



Application for Food Service Recognition

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

1. Business & Owner Information			<p>Please Email or Mail this Application to: State of Alaska, DEC-FSS SAFE Program Coordinator 555 Cordova St. 5th Floor Anchorage, AK 99501 (907) 269-6289 (877) 233-3663 dec.fsspermit@alaska.gov</p>
Name of Responsible Party (type or print)			
Owner Mailing Address (Number & Street or Box)			
City	Zip	State	
Contact Person			2. Signature <i>I declare that this application (including any accompanying statements) has been examined by me and to the best of my knowledge believe it is correct and complete. I understand that this permit recognition may be revoked at the Department's discretion..</i>
Phone Number	Fax Number	Print Name	
Establishment Name			Signature Date
Permit ID #			Email Address:

3. Application Checklist
As indicated in 18 AAC 31.925 of the Alaska Food Code, by checking the boxes below you are indicating agreement and compliance with the statement.
A list of individuals working at the establishment as Certified Food Protection Managers (18 AAC 31.325). List in the space provided below.
Each food worker working in the establishment has a current Alaska Food Worker Card, as specified in 18 AAC 31.330
A person who carries out the responsibilities of the Person In Charge is present during all hours of operation, as specified in 18 AAC 31.320
Copies of each monthly self-assessment are maintained at the Establishment that have been completed monthly for 12 months prior to submitting the application 18 AAC 31.902. Attach a copy of the self-assessment form that is being used.

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