# 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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