



Establishment Number: \_\_\_\_\_

**STATE OF ALASKA**  
**Department of Environmental Conservation**  
**Division of Environmental Health**  
**Food Establishment Application & Profile**

**SECTION A – General Information** (All applicants complete entire section-please print)

Purpose (check one)       New               Information Change               Deactivate               Delete  
 Extensive Remodel       Change of owner/operator               Reactivate

<b>Establishment Information</b>	Establishment Name	Physical Location	Closest Community
	Establishment Mailing Address	City, State, Zip	
	Establishment Phone	Fax	Email
	Type of Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
<b>Business Information</b>	Business/Corporation Name		
	AK Business License No.	Federal ID No.	<input type="checkbox"/> SSN <input type="checkbox"/> EIN
	Business/Corporate Address	City, State, Zip	
	Business/Corporate Phone	Fax	Email
	Owner(s) or Corporate Officer(s) & Title(s)		
	Operator(s) Name & Title(s):		

**TYPES OF OPERATIONS** (Check all that apply)

FOOD SERVICE	MARKET	FOOD PROCESSING
<input type="checkbox"/> Restaurant <input type="checkbox"/> Delicatessen <input type="checkbox"/> Takeout or Drive-in <input type="checkbox"/> Restaurant w/Caterer <input type="checkbox"/> Limited food service <input type="checkbox"/> Mobile food unit <input type="checkbox"/> Kiosks <input type="checkbox"/> Schools <input type="checkbox"/> Institution <input type="checkbox"/> Bar or tavern <input type="checkbox"/> Club or organization <input type="checkbox"/> Labor camp <input type="checkbox"/> Other similar operations	<input type="checkbox"/> Convenience store <input type="checkbox"/> Grocery <input type="checkbox"/> Grocery portion of a supermarket <input type="checkbox"/> Retail meat market <input type="checkbox"/> Retail seafood market <input type="checkbox"/> Retail bakery <input type="checkbox"/> Food bank <input type="checkbox"/> Mobile retail vendor <input type="checkbox"/> Warehouse <input type="checkbox"/> Food salvager <input type="checkbox"/> Other similar operations	<input type="checkbox"/> Acidifying <input type="checkbox"/> Curing <input type="checkbox"/> Dehydrating <input type="checkbox"/> Thermal processing, low-acid food <input type="checkbox"/> Reduced-oxygen packaging <input type="checkbox"/> Bakery <input type="checkbox"/> Bottled beverage <input type="checkbox"/> Ice <input type="checkbox"/> Jam, jelly, syrup, confections <input type="checkbox"/> Other similar operations

**SEATING: Food Service Only:**     25 or less     26-50     51-100     101-200     >200

Invoices and fees attached     IF exempt from taxation under 26 USC 501(c)(3), (4), (10), or (19), letter attached.

**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 Printed Name \_\_\_\_\_ AK Drivers License #(s) \_\_\_\_\_  
 (Owner/Corporate Officer, Title)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION A - General Information Continued**

Establishment Name & Number \_\_\_\_\_

- For New or Extensively Remodeled Establishments, complete Section B
- For Caterers, also complete Section C-4
- For Food Processing Smokers, Acidifiers, Reduced Oxygen Packagers and Thermal Processors of Low-Acid Foods, also complete Section C-1
- For Limited Food Service, Mobile Food Unit, or Kiosk, also complete Sections C-2 & C-3
- For Mobile Retail Vendor selling seafood, also complete Section C-6
- For Vending Machines Vending Potentially Hazardous Food, also complete, Section C-5

**SECTION B – Complete for all New or Extensively Remodeled Establishments**

- Plot Plan attached: A plot plan of the entire premises showing the location of buildings, refuse storage site, well or other water supply, and waste disposal system.
  
- Floor Plan: A detailed to-scale drawing of the food establishment showing the type, model and location of equipment, plumbing fixtures such as sinks and toilets, as well as a
  - Plumbing schematic: A plumbing schematic that depicts hot and cold lines, wastewater lines, floor drains and grease traps.
  - Finish Schedule: A list of the finish materials for floors, walls and ceilings.
  - Lighting/Ventilation: The types and location of general lighting and ventilation.
  - Equipment Specifications: Size, construction and design specifications for equipment such as prep tables, refrigeration units, cooking/holding/display equipment, dishwashing equipment and ventilation hoods.
  
