

## Alaska Department of Environmental Conservation Division of Environmental Health -Food Safety and Sanitation Program 555 Cordova St, Anchorage AK 99501 Phone: (907)269-7501/Fax (907)269-7510



http://dec.alaska.gov/eh/fss/seafood/Seafood Home.html

## SEAFOOD PROCESSING FACILITY LEASE LETTER OF AGREEMENT

This form is to be completed by the operator and submitted to DEC before using the facility for processing operations.

| FACILITY (LEASOR) INFORMATION                                                                                                                                                                                                  |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Business Name                                                                                                                                                                                                                  | AK Permit Number                                 |
|                                                                                                                                                                                                                                |                                                  |
| Address                                                                                                                                                                                                                        | Phone Number                                     |
|                                                                                                                                                                                                                                |                                                  |
| Owner Name                                                                                                                                                                                                                     | Email                                            |
|                                                                                                                                                                                                                                |                                                  |
| Comments:                                                                                                                                                                                                                      |                                                  |
|                                                                                                                                                                                                                                |                                                  |
| OPERATOR (LEASEE) INFORMATION                                                                                                                                                                                                  | 1.1/2                                            |
| Business Name                                                                                                                                                                                                                  | AK Permit Number                                 |
|                                                                                                                                                                                                                                |                                                  |
| Address                                                                                                                                                                                                                        | Phone Number                                     |
|                                                                                                                                                                                                                                |                                                  |
| Owner Name                                                                                                                                                                                                                     | Email                                            |
| David Times the annual annual track to the facility                                                                                                                                                                            |                                                  |
| Days/Times the operator will use the facility:                                                                                                                                                                                 |                                                  |
|                                                                                                                                                                                                                                |                                                  |
| Services provided at facility (i.e. dishwashing, storage, etc):                                                                                                                                                                |                                                  |
|                                                                                                                                                                                                                                |                                                  |
| Comments:                                                                                                                                                                                                                      |                                                  |
|                                                                                                                                                                                                                                |                                                  |
|                                                                                                                                                                                                                                |                                                  |
|                                                                                                                                                                                                                                |                                                  |
| In the event that the agreement for facility usage is termin                                                                                                                                                                   | nated advise the department within 72 hours. The |
| In the event that the agreement for facility usage is terminated, advise the department within 72 hours. The operator must discontinue all operations until another facility is found and a new Letter of Agreement is on file |                                                  |
| with DEC – FSS.                                                                                                                                                                                                                |                                                  |
|                                                                                                                                                                                                                                |                                                  |
| I certify, as the legal owner of the business named herein, that the information provided is true and correct to the                                                                                                           |                                                  |
| best of my knowledge. All information provided is a matter of                                                                                                                                                                  | f public record.                                 |
| Operator's Signature:                                                                                                                                                                                                          | Date:                                            |
|                                                                                                                                                                                                                                |                                                  |
| Facility Owner's Signature:                                                                                                                                                                                                    | Date:                                            |
| **************************************                                                                                                                                                                                         |                                                  |
| ADEC Approved / Deglad by                                                                                                                                                                                                      | Date                                             |
| ADEC Approved / Denied by:                                                                                                                                                                                                     | Date:                                            |