



## Application for Food Service Recognition

Alaska Department of Environmental Conservation – Division of Environmental Health- Food Safety and Sanitation Program

1. Business & Owner Information			<p><b><u>Please mail or email all required documents to:</u></b>          State of Alaska, DEC-FSS          Kaylee Purinton, SAFE Program          555 Cordova St. 5<sup>th</sup> Floor          Anchorage, AK 99501          (907) 269-6289          (877) 233-3663  <a href="mailto:dec.fsspermit@alaska.gov">dec.fsspermit@alaska.gov</a></p>
Name of Responsible Party (type or print)			
Owner Mailing Address (Number & Street or Box)			
City	Zip	State	
Contact Person			
Phone Number		Fax Number	<b>3. Signature</b> <i>I declare that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and believe it is correct and complete. I understand that this permit recognition may be revoked at the Department's discretion.</i>
Establishment Name		Signature	Date
Permit ID #			

2. Application Checklist	
As indicated in 18. AAC 31.925 of the Alaska Food Code, the following must accompany this completed application: Checking the box indicated agreement and compliance with the statement.	
ATTACH THE FOLLOWING:	
<input type="checkbox"/> A list of individuals working at the establishment as Certified Food Protection Managers (18 AAC 31.325)	
<input type="checkbox"/> A list of employees with Food Worker Cards as designated in 18 AAC 31.325	
<input type="checkbox"/> A person who carries out the responsibilities in 18 AAC 31.320	
<input type="checkbox"/> Copies of each monthly self-assessment for 12 months prior to submitting the application 18 AAC 31.902	

4. List of Certified Food Protection Managers (CFPM) in the facility.	
First Name	Last Name