



# 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		AK Business License #		
	Business/Corporate Mailing Address		City	State	
	Business/Corporate Phone		Email		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party			Fax	
	<b>Type of Entity</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:				

Establishment Information	Establishment Name		Physical Location		Nearest Community	
	Establishment Mailing Address		City	State	Zip	
	Establishment Phone		Fax		Contact Person	
	Establishment Physical Address		City	State	Zip	

**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.)*

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

f.	Will your food establishment be a <a href="#">kiosk</a> or <a href="#">mobile unit</a> ?	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No
	Portable water tanks, plumbing, and hoses are NSF or FDA approved components?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If you have a kiosk, is it located outside of a building?	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> No

g.	Will another permitted food establishment ( <a href="#">commissary</a> ) provide support to your facility? If yes, attach a copy of the <a href="#">Commissary Agreement</a> .	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	--	------------------------------	-----------------------------

b.	Describe who you will be distributing your product to (i.e. grocery stores, etc):
----	---

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: <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 <a href="#">HACCP Plan</a> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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 <a href="#">recall plan</a> . Have you attached a copy of the coding system and recall procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	--	------------------------------	-----------------------------

b.	Provide names of suppliers where you will be purchasing your product:
----	---

c.	Will <i>all</i> of your product be prepackaged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	---	------------------------------	-----------------------------

d.	Will another permitted food establishment ( <a href="#">commissary</a> ) provide support to your facility? If yes, attach a copy of the <a href="#">Commissary Agreement</a> .	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	--	------------------------------	-----------------------------

**SECTION 4 – Food Managers Certification/Alaska Safe Food Worker Card**

a.	Have you attached a copy of a <a href="#">Food Manager's Certification</a> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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 <a href="#">Food Worker Card</a> ?	<input 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 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	Date
Applicant's Printed Name	Title