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 Country Cannabis, LLC		AK Business License # 2096387	
	Business/Corporate Mailing Address PO Box 876232	City Wasilla	State Alaska	Zip 99687
	Business/Corporate Phone 907-947-8181	Email sarah@countrycannabisak.com		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Sarah Lorimer, Member and Jennifer Johnston, Member		Fax	
	Type of Entity ☐ **Individual** ☐ **Partnership** ☐ **Corporation** ☒ **Other:**			
Establishment Information	Establishment Name Country Cannabis	Physical Location 2323 South Trunk Road	Nearest Community Palmer	
	Establishment Mailing Address PO Box 876232	City Wasilla	State Alaska	Zip 99687
	Establishment Phone 907-947-8181	Fax	Contact Person Sarah Lorimer	
	Establishment Physical Address 2323 South Trunk Road	City Palmer	State Alaska	Zip 99645

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 ha 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 ☐ N

b. Attach appropriate label, placard, or menu notation for the consumer advisories if you serve:
☐ Wild Mushrooms ☐ Unpasteurized juices ☐ Farmed halibut, salmon, or sablefi
☐ 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 ☐
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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Permit ID(s)_____ Establishment Name(s) Country Cannabis

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):
Marijuana retail store customers

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 [signature] Date 11/29/20

Applicant's Printed Name Sarah Lorimer Title Member

AMCO Received 1/31/2020

Plan Review Application

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

Permit ID: _____

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

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

General Information		
Establishment Name: Country Cannabis		Date 1/29/2020
Plan Review Contact Name Sarah Lorimer		
Phone Number 907-947-8181	Email sarah@countrycannabisak.com	
Address 2323 South Trunk Road, Palmer, Alaska 99645		
Operating Days/Hours Monday through Sunday, 8am-12:49AM	Proposed Opening Date 4/20/2020	

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:

Country Cannabis will render waste unusable and then, waste will be made unusable and then it will be taken to the local landfill by an owner, designated employee or the municipal waste management company.

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

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

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:

Country Cannabis is in the process of submitting a Fire Marshall Application

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.

Marijuana deliveries will be made form a licensed marijuana cultivation and/or manufacturing facility on a daily basis or as needed. Food deliveries will be made on a weekly basis or as needed. Country Cannabis will have adequate storage in the facility for all deliveries made.

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

Employees will have a designated area within the facility with coat racks and adequate storage space to store their personal belongings while on shift.

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

Toxic cleaning chemicals will be stored near the sink in a dedicated storage cabinet separate from consumable products.

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

Floors; LVP, Walls; Wallpaper, tongue and groove pine, metal siding and flashing, Sheetrock with latex paint
Cabinets and Shelving; Glass and sealed wood, Ceiling; Latex Painted wood.

e. Warewashing: Describe how dishes, utensil, and equipment will be washed:

All utensils used for sales will be disinfected with food-grade alcohol wipes.

f. Linens. Describe how soiled and clean clothing/linens will be stored and where they will be cleaned:

Soiled, non disposable linens will be stored temporarily in a receptacle near the sink and cleaned by a third party cleaning service.

