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: Alaska Harvest Company LLC		AK Business License #	
Business/Corporate Mailing Address: P.O. Box 1129	City: Kasilof	State: AK	Zip: 99610
Business/Corporate Phone: 907-252-3230	Email: info@alaskaharvestcompany.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Dean Bush - OWNER / Touchchai Sarutiangkul - OWNER		Fax: N/A	

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

Establishment Information

Establishment Name: Alaska Harvest Company LLC	Physical Location: 43937 K-Beach Rd	Nearest Community: Soldotna, AK	
Establishment Mailing Address: P.O. Box 1129	City: Kasilof,	State: AK	Zip: 99610
Establishment Phone: 907-252-3230	Fax:	Contact Person: Dean Bush	
Establishment Physical Address: 43837 Kalifornisky Rd.	City: Soldotna	State: AK	Zip: 99669

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 - Re-Sale Licenced Products from other Licenced (AMCO) vendors

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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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 N/A	☐ No
	If you have a kiosk, is it located outside of a building?	☐ Yes N/A	☐ 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): General Public over the age of 21		
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

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? *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.*	☐ Yes	☐ No	☒ N/A
b.	Does everyone who works or will work at the food establishment have a Food Worker Card? *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.*	☐ Yes	☐ No	☒ N/A

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 Dean Bush **Date** 4-8-2020

Applicant's Printed Name Dean Bush **Title** Co-OWNER

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Alaska Harvest Company LLC

Proposed Menu List

This list is not meant to be all inclusive and may change periodically. We will have prepackaged product that will require refrigeration.

1 Cannabis Flower and trim Bulk, Packaged, and pre rolls.

2. Cannabis Vape Concentrates from Licensed Vendors

3. Cannabis edibles such as cookies, chocolates, Caramels, tincture, sodas Gummies, Cana Caps etc... from licensed vendors

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was just informed by someone in our program that, currently, AMCO is excepting a copy of your foodservice application without the DEC stamp on it, due to the fact that many of us are not actually in the office at this time. So you should be fine with just the application that you had sent me.

'm hoping to get started on your plan review later this week, but if not, for sure next week. I have just one ahead of you at this point, that I'm hoping to start today.

Heidi

From: info@alaskaharvestcompany.com [mailto:info@alaskaharvestcompany.com]
Sent: Monday, April 13, 2020 5:51 PM
To: Isernhagen, Heidi L (DEC) <heidi.isernhagen@alaska.gov>
Subject: Re: Alaska Harvest Company LLC

Heidi, If you get in a time crunch AMCO will accept a stamped recieved copy of the application? i am working water and sewer now. Looks like that will be pretty eas process?? Stay safe!

Thanks Dean,

I imagine I'll get to your plans next week. I have a couple of plan reviews ahead of yours. I'll email if I have any questions.

Thanks again!

AMCO Received 4/15/2020

Heidi Isernhagen

ADEC

Food Safety and Sanitation

43335 Kalifornsky Beach Rd, Suite 11

Soldotna, AK 99669

(907) 262-3416 phone

(907) 262-2294 fax

heidi.isernhagen@alaska.gov

AMCO Received 4/15/2020

THE STATE of ALASKA
GOVERNOR MICHAEL J. DUNLEAVY

Department of Environmental Conservation
DIVISION OF ENVIRONMENTAL HEALTH
FOOD SAFETY & SANITATION PROGRAM
43335 Kalifornsky Beach Rd
Soldotna, Alaska, 99669
Main: 907.262.3408
fax: 907.262.2294
www.dec.alaska.gov/eh/fss
heidi.isernhagen@alaska.gov

April 21, 2020

Alaska Harvest Company, LLC
Attn: Dean Bush
PO Box 1129,
Kasilof, AK 99610

Re: Plan Review Approval for Alaska Harvest Company Facility: 8411 Permit ID: 11027

Dear Mr. Bush:

Thank you for submitting your Food Establishment Application and Plan Review Application for Alaska Harvest Company located at 43837 Kalifornsky Beach Rd. in Soldotna, Alaska.

This letter serves as approval of your plan review application. You should expect to receive a copy of your Food Establishment Permit in the mail shortly, but until then, this letter serves as your approval to operate. An opening inspection from our Department will not be required in order for you to start operating.

Here is a link that has resources that may be helpful for you and your facility, which address common food safety risk factors: https://dec.alaska.gov/eh/fss/risk-factor-resources/.

Please notify our office if there are any significant changes to the facility, style of service, location of service, ownership, or menu changes.

If you have any questions please do not hesitate to contact one of our Environmental Health Officers in our Soldotna office: EHO Melanie Hollon at (907) 262-3413 / melanie.hollon@alaska.gov or EHO Heidi Isernhagen at (907) 262-3416 / heidi.isernhagen@alaska.gov.

Sincerely,

Heidi Isernhagen
Environmental Health Officer

AMCO Received 4/21/2020