Alcohol & Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	BAM Greeneries, Inc.	**License Number:**	10302		
License Type:	Retail Marijuana Store				
Doing Business As:	THE HOUSE OF GREEN				
Physical Address:	3105 Minnesota Drive				
City:	Anchorage	**State:**	AK	**Zip Code:**	99503
Designated Owner:	Mike Dillard				
Email Address:	dillard4@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Stamped DHHS ~~Bor~~ Application.

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STATE OF ALASKA

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

Jana Weltzin

From:	Marijuana Licensing (CED sponsored) <marijuana.licensing@alaska.gov>
Sent:	Thursday, August 04, 2016 3:36 PM
To:	Jana Weltzin; Marijuana Licensing (CED sponsored)
Cc:	Valerie Mastolier; dillardhomes@hotmail.com; Steve Voth
Subject:	RE: The House of Green License no.10302 Retail Application Part 4 of 4

Received. Thanks

We need the Food Safety Permit application from the municipality of anchorage, the one you submitted is from the State of Alaska. The state does not issue food safety permits for establishments in the muni. Once we receive it we will enable you to pay.

Thank you
AMCO Staff

From: Jana Weltzin [mailto:jana@jdwcounsel.com]
Sent: Thursday, August 04, 2016 12:00 PM
To: Marijuana Licensing (CED sponsored)
Cc: Valerie Mastolier; dillardhomes@hotmail.com; Steve Voth; Jana Weltzin
Subject: The House of Green License no.10302 Retail Application Part 4 of 4

Dear AMCO Team:

Please find attached documents for Part 4 of 4 of License No. 10302 retail application:

(1) Entity Documents
(2) Publishing Affidavit

Please confirm receipt and thank you!

Jana D. Weltzin, Esq.
JDW, LLC
Principal Owner
3003 Minnesota Drive Suite 201
Anchorage, Alaska 99503
janaweltzin@gmail.com
jana@jdwcounsel.com
630-913-1113 (cell & text)
907-231-3750 (main office)
*Licensed in Alaska and Arizona

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Municipality of Anchorage
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL SERVICES / FOOD SAFETY & SANITATION
825 L Street, P.O. Box 196650, Anchorage, Alaska 99519-6650
Telephone: (907) 343-6509 Fax: (907) 343-4786
www.muni.org

DHHS

APPLICATION FOR PLAN REVIEW

☒ **Remodel/Upgrade** ☐ **New Construction/Existing Building** ☐ **New Construction/New Building**

Establishment Name: The House of Green			
Site Address: 3105 Mu[illegible]	Mailing Address: 3105 Mu[illegible]		
Owner Name: Mike Dillard	Address: 2115 E [illegible]	Phone: 230-4717	Fax:
Email: Dillardhouse@hotmail.com			
Contact Name: Mike Dillard	Address: 2115 E [illegible] Wasilla AK 99654	Phone: 230-4717	Fax:
Email: Dillardhouse@hotmail.com			
Square feet: 700 SF	If Food, Menu Provided: ☐ Yes ☒ No		
Applicants Signature: [illegible]	Application Date: 8-15-16		

Department Notes/Comments

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OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:
220	CC	90891	8/15/16

Fees:

Pool/Spa

Spa:	$ 300.00	(Date Paid)
Pool 0-1600 sq. ft.:	$ 500.00	(Date Paid)
Pool 1600 sq. ft. +:	$ 750.00	(Date Paid)

Food

Food: 0-1000 sq. ft.:	$ 220.00	8/15 (Date Paid)
Food: 1001-4000 sq. ft.:	$ 330.00	(Date Paid)
Food: 4001 sq. ft. +:	$ 550.00	(Date Paid)

Facility ID: _____

PE: A520

Plan Review Project Number: _____

Plan Review: _____

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:** 9-15-16 **Projected Completion Date:** 1-1-17
TYPE OF FOOD OPERATION: ☐ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: The House of Green			
Establishment Address: 3105 Minnesota DR	**City:** Anchorage	**State:** AK	**ZIP:** 99503

OWNERSHIP INFORMATION

Name of Owner: Mike Dillard			
Address: 2115 E Vision View DR	**City:** Wasilla	**State:** AK	**ZIP:** 99654
Email: DillardHomes@Hotmail.com	**Phone Number:** 907-230-4717		

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: 10 am - 12 midnight 8a	700	☒ Off-site consumption	Max per shift: 5
☒ Mon: " "		☒ MD Single-use utensils	
☒ Tues: " "		☒ Multi-use utensils	
☒ Wed: " "		☐ Other:	
☒ Thurs: " "			
☒ Fri: " "			
☒ Sat: " "			

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Designated Point of Contact for questions or additional needed information:
Name: Mike Dillard
Phone Number: 907-230-4717

