 623 0417 | Email: AKOFARMSILL@gmail.com

Name(s) of Corporate Officer(s) & Title(s) or Responsible Party: JUSTIN BROWN - MANAGER ELIZABETH Martin | Fax:

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

Establishment Information

Establishment Name: AKO FARMS | Physical Location: 121 Beardslee Way | Nearest Community:

Establishment Mailing Address: PO BOX 2426 | City: SITKA | State: AK | Zip: 99835

Establishment Phone: 907 623 0417 | Fax: | Contact Person:

Establishment Physical Address: 121 Beardslee Way | City: SITKA | State: AK | Zip: 99835

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.

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, shellfish, 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

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? ☐ Yes ☐ No

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

We will sale edible marijuana products from Retail Store

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

☐ Reduced Oxygen Packaging ☐ Smoking ☐ Other:

☐ 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:

c. Will ***all*** of your product be prepackaged? ☒ 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 Elizabeth Martin **Date** 9-16-19

Applicant's Printed Name Elizabeth Martin **Title** Director

AKO FARMS #
19898

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

Permit ID:

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Business/Corporate Phone: 907 623 0417	Email: AKOFARMSLLC@gmail.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: JUSTIN BROWN - Marty, ELIZABETH Martin		Fax	

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

Establishment Information

Establishment Name: AKO FARMS	Physical Location: 1210 B Beardslee Way	Nearest Community	
Establishment Mailing Address: PO BOX 2426	City: SITKA	State: AK	Zip: 99835
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State of Alaska DEC
Food Safety Program

ako farms # 19898

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? *If you have an agreement with another business to use their restrooms, please attach written verification.*	☒ Yes	☐ No
	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? *If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.*	☐ Yes	☒ No
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?	☐ Yes	☐ No
b.	Describe who you will be distributing your product to (i.e. grocery stores, etc): We will sale eatable marijuana product from Retail store		
c.	Will you be doing any of the following processes? Check all that apply. ☐ Reduced Oxygen Packaging ☐ Smoking ☐ Other: ☐ 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? *Required for high hazard food processors such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, reduced oxygen packaging, etc.*	☐ Yes ☐ No	☒ N/A
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

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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 Elizabeth Martin **Date** 9.16.19

Applicant's Printed Name ELIZABETH Martin **Title** OWNER