- For Food Service Establishments:
  - Attach proposed menu
  - Projected Volumes (expected meals/day, or pound (#)/day): \_\_\_\_\_
  - Methods of food preparation:  Assembly  Cook and Serve  Preparation 1 day or more in advance
  - Cooling & Re-heating  Hot or Cold Holding  Service only
  - Style of Service:  To order  Self Service  Family Style  Other \_\_\_\_\_
  
- For Food Processors:
  - Food Labels attached (optional)
  - Projected Volumes (wt. or measure/day): \_\_\_\_\_
  
- Public Water Supply: Have plans been submitted to the department as required in 18 AAC 80?
  - YES                       NO                       N/A (Municipal Water Supply)
  - Specify: \_\_\_\_\_
  
- Wastewater Disposal System: Have plans been submitted to the department as required in 18 AAC 72?
  - YES                       NO                       N/A (Municipal Wastewater System)
  - Specify: \_\_\_\_\_
  
- Solid Waste Disposal: Have plans been submitted if required under 18 AAC 60?
  - YES                       NO                       N/A (Class I/II/III Municipal Solidwaste Landfill)
  - Specify: \_\_\_\_\_

**SECTION C – Additional Required Information**

Establishment Name & Number \_\_\_\_\_

1.  **HACCP plan** if required under 18 AAC 31.710 for **high hazard food processes**  
 **FDA Canning form** and  **Scheduled process** for **Thermally Processed Low-Acid Foods**.  
 **Scheduled process** for **Acid-Free Foods**
  
2. **Kiosk or Mobile Food Unit** 18 AAC 31.615, 18 AAC 31.620  
 Employee toilets available within 200 feet  
 Potable water tanks, plumbing and hoses NSF approved, or FDA approved components  
 For Kiosk outside of building, attach letter of agreement from water hauler and wastewater hauler outlining services provided and frequency.
  
3. **Limited Food Service, Kiosk or Mobile Food Unit** 18 AAC 31.610, 18 AAC 31.615, 18 AAC 31.620  
If another permitted food establishment (Commissary) will be used to support the Limited Food Service, Kiosk or Mobile Food Unit, provide:  
 Name and location of the Commissary to be used: \_\_\_\_\_  
\_\_\_\_\_  
 Attach a letter from the Operator of the commissary identifying:  
 Food items and methods of preparation at the Commissary  
 Support Services to be provided at Commissary
  
4. **Caterer** 18 AAC 31.030.(e)  
 List the equipment used to protect food from contamination and to maintain product temperature during:  
 Transportation \_\_\_\_\_  
 Hot or cold holding \_\_\_\_\_  
 Service \_\_\_\_\_
  
5. **Machines Vending Potentially Hazardous Foods** 18 AAC 31.630  
 Attach the label that will be affixed to the front of each machine with the name, physical address and phone number of the permitted food establishment servicing the machine
  
6. **Mobile Retail Vendor selling Seafood** 18 AAC.31.030 (i)  
 For packaged product, identify the source:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
AK #: \_\_\_\_\_  
 For whole, gutted or gilled fish that has not been further processed, identify the permitted seafood processing facility or commissary where fish will be pre-washed: \_\_\_\_\_  
AK #: \_\_\_\_\_  
 For unpackaged processed seafood:  
 Provide name and location of the permitted seafood processing facility or approved commissary that the vendor will return to daily for cleaning and sanitizing of equipment: \_\_\_\_\_  
\_\_\_\_\_  
 Attach letter of agreement from the commissary or approved seafood processing facility.