SECTION D

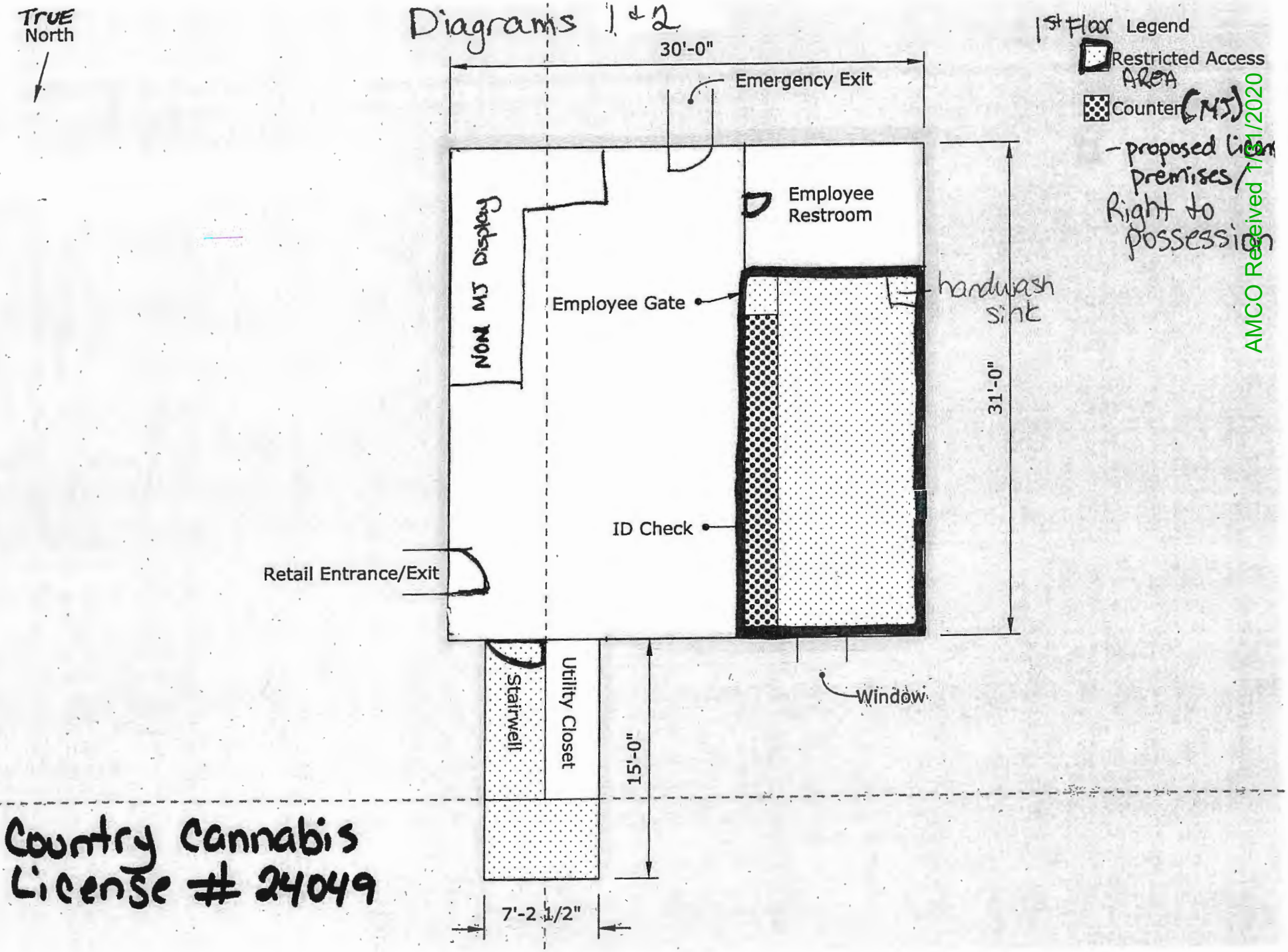
I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I understand that plan review fees are not refundable under the Alaska Food Code 18 AAC 31.050(k). I agree to pay all fees before operating.

