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 Lake Landing Investments, LLC dba Shoreline Cannabis		AK Business License # 2154335	
Business/Corporate Mailing Address PO Box 141463	City Anchorage	State Ak	Zip 99514
Business/Corporate Phone 907-575-8521	Email justin.benson121@yahoo.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Justin Benson and Athena Rotzler - members/managers/licensees		Fax	

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

Establishment Information

Establishment Name Shoreline Cannabis	Physical Location	Nearest Community	
Establishment Mailing Address PO Box 141463	City Anchorage	State AK	Zip 99514
Establishment Phone 907-575-8521	Fax	Contact Person	
Establishment Physical Address 4200 E Snider Rd.	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.)*

"CONVENIENCE STORE" style
Retail Marijuana Store with no on-site consumption, selling commercially prepackaged marijuana and food products.

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 X Commercially Prepackaged Marijuana Infused Edibles
☐ 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

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: Shoreline Cannabis		Date
Plan Review Contact Name Justin Benson		
Phone Number 907-575-8521	Email justin.benson121@yahoo.com	
Address 4200 E Snider Rd. Wasilla, AK 99654		
Operating Days/Hours 7 days/wk 8am-12am	Proposed Opening Date 7/1/2023	

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:
Please see attached operating plan. Solid waste will be disposed of via landfill. Marijuana waste will be tracked, rendered fully unusable, and disposed of in accordance with AMCO policy and our attached operating plan.

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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