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# Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

| | |
|---|---|
| **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:** AK Smoke and Vape | | | |
| **Establishment Address:** 570 E Benson Blvd, Suite 20 | **City:** Anchorage | **State:** Alaska | **ZIP:** 99503 |

**OWNERSHIP INFORMATION**

| | | | |
|---|---|---|---|
| **Name of Owner:** Alternative Distributors, Inc | | | |
| **Address:** 570 E Benson Blvd, Suite 20 | **City:** Anchorage | **State:** Alaska | **ZIP:** 99503 |
| **Email:** thelookalaska69@gmail.com | **Phone Number:** 907-351-0997 | | |

**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: 8am - 12am<br>☒ Mon: 8am - 12am<br>☒ Tues: 8am - 12am<br>☒ Wed: 8am - 12am<br>☒ Thurs: 8am - 12am<br>☒ Fri: 8am - 12am<br>☒ Sat: 8am - 12am | 1,710 | ☐ Off-site consumption<br>☐ Single-use utensils<br>☐ Multi-use utensils<br>☐ Other: _____ | Max per shift: 4-6 |

**Designated Point of Contact for questions or additional needed information:**
**Name:** Jill Williams
**Phone Number:** 907-351-0997

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.



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*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:** DocuSigned by: Jill Williams | **Date:** 4/14/2023 |
| **Print Name:** Jill Williams 600468F853ED4C7... | **Title:** Vice President of Alternative Distributors, Inc. |

**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…

| Office Use Only | | | |
|---|---|---|---|
| **Fees:** 330 | **Payment Type:** CK # 4753 | | **Receipt #:** |
| **Marijuana Retail Stores** | | **Date Paid:** 4-14-23 | **Facility ID:** |
| 0-1000 sq. ft: | $220.00 | PE: | |
| 1001-4000 sq ft. | $330.00 | Plan Review Project # SR # | |
| 4001+ sq ft. | $550.00 | Plan Review: | |

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**Revised September 9, 2016**

**Shelley A. Griffith, MPH, RPS**

Appendix A

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