Applicant's Signature [signature] Date 1/29/20

Applicant's Printed Name Sarah Lorimer Title Member

AMCO Received 1/31/2020

Diagrams 1 & 2



Country Cannabis
License # 24049

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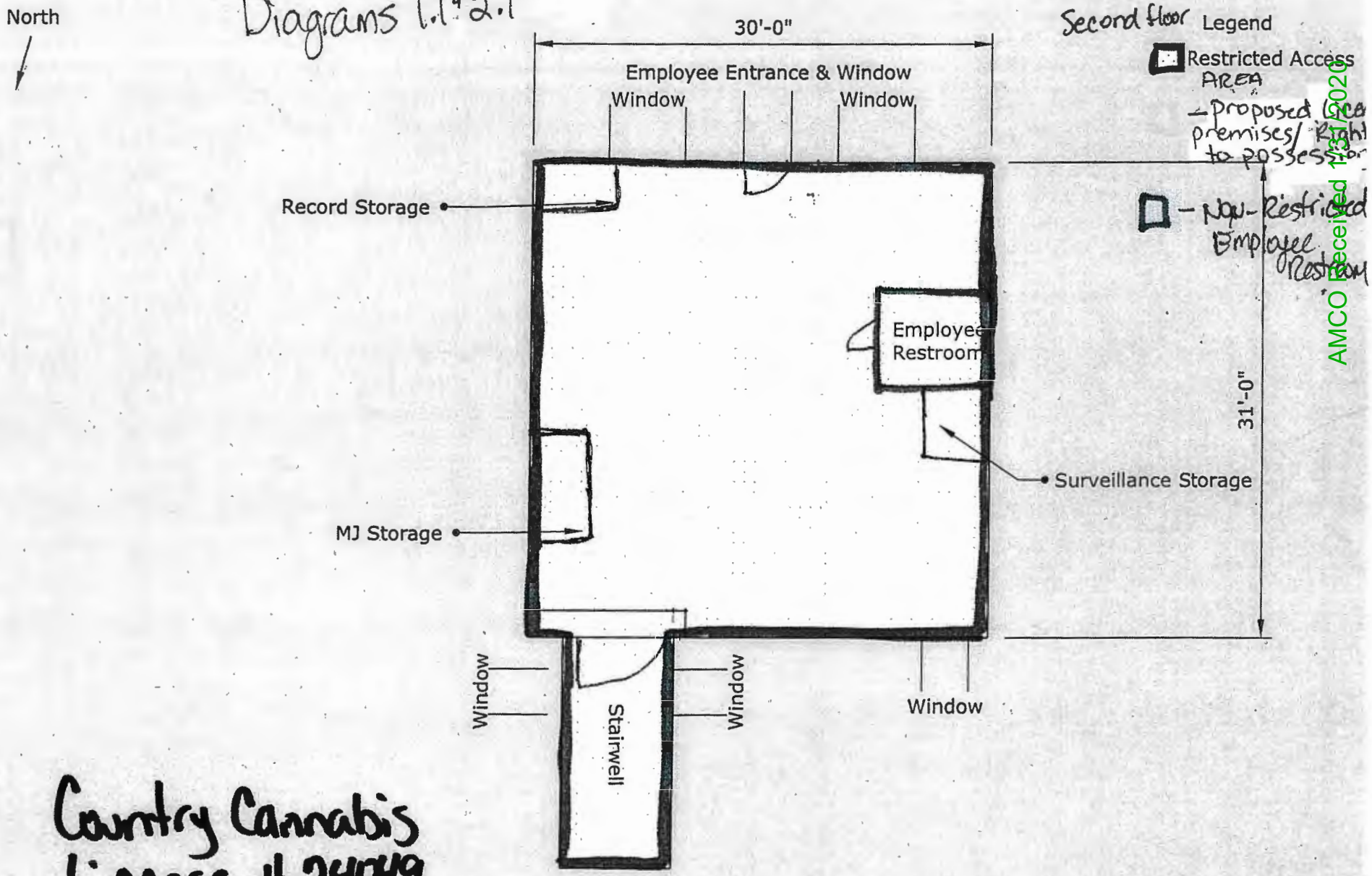
Diagrams 1.1 & 2.1



