



Application for Food Establishment Permit

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



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

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

Establishment Information	Establishment	Physical Location	Nearest Community	
	Establishment Mailing Address	City	State	Zip
	Establishment Phone	Fax	Contact Person	
	Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe)			
Business Information	Name of Entity		AK Business License #	
	Business/Corporate Address	City	State	Zip
	Business/Corporate Phone	Fax		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party		Email	

TYPES OF OPERATIONS (Check all that apply)

FOOD SERVICE	MARKET	FOOD PROCESSING
<input type="checkbox"/> Bar or Tavern <input type="checkbox"/> Bar with Food Service at Bar <input type="checkbox"/> Caterer <input type="checkbox"/> Club or organization <input type="checkbox"/> Day Care Food Service <input type="checkbox"/> Delicatessen <input type="checkbox"/> Institution <input type="checkbox"/> Kiosks <input type="checkbox"/> Limited Food Service <input type="checkbox"/> Labor camp <input type="checkbox"/> Mobile food unit <input type="checkbox"/> Restaurant <input type="checkbox"/> Restaurant w/Caterer <input type="checkbox"/> Restaurant w/Wholesale Processing <input type="checkbox"/> Schools <input type="checkbox"/> Takeout or Drive-in <input type="checkbox"/> Other _____	<input type="checkbox"/> Convenience Store <input type="checkbox"/> Food Bank <input type="checkbox"/> Food Salvager <input type="checkbox"/> Grocery <input type="checkbox"/> Grocery portion of a Supermarket <input type="checkbox"/> Mobile Retail Vendor <input type="checkbox"/> Retail Bakery <input type="checkbox"/> Retail Meat Market <input type="checkbox"/> Retail Seafood Market <input type="checkbox"/> Warehouse <input type="checkbox"/> Other _____	<input type="checkbox"/> Acidifying <input type="checkbox"/> Bakery <input type="checkbox"/> Bottled beverage <input type="checkbox"/> Curing <input type="checkbox"/> Dehydrating <input type="checkbox"/> Ice <input type="checkbox"/> Jam, jelly, syrup, confections <input type="checkbox"/> Reduced-oxygen packaging <input type="checkbox"/> Thermal processing, low-acid food <input type="checkbox"/> Other _____

SEATING: (Food Service Only) N/A 25 or less 26-100 > 101

Invoices and fees attached **Letter attached IF** exempt from taxation under 26 USC 501(c)(3), (4), (10), or (19).
 Fees will be determined after the application is reviewed.

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 Signature _____ Date _____

Applicant's Printed Name _____ Title _____
 (Owner/Corporate Officer)

SECTION B – Complete for ALL Food Establishments - Check all that apply

1. FOOD SERVICE ESTABLISHMENTS:

- Attach** copy of proposed menu
- Attach** appropriate label, placard, or menu notation for the consumer advisories if you serve the following foods:

- Wild mushrooms
- Raw/undercooked animal foods such as beef, shell eggs, lamb, pork, poultry, and seafood
- Unpasteurized juices
- Raw oysters
- Processed food containing a sulfiting agent
- Farmed halibut, salmon, or sablefish
- Projected volumes (expected meals/day, or pound (#)/day): _____

Methods of food preparation (check the one that most closely describes the establishment):

- Assembly of Ready-to-eat foods
- Cook and Serve
- Complex (Preparation 1 day or more in advance, cooling and reheating is done)
- Hot or Cold Holding or service for 2 hr. or more

Style of Service: Counter Service Self-Service (i.e. Buffet line, salad bar)
 Table Service Other _____

CATERER:

List the equipment used to protect food from contamination and to maintain product temperature during:

- Transportation _____
- Hot or cold holding _____
- Describe sneeze guards or food protection devices to be used during display for self service:

- Maximum number of catered meals per day _____

KIOSK or MOBILE FOOD UNIT:

- Employee toilets are available within 200 feet.
- Attach** agreement for employee toilets
- Potable water tanks, plumbing and hoses NSF approved, or FDA approved components
- Kiosk is outside of building.
- Attach** letter of agreement from water hauler and wastewater hauler outlining services provided and frequency.

If another permitted food establishment (Commissary) will be used to support the Limited Food Service, Kiosk or Mobile Food Unit, provide:

Commissary Name: _____
Commissary Location: _____

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
- Days and times Commissary will be used

2. FOOD PROCESSORS:

Attach the following as applicable:

- Attach** food labels of each product to be produced:
- Projected volumes (wt. or measure/day): _____
- HACCP plan if required for high hazard food processes, such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, reduced oxygen packaging, etc.
- FDA Canning form
- Scheduled process for Low Acid Foods
- Shelf Stable Acidified Foods

3. MOBILE RETAIL VENDOR SELLING SEAFOOD:

For packaged product, identify the source:
Name: _____ Address: _____

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.

4. MACHINES VENDING POTENTIALLY HAZARDOUS FOODS:

- 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

SECTION C - Food Managers Certification/Alaska Safe Food Worker Card

- Food Manager's Certification: **Attach a copy of Food Protection Manager's certification.**

The operator of a food establishment that serves and prepares unwrapped or unpackaged food, except for a bar or tavern or limited food service, must have at least one certified Food Protection Manager who is involved in the daily operations of the establishment.

A copy of the certified Food Protection Manager certificate shall be **kept on file at the food establishment**, and be made available to the Department upon request.

- Food Worker Cards

An operator of a food establishment shall **keep on file a copy of the Food Worker Card issued by the Department for each employed food worker** and make the copy available to the Department upon request.

"Food worker" means an individual working with unpackaged food, potentially hazardous food, food equipment or utensils, or food contact surfaces; "food worker" does not include cashiers, checkers, courtesy clerks, delivery drivers, residents in residential or institutional care, nurse's aides who assist patients with eating, volunteers, shelf-stockers, warehouse workers, and children under the age of 18 who are assisting in the school kitchen.

SECTION D – For New or Extensively Remodeled Establishments, also complete the Plan Review Supplement.