Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

received 8-4-21

TYPE OF APPLICATION: ☐ New ☐ Remodel ☐ Conversion	Projected Start Date:_____ Projected Completion Date: _____
TYPE OF FOOD OPERATION: ☐ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: Skylimit08 II, LLC DBA Green Market			
Establishment Address: 8317 Schoon Street	City: Anchorage	State: Alaska	ZIP: 99518

OWNERSHIP INFORMATION

Name of Owner: Skylimit08 II, LLC - Eun Lee, Managing Member			
Address: 510 L Street #904	City: Anchorage	State: Alaska	ZIP: 99501
Email: yong@cys.com	Phone Number: 907-440-0651		

ARCHITECT/ENGINEER INFORMATION

Applicant Name:	Contact Person:		
Applicant Mailing Address:	City:	State:	ZIP:
Email:	Phone Number:		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☒ Sun: 9 am to 11pm ☒ Mon: 9 am to 11pm ☒ Tues: 9 am to 11pm ☒ Wed: 9 am to 11pm ☒ Thurs: 9 am to 11pm ☒ Fri: 9 am to 11pm ☒ Sat: 9 am to 11pm	2,425	☐ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:_____	Max per shift: 5

Designated Point of Contact for questions or additional needed information:
Name: Eun Lee
Phone Number: 907-440-0651

The following documents must be submitted along with this application:
Proposed list of marijuana consumables, concentrates and beverages to be offered

- Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below:
- The floor plan must identify: retail sales area, restrooms, office, employee change room, storage, warewashing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable).
- Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list.

Elevation drawings may be requested by the Regulatory Authority.

- Identify handwashing, warewashing and/or three compartment sinks.
- Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, hot and cold water lines, and direction of flow to sanitary sewer.
- Provide water heater, hand washing sink, and three-compartment sink specification sheets.
- Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
- Lighting plan, indicating the exact foot candles for each area as required.
- Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.

Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: receiving, storage, glassware (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).

Signature: Eun Y Lee	Date: 8/03/2021
Print Name: Eun Lee	Title: Managing Member of Skylimit08 II, LLC

Additional Required Documents:

- Copy of valid business license
- Copy of completed food handlers card
- Design plans for the facility
- All specification sheets:
  - 3 Compartment Sink
  - Hand washing sink
  - Refrigerator(s) – commercial grade only
  - Water heater specification sheet
  - Freezer, etc...

received
8-4-21

Office Use Only			
Fees: 330.00	Payment Type: CC		Receipt #: online
Marijuana Retail Stores		Date Paid: 8/4/21	Facility ID:
0-1000 sq. ft:	$220.00	PE:	
1001-4000 sq ft.	$330.00	Plan Review Project # SR858	
4001+ sq ft.	$550.00	Plan Review:	

AR 00 19514
IN 00 64124

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Shelley A. Griffith, MPH, RPS