Country Cannabis
License # 24049

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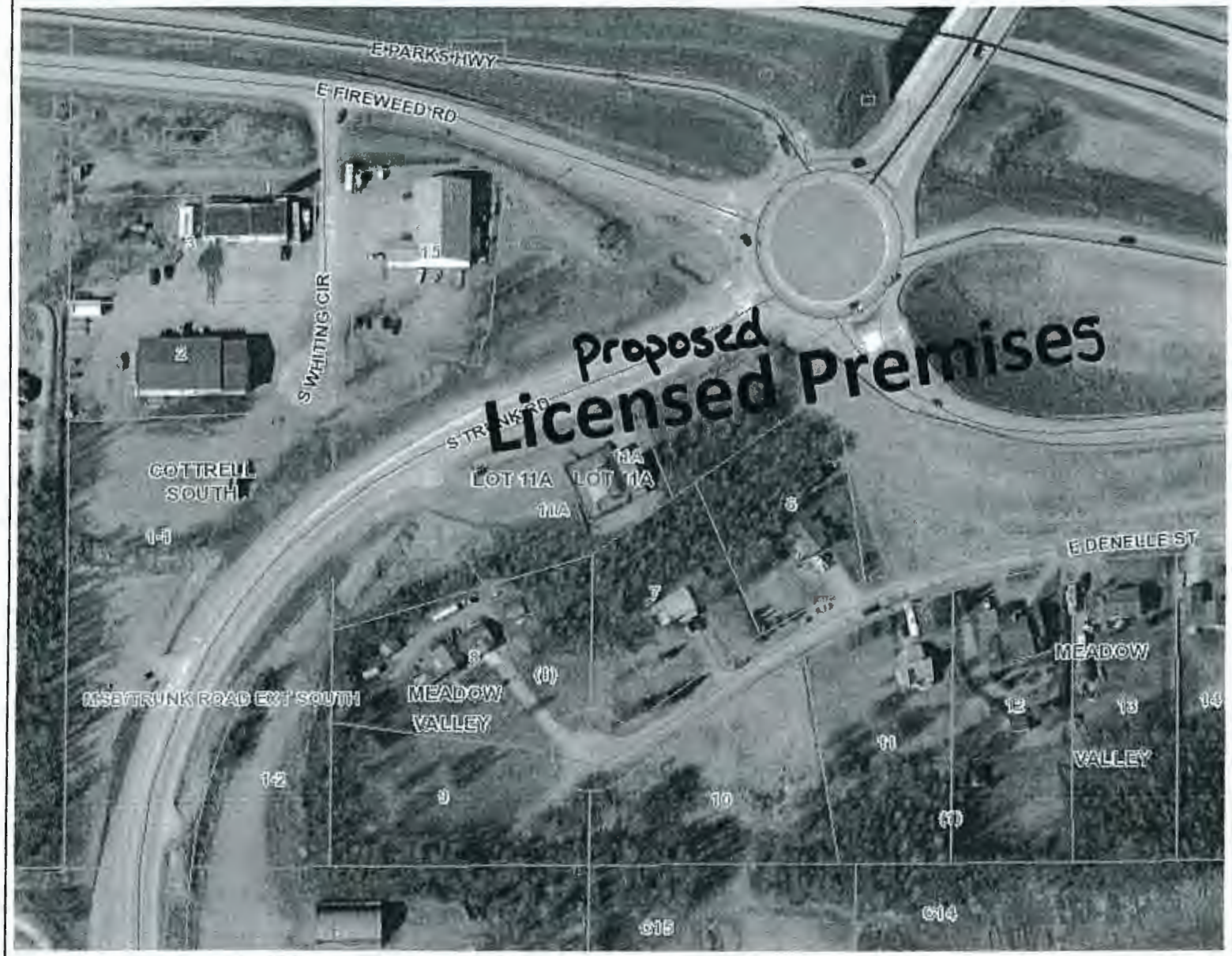
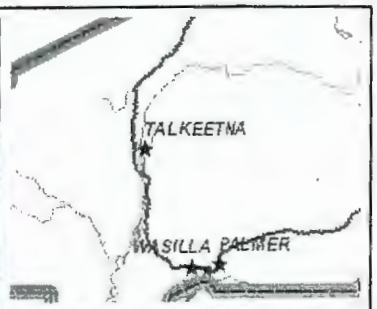
Diagrams 3, 4 & 5





