



# 2017 Seafood Ice Manufacturer Application

## Alaska Department of Environmental Conservation Division of Environmental Health Food Safety & Sanitation Program



<b>OWNER INFORMATION</b>					
Individual or Corporation Name			ADEC Permit Number AK- _____ <div style="text-align: right; font-size: small;">Check if new <input type="checkbox"/></div>		Contact Name
Company or Business Name			Permanent Phone Number		Fax Number
Business Mailing Address			Radio/Cell Number		E-mail Address
City	State	Zip Code	Check one: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other		
<b>SHORE-BASED FACILITY INFORMATION</b>					
Name of Facility			Previous Name of Facility (if applicable)		Number of Employees
Location of Facility (Physical Address is Required)			Name of Owner		Does your facility provide food service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Facility/Seasonal Address			Food Service Permit Number:		Radio/Cell Number
City	State	Zip Code	Seasonal Phone Number		Fax number
Plant Manager or Quality Control Contact			E-mail Address		
<b>VESSEL INFORMATION</b>					
Name of Vessel			Previous Name of Vessel (if applicable)		
Owner Name			Alaska Port/Mooring Location		
Vessel/Seasonal Mailing Address			Overall Vessel Length		Number of Employees
City	State	Zip Code	Seasonal Phone Number	Does your vessel provide food service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vessel Manager or Quality Control Contact			Radio/Cell Number		Fax number
			E-mail Address		
<b>TYPES OF FISHERIES BUSINESS - FEES</b>			<b>FEES AND PAYMENTS</b>		
<input type="checkbox"/> <u>Vessels and Shore-based Facilities - \$325</u>			<b>Make checks payable to:</b> State of Alaska		
<b>QUESTIONS? CONTACT:</b> Joy McLaurin: seafoodprocessing@alaska.gov Ph:(907) 269-7628    Fax: (907) 269-7510			<b>Mail to:</b> State of Alaska DEC – FSS- Seafood Permits 555 Cordova St, 5 <sup>th</sup> Floor Anchorage, AK 99501		
			<b>To pay by credit card:</b> (907) 269-7501. <i>(Please do not include credit card number on this form.)</i>		
			<b>Payment Amount:</b> \$ _____		
<b>What you must submit:</b>					
* New Applicants must complete pages 1-3, and submit drawings of the facility or vessel with the application.					
* Operators submitting renewal applications for facilities that have undergone significant changes (including changes in ownership) must complete pages 1-3, and include drawings of structural or equipment changes.					
* Operators who have permit numbers <b>where last three digits are between 301-600</b> must complete pages 1-3. You are not required to submit new plans unless you have made significant changes.					
* All other operators who have permit numbers between (601-999 ) and (000-300) need only complete page 1.					
<b>SIGNATURE</b>					
By signing this application, I agree to abide by the applicable provisions of Alaska Admin. Code 18 AAC 34. 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.					
<b>Printed name of applicant (owner or officer)</b>					<b>Date</b>

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<b>CORPORATIONS, LLC's, PARTNERSHIPS or OTHER</b> <i>(List the parent corporation on the first line if applicable. List names of all corporate officers or partners of the entity applying for this permit. If you have multiple officers or partners, please submit the information on a separate page).</i>			
Parent Corporation Name (if applicable)			Phone Number
President/Owner/Partner			Fax Number
Business Mailing Address			E-mail
City	State	Zip	

Vice President/Owner/Partner			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

Secretary/Treasurer/Owner/Partner			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

<b>AFFILIATED SEAFOOD PROCESSING FIRMS</b> <i>(List the name(s) and address(es) of associated firms that are permitted to process seafood in Alaska. If you have more firms than will fit below, please submit the information on a separate page).</i>			
Company or Business Name			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

Company or Business Name			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

Company or Business Name			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

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<b>WATER</b>					
Complete information below that is applicable to each drinking, processing or cooling system. Contact the Drinking Water program at (866) 956-7656 (outside of Anchorage), or 269-7656 (in Anchorage).					
Water Type	ID# or Source	Gallons/Day	Disinfectant Used	PPM	Method
Public Water System	ID#				N/A
Fresh Water – (Other than Public Water System)	Source				<input type="checkbox"/> Direct-Injection <input type="checkbox"/> Batch Vessel < 65'
Salt Water	Specific Water Body(s)				<input type="checkbox"/> Direct-Injection <input type="checkbox"/> Batch Vessel < 65'
Do you have a Daily Disinfection Log for processing water? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>WASTE WATER DISPOSAL</b>					
For disposal of toilet, shower, kitchen and bathroom sink waste. Contact the ADEC Waste Water Program at (907)269-7561					
<b>Shore-Based Facilities</b>					
Treatment Type	Disposal Method			Capacity	
<u>Municipal system</u>	<u>Direct Connection to:</u> City of: _____ Municipality of: _____ Village of: _____			Gallons/day (gpd)	
<u>Package Treatment Plant</u> ADEC Plan Review #	<u>Marine Discharge:</u> Water body: _____ Other: _____			Gallons/day (gpd)	
<u>Septic System</u> ADEC Plan Review #	<u>On-lot to Subsurface</u> <input type="checkbox"/> Bed: _____ SF <input type="checkbox"/> Trench: _____ SF <input type="checkbox"/> Other: _____ SF			Gallons/day (gpd)	
<u>Other (describe)</u>	<u>Other (describe)</u>			Gallons/day (gpd)	
<b>Vessels</b>					
Where do you discharge?     Shore-based facility (within ½ mile of shore) At sea – Indicate distance from shore _____ (For vessels, raw discharge shall be greater than three (3) miles from shore.)					
USGS Approved System		Discharge Depth	Holding Tank Volume	System Capacity	
Type 1 (Vessels ≤ 65 ft, use maceration & disinfection)					
Type 2 (Any length, use maceration & biological treatment)					
Type 3 (Porta-potties / holding tanks)					
Do you dispose of raw sewage at a land based pump-out station? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have a sewage disposal/discharge log indicating latitude and longitude of raw sewage disposal? <input type="checkbox"/> Yes <input type="checkbox"/> No					