PLAN REVIEW FORMULAS

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HOT WATER DEMAND

Gallons Per Hour (GPH) =

$$\frac{\text{Sink Size in}^3 \times 7.5\ \text{gal/ft}^3 \times (\text{Number of compartments} \times 0.75\ \text{capacity})}{1728\ \text{in}^3/\text{ft}^3}$$

OR

$$\text{Sink Size in}^3 \times \text{Number components} \times 0.003255\ \text{in}^3$$

British Thermal Units (BTU) =

$$\frac{\text{GPH} \times {}^\circ\text{Rise} \times 8.33\ \text{lb/gal of water}}{\text{Thermal Efficiency}}$$

Kilo-Watt (KW) Input =

$$\frac{\text{GPH} \times {}^\circ\text{Rise} \times 8.33\ \text{lb/gal of water}}{3412\ \text{BTU per KW}}$$

Example:

1. How many BTU's or KW's will the booster heater need to raise the incoming hot water (140°F) to 180°F for the final rinse temperature if the dishwasher requires 64 GPH?

$$\frac{64\ \text{GPH} \times 40^\circ\text{F Rise} \times 8.33}{0.70\ (\text{operating efficiency})} = 30{,}464\ \text{BTU}$$

$$\frac{64\ \text{GPH} \times 40^\circ\text{F Rise} \times 8.33}{3412\ \text{BTU per KW}} = 6.2\ \text{KW}$$

Appendix B – REGULATORY COMPIANCE REVIEW LIST
MARIJUANA PRODUCT PROCEDURES

MARIJUANA PRODUCT DELIVERY

1. How often will marijuana products and supplies be delivered? ☐ Daily ☒ Weekly ☐ Other: _____

MARIJUANA PRODUCT STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage 36; Refrigerated Storage (41°F) 36; Frozen Storage _____;

Utensil Storage 20

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

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FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4"

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RA to circle and Initial)
Dry pre-packaged product storage			CABINET		YES/NO MD
Warewashing Area	Sealed concrete ~~Tile~~	Tile & sheet ROCK	Tile/sheetrock	sheetrock	YES/NO MD
Walk-in Refrigerators Freezers					YES/NO
Service Sink	Tile ~~Stainless steel~~	stainless steel	Tile	sheetrock	YES/NO MD
Refuse Area					YES/NO
Toilet Rooms	Tile	Plastic coved sheetrock	Sheetrock	sheetrock	YES/NO MD
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving: N/A					

plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

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Sewage Disposal	• Is the sewage system public or non-public/private? public ■ non-public/private □ If private, has the sewage system been approved? Yes □* No □ Attach copy of written approval and/or permit.	YES/NO N.D.
Backflow Prevention	• Will all potable water sources be protected for backflow? Yes ■ No □ • Are all floor drains identified on the submit floor plan? Yes □ No ■ Not at this time	YES/NO ND
Toilet Facilities	• Identify locations and number of toilet facilities: 2 • Hot and cold water provided? Yes ☒ No □	YES/NO ND
Dressing Rooms	• Will dressing rooms be provided? Yes □ No ☒ • Describe storage facilities for employee personal belongings Lockers	YES/NO ND
Poisonous/Cleaning Storage	• Identify the location and storage of poisonous or toxic materials • Where will cleaning and sanitizing solutions be stored at workstations? Locked CABinet • How will these items be separated from food and food-contact surfaces? Their own CABINET 1. Identify the location of the facilities for cleaning of mops and other cleaning equipment?	YES/NO
Pest Control	• Will all outside doors be self-closing and rodent proof? ☒ Yes □ No □ NA • Will screens be provided on all entrances left open to the outside? □ Yes □ No ☒ NA • Will all openable windows have a minimum #16 mesh screening? ☒ Yes □ No ☒ NA ND • Will insect control devices be used? ☒ Yes □ No □ NA IN grow AREA • Will air curtains be used? If yes, where? NO Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.	YES/NO

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PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA Circle and Initial)
Handwashing facilities	• Identify number of the handwashing sinks in retail sales area: _1_ Retail Sales	YES/NO MD
Warewashing Facilities	**MANUAL DISHWASHING** • Identify the length, width, and depth of the compartments of the 3-compartment sink: 59" x 24" x 24" Bowls 18" x 18" (Advance TABCO) **MECHANICAL DISHWASHING** • Identify the make and model of the mechanical dishwasher:_____ • What type of sanitizer will be used? ☐ Chemical Type:_____ ☐ Hot Water Will ventilation be provided? Yes ☐ No ☐	YES/NO MD
Water Supply	• Is the water supply public or non-public/private? public ■ non-public/private ☐ ○ If private, has source been approved? Yes ☐* No ☐ ○ Attach copy of written approval and/or permit. • What is the capacity and location* of the water heater? 80Gal. ☐ Check if Tank-less *Identify location on plan. Provide specifications for the water heater	YES/NO MD

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