Legend

- Road Mileposts
- Roads
  - Highway
  - Major Road
  - Medium Road
  - Minor Road
  - Primitive Road
  - Private Road
- Mat-Su Borough Boundary
- Incorporated Cities
- Government Lot Lines
- Parcels
- Lakes and Rivers
- Streams

Country Cannabis
License #24049

1:4,514

0.1 0 0.07 0.14 Miles

WGS_1984_Web_Mercator_Auxiliary_Sphere

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Reported on 12/03/2019 06:35 PM

THIS MAP IS NOT TO BE USED FOR NAVIGATION

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Notes

This map was automatically generated using Geocortex Essentials.

AMCO Received 1/31/2020

Print Your Food Worker Card

Congratulations on passing the State of Alaska's Food Safety test and meeting all of the qualifications necessary to obtain a Food Worker Card and work in Alaska's food industry. You will need to print two copies: one copy for your employer and one to keep on your person.

Note, your Food Worker Card is good for a period of three years from today's date. Please keep your Test ID. It is your proof of qualifying to work in Alaska's food industry. If your card is lost or stolen, you will need your Test ID to come back to this page and print out a replacement.

ALASKA DEPARTMENT OF
ENVIRONMENTAL CONSERVATION

Division of Environmental Health
Food Safety and Sanitation Program

Food Worker Card
Sarah Lorimer

Issued: 12/20/2019 Expires: 12/19/2022

Food Worker #: 1456060
1-87-SAFE-FOOD
http://www.alaska.gov

Program Manager

AMCO Received 1/31/2020

Quote

01/28/2020

COMMERCIAL KITCHEN SOLUTIONS, LLC

Project:
Country Cannabis
Sarah L.
907-947-8181 (Cell)
Sarah@countrycannabisak.com

From:
Commercial Kitchen Solutions
Vinny Holliday
5430 B Street
Anchorage, AK 99518
907-868-3963

Job Reference Number: VH6831

Item	Qty	Description	Sell	Sell Total
4	1 ea	**REACH-IN REFRIGERATOR**	$3,700.00	$3,700.00
		Maxximum Model No. MXCR-49GD Maxx Cold X-Series Upright Refrigerator, reach-in, 49 cu. ft storage capacity, two-section with glass self-closing door with locks, (6) adjustable coated wire shelves, electronic thermostat & digital LED temperature display, automatic defrost system & interior lightning, self-contained refrigeration, stainless steel exterior and interior, R134A refrigerant, bottom mounted compressor, 4" casters, cULus, UL EPH Classified		
	1 ea	1 year parts & on-site labor with 4 year additional compressor (part only) warranty, standard		
	1 ea	120v/60/1-ph, 1035 watts, NEMA 5-15P, standard		
5	1 ea	**REACH-IN UNDERCOUNTER FREEZER**	$2,100.00	$2,100.00
		Silver King Model No. SKF48A-ESUS1 Glassdoor Undercounter Freezer, two-section, 48"W, (2) stainless steel doors, (4) epoxy coated adjustable shelves, adjustable temperature control, automatic defrost, automatic condensate evaporator, aluminum interior, stainless steel & galvanized exterior, (4) 3" casters (2 with locks), rear-mounted self-contained refrigeration, R290 Hydrocarbon refrigerant, 115v/60/1-ph, 4.8 amps, cord, NEMA 5-15P, cETLus, ETL-Sanitation		
	1 ea	30 Day Parts and Labor Warranty		
			Total	$5,800.00

