Section 1- GENERAL INFORMATION *(All applicants complete entire section – please print).*

Purpose (check one) ☐ New ☒ Information Change ☐ Extensive Remodel ☐ Change of owner/operator ☐ Reactivate Move

Owner/Business Information	Name of Entity or Owner Responsible for Food Service Kreative Konfections LLC		AK Business License # 1068890	
	Business/Corporate Mailing Address 3060 N Lazy Eight Ct, Ste 2 PMB 403	City Wasilla	State AK	Zip 99654
	Business/Corporate Phone 907-529-5047	Email jenny@kreativekonfections.com		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Jenny Koenig - Managing Member		Fax	
	Type of Entity ☐ **Individual** ☐ **Partnership** ☐ **Corporation** ☒ **Other:** LLC			
Establishment Information	Establishment Name Kreative Konfections LLC	Physical Location 2115 Bogard Rd #2	Nearest Community Wasilla	
	Establishment Mailing Address 3060 N Lazy Eight Ct, Ste 2 PMB 403	City Wasilla	State AK	Zip 99654
	Establishment Phone 907-631-8858	Fax	Contact Person Jenny Koenig	
	Establishment Physical Address 2115 Bogard Rd #2	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.)*

Marijuana Product Manufacturing - concentrates and edibles (candy).

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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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 Stores		
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 Jenny Koenig **Date** 10/16/2023

Applicant's Printed Name Jenny Koenig **Title** Managing Member

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