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State of Alaska DEC
Food Safety Program

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: FSE, INC DBA Good Titrations			AK Business License #: 1040494	
Business/Corporate Mailing Address: 1770 Donald Ave	City: Fairbanks		State: Alaska	Zip: 99701
Business/Corporate Phone: 907-978-7647	Email: shaun.tacke@gmail.com			
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: FSE, INC			Fax:	
Type of Entity ☐ Individual ☐ Partnership ☒ Corporation ☐ Other:				

Establishment Information				
Establishment Name: Good Titrations	Physical Location: 506 Merhar Ave		Nearest Community: Fairbanks	
Establishment Mailing Address: 1770 Donald Ave, Suite B	City: Fairbanks		State: Alaska	Zip: 99701
Establishment Phone: 907-978-7647	Fax:		Contact Person: Sean Tacke	
Establishment Physical Address: 506 Merhar Ave	City: Fairbanks		State: Alaska	Zip: 99701

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.)*

Commercial Marijuana

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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Plan Review Application

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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: FSE, INC. DBA Good Titrations		Date 12/20/2019
Plan Review Contact Name Sean Tacke		
Phone Number 907-978-7647	Email shaun.tacke@gmail.com	
Address 1770 Donald Ave		
Operating Days/Hours Monday-Sunday 8am-5am	Proposed Opening Date	

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:

Good Titrations will be rendering any waste unusable by mixing it with compostable and noncompostable materials until the mixture is no more than 50% marijuana waste. then marijuana waste will be taken to the landfill by a waste management truck

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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