Acceptance: _____ Date: _____

Printed Name: _____

Project Grand Total: $5,800.00

AMCO Received 1/31/2020

Initial: _____

MAXX COLD X-series

Maxx Cold X-series | The Legacy Companies
3355 Enterprise Avenue, Suite 160, Fort Lauderdale, FL 33331
(954) 202-7419 • Fax (954) 202-7337 • (877) 600-8401
www.MaxximumFoodService.com • Info@MaxxColdFoodService.com

Project Name: _____
Location: _____
Item #: _____ Qty: _____
Model: _____

GLASS DOOR REACH-IN REFRIGERATION

Model: ☐ MXCR-23GD ☐ MXCR-49GD

International Model:
Add -50 (220V/50Hz/1Ph)

MXCR-23GD

MXCR-49GD

Maxx Cold Glass Door Reach-In Refrigeration pairs durability and longevity with visual appeal. Featuring a bottom mounted compressor, these glass door refrigerators effectively keep product at exactly the right temperature while utilizing energy efficiency. The simple to use but precise digital controls allow for accurate ands flexible use of the unit. For energy savings, durability, and visually appealing construction, Maxx Cold Glass Door Refrigeration is sure to impress.

FEATURES

- Easy to grip curved door handle(s)
- 4" diameter swivel casters come standard
- Three (3) heavy-duty, adjustable, PE coated wire shelves per section
- Locking doors to prevent unauthorized access\
- Automatic interior lighting
- Available in 115V/60Hz/1 and 230V/50Hz/1

TEMPERATURE

- Holding temperature: 33° to 41°F (1° to 5°C)
- Utilizes environmentally friendly refrigerant R134A
- Digitally controlled temperature system maintains optimum temperature
- LED display is easily viewed from exterior
- Automatic defrost system

REFRIGERANT

Environmentally-friendly R-134A propane

ELECTRIC

115/60Hz/1 Ph (NEMA 5-15)
Cord set includes plug & 9.8' (3m) cord
230V50Hz/1 available as an option

NEMA 5-15P

CONSTRUCTION

- Exterior and interior material: Durable, easy to clean stainless steel
- CFC-free polyurethane insulated walls and doors
- Bottom mounted compressor provides energy savings and ease of service

Certified to ANSI-NSF 7

Certified to ANSI UL 471

DOE 2017 Compliant

Maxx Cold X-Series WARRANTY (USA / CANADA)

One (1) year parts
One (1) year on-site labor
Four additional (4) years compressor (part only)
Administered by The Legacy Companies, 877.368.2797
24/7 tech support provided

Due to periodic changes in designs, methods, procedures, policies and regulations, the specifications contained in this sheet are subject to change without notice. While we exercise good faith efforts to provide information that is accurate, we are not responsible for errors or omissions in information provided or conclusions reached as a result of using the specifications. By using the information provided, the user assumes all risks in connection with such use.

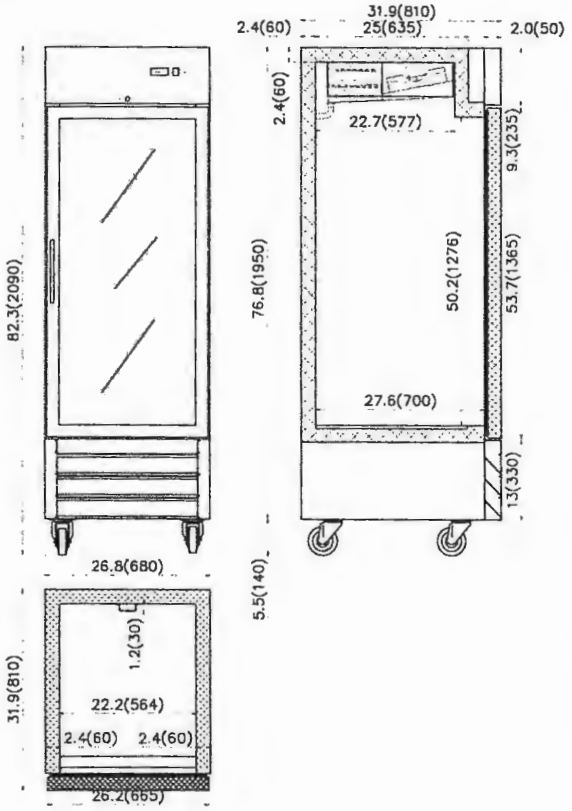
The built in performance enhancing functions ensure that given proper attention and preventative maintenance, each Maxx Product will deliver years of trouble free, reliable, low maintenance, efficient operation.