**SECTION D – DEPARTMENT USE ONLY**

Est. Name \_\_\_\_\_

Est. Number \_\_\_\_\_

**Action Date**

All required information is provided and legible

**Drinking Water Plans**  Submitted (date) \_\_\_\_\_  Approved (date) \_\_\_\_\_  N/A

Class A  Class B  Class C  Other ;  PWS ID # \_\_\_\_\_

**Wastewater Plans**  Submitted (date) \_\_\_\_\_  Approved (date) \_\_\_\_\_  N/A

**Public**  **Private**  **Other**

**Additional Processing:**  Acidifies  Cures  Dehydrates

Thermal Processes Low Acid Food  Reduced Oxygen Packages

**Seafood AK #:** \_\_\_\_\_

**Check all that apply:**

Main Establishment ID# \_\_\_\_\_

Type Code: \_\_\_\_\_

Water Bottler  Seasonal  Winter  Summer

State Agency  Separate OTC Submitted

Associated Bar/Food Service Discount

Espresso Discount

Risk Factor: 0 1 2 3 4 Added Risk T(Targeted), L(Large Audience), C(Complex Menu), N(Native)

**Permit Type**  **Annual** or  **Conditional** (Must Be Able to Check One of the Following Compliance Items):

Check Conditional Permit Provisions:

New/Renovated - Correction of Violations \_\_\_\_\_

Negotiated Order  Compliance Order  Uniform Summons & Complaint

Drinking Water/Waste Water Plan Review Pending

Fee Payment Schedule (Attach)

**Expiration Date Conditional Permit/Date All Corrections Required:** \_\_\_\_\_

Other Permitted Establishment in Same Facility ID# \_\_\_\_\_

Type Code: \_\_\_\_\_

Water Bottler  Seasonal  Yes  No

State Agency

Separate OTC Submitted

Associated Bar/Food Service Discount

Espresso Discount/Prepackaged Food

Risk Factor: 0 1 2 3 4 Added Risk T, L, C, N

**Permit Type**  **Annual** or  **Conditional** (Must Be Able to Check One of the Following Compliance Items):

Check Conditional Permit Provisions:

Corrections of Violations \_\_\_\_\_

Negotiated Order  Compliance Order  Uniform Summons & Complaint

Drinking Water/Waste Water Plan Review Pending

Fee Payment Schedule (please attach)

**Expiration Date Conditional Permit/Corrections Required:** \_\_\_\_\_

Other Permitted Establishment in Same Facility ID# \_\_\_\_\_

Type Code: \_\_\_\_\_

Water Bottler  Seasonal  Yes  No

State Agency

Separate OTC Submitted

Associated Bar/Food Service Discount

Espresso Discount/Prepackaged Food

Risk Factor: 0 1 2 3 4 Added Risk T, L, C, N

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Drinking Water/Waste Water Plan Review Pending

Fee Payment Schedule (please attach)

**Expiration Date Conditional Permit/Corrections Required:** \_\_\_\_\_

**EHO APPROVAL**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



Establishment Number: \_\_\_\_\_

**STATE OF ALASKA**  
**Department of Environmental Conservation**  
**Division of Environmental Health**  
**Food Establishment Application & Profile**

**SECTION A – General Information** (All applicants complete entire section-please print)

Purpose (check one)     New             Information Change             Deactivate             Delete  
 Extensive Remodel     Change of owner/operator             Reactivate

<b>Establishment Information</b>	Establishment Name <b>Ted's Snack Shack</b>	Physical Location <b>Mile 27 Kenai Spur .</b>	Closest Community <b>Nikiski</b>
	Establishment Mailing Address <b>PO Box 32145</b>	City, State, Zip <b>Nikiski, AK 99635</b>	
	Establishment Phone <b>(907)776-5555</b>	Fax <b>(907)776-4444</b>	Email <b>tedssnackshack@alaska.net</b>
Type of Entity: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
<b>Business Information</b>	Business/Corporation Name <b>Ted's Snack Shack</b>		
	AK Business License No. <b>718196</b>	Federal ID No. <b>574-64-3231</b>	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> EIN
	Business/Corporate Address <b>PO Box 32145</b>	City, State, Zip <b>Nikiski, AK 99635</b>	
	Business/Corporate Phone <b>(907)776-5152</b>	Fax <b>(907)776-4444</b>	Email <b>tedssnackshack@alaska.net</b>
	Owner(s) or Corporate Officer(s) & Title(s) <b>Ted Schumann, Owner</b>		
	Operator(s) Name & Title(s): <b>Ted Schumann, Owner</b>		

