



# 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 AKO FARMS LLC		AK Business License # 1035604		
	Business/Corporate Mailing Address PO BOX 2426		City SITKA	State ALASKA	Zip 99835
	Business/Corporate Phone 907-623-0417		Email AKOFARMSLLC@GMAIL.COM		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Justin Brown, Owner			Fax	
	Type of Entity <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:				

Establishment Information	Establishment Name AKO FARMS LLC		Physical Location 1210 BEARDSLEE WAY		Nearest Community SITKA	
	Establishment Mailing Address PO BOX 2426		City SITKA	State ALASKA	Zip 99835	
	Establishment Phone 907-623-0417		Fax	Contact Person Elizabeth Martin		
	Establishment Physical Address 1210 BEARDSLEE WAY		City SITKA	State ALASKA	Zip 99835	

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 Concentrate Manufacturing Facility

## 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: \_\_\_\_\_

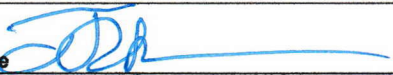
RECEIVED

JUL 16 2018



Permit ID(s)

Establishment Name(s)

f.	Will your food establishment be a <u>kiosk</u> or <u>mobile unit</u> ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Are employee toilets available within 200 feet? <i>If you have an agreement with another business to use their restrooms, please attach written verification.</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Portable water tanks, plumbing, and hoses are NSF or FDA approved components? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If you have a kiosk, is it located outside of a building? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Will you have a service provide water or remove wastewater? <i>If yes, provide a letter of agreement from water hauler or wastewater hauler outlining services provided and frequency.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g.	Will another permitted food establishment ( <u>commissary</u> ) provide support to your facility? If yes, attach a copy of the <u>Commissary Agreement</u> . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>FOOD PROCESSORS</u>	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b.	Describe who you will be distributing your product to (i.e. grocery stores, etc): Marijuana Retail Store
c.	Will you be doing any of the following processes? Check all that apply. <input type="checkbox"/> Reduced Oxygen Packaging <input type="checkbox"/> Smoking <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> <input type="checkbox"/> Low Acid Canned Foods <input type="checkbox"/> Curing <input type="checkbox"/> Shelf Stable Acidified Foods <input type="checkbox"/> Dehydrating <i>Be sure to check with your local Environmental Health Officer for any applicable forms and FDA requirements.</i>
d.	Do you have a <u>HACCP Plan</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <i>Required for high hazard food processors such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, reduced oxygen packaging, etc.</i>
e.	You are required to have a product coding system and a <u>recall plan</u> . Have you attached a copy of the coding system and recall procedures? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>MOBILE RETAIL VENDOR SELLING SEAFOOD</u>	
a.	A list of products that you will be selling is required. Have you attached a copy of the list of products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b.	Provide names of suppliers where you will be purchasing your product:
c.	Will <b>all</b> of your product be prepackaged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d.	Will another permitted food establishment ( <u>commissary</u> ) provide support to your facility? If yes, attach a copy of the <u>Commissary Agreement</u> . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>MACHINES VENDING POTENTIALLY HAZARDOUS FOODS</u>	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>SECTION 4 – Food Managers Certification/Alaska Safe Food Worker Card</b>	
a.	Have you attached a copy of a <u>Food Manager's Certification</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <i>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.</i>
b.	Does everyone who works or will work at the food establishment have a <u>Food Worker Card</u> ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>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>
<i>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.</i>	
Applicant's Signature	 Date <u>3 July 18</u>
Applicant's Printed Name	<u>Justin Brown</u> Title <u>Boss</u>