7/14/17 10:07

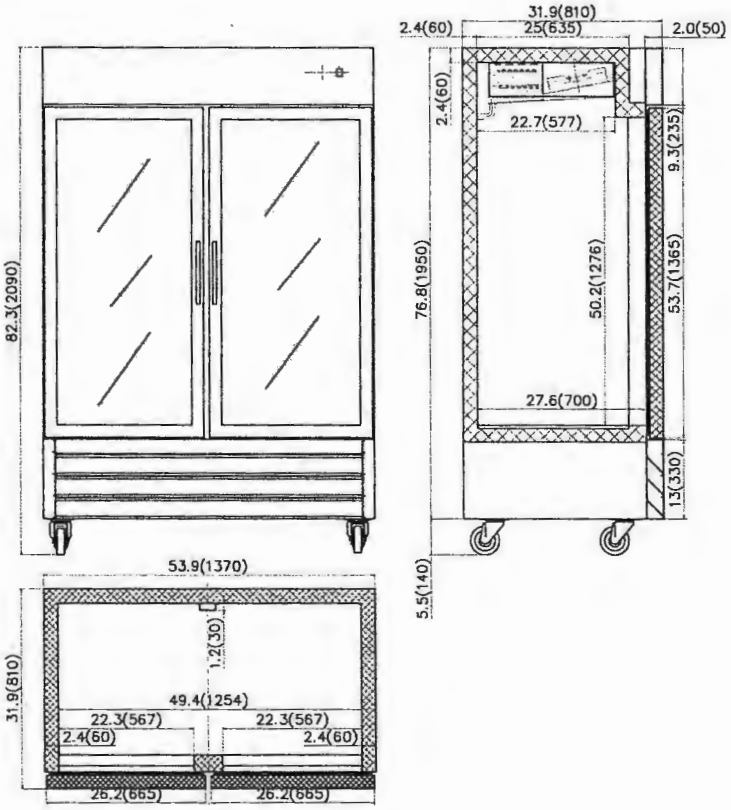
AMCO Received 1/31/2020

Maxx Cold X-series | The Legacy Companies
3355 Enterprise Avenue, Suite 160, Fort Lauderdale, FL 33331
(954) 202-7419 • Fax (954) 202-7337 • (877) 600-8401
www.MaxximumFoodService.com • Info@MaxxColdFoodService.com

GLASS DOOR REACH-IN REFRIGERATION



MXCR-23GD



MXCR-49GD

	Dimensions in / mm	Capacity	Temperature Range	Voltage	Amps	Adjustable Shelves	Unit Weight	Shipping Weight
MXCR-23GD	26.8 x 31.9 x 82.3 681 x 810 x 2090	23 Cu Ft 603 L	33°-41°F 1°-5° C	115V/60Hz/1 230V/50Hz/1	6	3	293 lb 133 kg	366 lb 166 kg
MXCR-49GD	63.2 x 32.9 x 27.8 1575 x 775 x 638	49 Cu Ft 512.5 L	33°-41°F 1°-5° C	115V/60Hz/1 230V/50Hz/1	9	6	478.4 lb 217 kg	597 lb 272 kg

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SILVERKING

48" Undercounter Freezer

Model: SKF48A-ESUS1 115V

Silver King® is the leader in reliable and energy efficient refrigeration solutions. Our sleek, stainless steel refrigeration equipment is made with the highest quality materials to guarantee everything is kept fresh and meets temperature standards. Our equipment has polyurethane insulation for maximum strength and durability, and minimal energy waste.