**TYPES OF OPERATIONS** (Check all that apply)

<b>FOOD SERVICE</b>	<b>MARKET</b>	<b>FOOD PROCESSING</b>
<input type="checkbox"/> Restaurant <input type="checkbox"/> Delicatessen <input type="checkbox"/> Takeout or Drive-in <input type="checkbox"/> Restaurant w/Caterer <input type="checkbox"/> Limited food service <input checked="" type="checkbox"/> Mobile food unit <input type="checkbox"/> Kiosks <input type="checkbox"/> Schools <input type="checkbox"/> Institution <input type="checkbox"/> Bar or tavern <input type="checkbox"/> Club or organization <input checked="" type="checkbox"/> Labor camp <input type="checkbox"/> Other similar operations	<input type="checkbox"/> Convenience store <input type="checkbox"/> Grocery <input type="checkbox"/> Grocery portion of a supermarket <input type="checkbox"/> Retail meat market <input type="checkbox"/> Retail seafood market <input type="checkbox"/> Retail bakery <input type="checkbox"/> Food bank <input checked="" type="checkbox"/> Mobile retail vendor <input type="checkbox"/> Warehouse <input type="checkbox"/> Food salvager <input type="checkbox"/> Other similar operations	<input type="checkbox"/> Acidifying <input type="checkbox"/> Curing <input type="checkbox"/> Dehydrating <input type="checkbox"/> Thermal processing, low-acid food <input type="checkbox"/> Reduced-oxygen packaging <input type="checkbox"/> Bakery <input type="checkbox"/> Bottled beverage <input type="checkbox"/> Ice <input type="checkbox"/> Jam, jelly, syrup, confections <input type="checkbox"/> Other similar operations

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Invoices and fees attached     IF exempt from taxation under 26 USC 501(c)(3), (4), (10), or (19), letter attached.

**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 Printed Name **Ted Schumann, Owner** AK Drivers License #(s) **752168**  
(Owner/Corporate Officer, Title)

Applicant's Signature \_\_\_\_\_ Date **08/13/05**

**SECTION A - General Information Continued**

Establishment Name & Number Ted's Snack Shack 718195

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- Public Water Supply: Have plans been submitted to the department as required in 18 AAC 80?
  - YES                       NO                       N/A (Municipal Water Supply)
  - Specify: \_\_\_\_\_
  
- Wastewater Disposal System: Have plans been submitted to the department as required in 18 AAC 72?
  - YES                       NO                       N/A (Municipal Wastewater System)
  - Specify: \_\_\_\_\_
  
- Solid Waste Disposal: Have plans been submitted if required under 18 AAC 60?
  - YES                       NO                       N/A (Class I/II/II Municipal Solidwaste Landfill)
  - Specify: \_\_\_\_\_

**SECTION C – Additional Required Information**

Establishment Name & Number Ted's Snack Shack 718

1.  **HACCP plan** if required under 18 AAC 31.710 for **high hazard food processes**  
 **FDA Canning form** and  **Scheduled process** for **Thermally Processed Low-Acid Foods**.  
 **Scheduled process** for **Acid-Free Foods**
  
2. **Kiosk or Mobile Food Unit** 18 AAC 31.615, 18 AAC 31.620  
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 For Kiosk outside of building, attach letter of agreement from water hauler and wastewater hauler outlining services provided and frequency.
  
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 Food items and methods of preparation at the Commissary  
 Support Services to be provided at Commissary
  
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6. **Mobile Retail Vendor selling Seafood** 18 AAC.31.030 (i)  
 For packaged product, identify the source:  
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 For whole, gutted or gilled fish that has not been further processed, identify the permitted seafood processing facility or commissary where fish will be pre-washed: \_\_\_\_\_ AK #: \_\_\_\_\_  
 For unpackaged processed seafood:  
 Provide name and location of the permitted seafood processing facility or approved commissary that the vendor will return to daily for cleaning and sanitizing of equipment: \_\_\_\_\_  
 Attach letter of agreement from the commissary or approved seafood processing facility.

## **More Information on this Form**

*When do you need this form?*

When a food vendor will be serving to oil spill personnel.

*Who fills out this form?*

The food vendor.

*Who signs this form?*

No signature is required.

*Where does this form get delivered?*

To the Alaska Department of Environmental Conservation at:  
555 Cordova St. Anchorage, AK 99501