Application for Food Establishment Permit

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

RECEIVED
FEB 13 2020
State Of Alaska
Wasilla Alaska 99654

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: Canna Get Happy, LLC		AK Business License #: 2090055	
Business/Corporate Mailing Address: PO Box 874574	City: Wasilla	State: AK	Zip: 99687
Business/Corporate Phone: 907-373-8761	Email: sandeadhbic@yahoo.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Sandra D. Millhouse		Fax:	

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

Establishment Information

Establishment Name: Canna Get Happy	Physical Location: 2321 E. Palmer Wasilla	Nearest Community: South Lakes	
Establishment Mailing Address: PO Box 874574	City: Wasilla	State: AK	Zip: 99687
Establishment Phone: 373-8761	Fax:	Contact Person: Sandra	
Establishment Physical Address: 2321 E. Palmer Wasilla Hwy	City: Wasilla	State: AK	Zip: 99654

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.)*

Retail Marijuana 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:

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