Standard Features

- Exterior stainless steel with galvanized back and bottom reduces risk of corrosion.
- Interior aluminum, coved corners and finished edges for easy cleaning.
- Environmentally friendly polyurethane foamed-in-place insulation for maximum strength and durability.
- Supplied with four 3" casters (two with locks) for ease of placement.
- Standard 8 foot 3 wire power cord with NEMA 5-15P plug.
- CFC-free refrigerant, hermetically sealed, high efficiency, self contained refrigeration system with automatic defrost and forced air circulation.
- Santoprene™ gaskets last four times longer than the industry standard.
- Coated shelves are mounted on stainless steel pilasters adjustable in 1/2" increments.
- Adjustable temperature control with display mounted in back for easy access.
- Automatic condensate evaporator means no plumbing or floor drains.
- Limited Warranty: 1-year labor, 1-year parts, 5-year compressor (part only), 90-days replacement parts. Warranty is determined by the original equipment manufacturing date for general market.*

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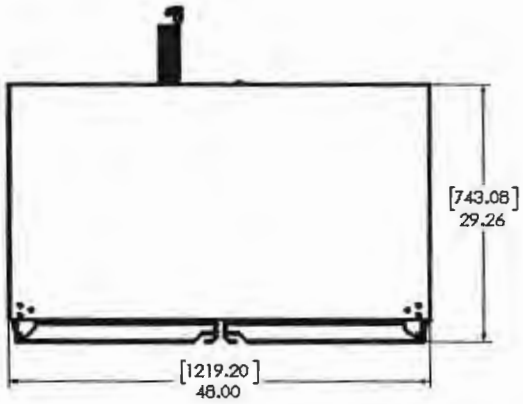
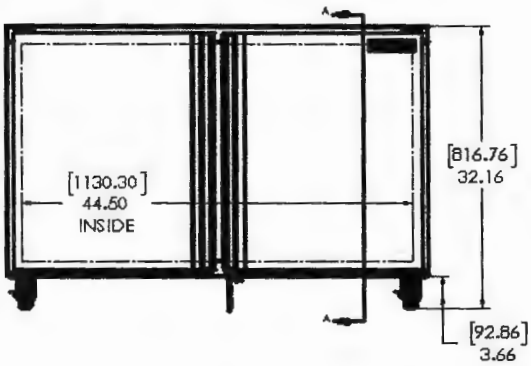
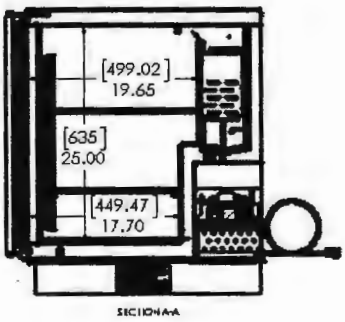
SILVERKING

Specifications







Dimensions

Model Number	Width in (mm)	Height in (mm)	Depth in (mm)	Gross Shipping Weight lb (kg)	Unit Net Weight lb (kg)	Shipping cu ft (cu m)
SKF48A-ESUS1	48 (1219.20)	32.16 (816.76)	29.26 (743.08)	285 (129.28)	265 (120.20)	38.58 (1.09)

Electrical

Model Number	Country of Origin	Amps	Voltage	Hz	Plug	Refrigerant
SKF48A-ESUS1	USA	4.8	115 VAC	60 Hz	NEMA 5-15P	R290

Certifications

Intertek 3110186 CONFORMS TO AMR/UL STD 471; CERTIFIED TO CAN/CSA STD C22.2 No. 120

Intertek 3110186 CONFORMS TO ANSI/NSF 7

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