AN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

DHHS

DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED ESD SEP 29 2016

RECEIPT NO. 7137
DATE 9-23-16
RECEIVED FROM Alaska Sense LLC
ADDRESS
FOR Plan Review
$ 330.00
BY
HOW PAID: CASH / CHECK / MONEY ORDER
ACCOUNT: AMT. OF ACCOUNT / AMT. PAID / BALANCE DUE
NOTES

Remodel ☐	Projected Start Date: TBD Projected Completion Date: TBD	
etail Marijuana Store		
IA RETAIL ESTABLISHMENT INFORMATION		
e, LLC		
	City: Anchorage	State: AK	ZIP:
OWNERSHIP INFORMATION		
	City: Anchorage	State: AK	ZIP: 99517
com	Phone Number: 907-903-3534	
HITECT/ENGINEER INFORMATION		
	Contact Person: Chris Hayes	
06 ~~Bak,A~~	City: Anchorage	State: Alaska	ZIP: 99503
	Phone Number: (907) 339-9100	
OD OPERATION INFORMATION		
acility:	Type of Service (check all that apply) ☒ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:_____	Employees Max per shift: TBD

☐ Wed: 10 AM - 10 PM
☑ Thurs: 10 AM - 10 PM
☑ Fri: 10 AM - 10 PM
☑ Sat: 10 AM - 10 PM

Designated Point of Contact for questions or additional needed information:
Name:
Phone Number:

RECEIVED SEP 29 2016 ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

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.

Appendix A

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:** TBD **Projected Completion Date:** TBD
TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: Alaskasense, LLC			
Establishment Address: 521 W. Tudor Rd.	**City:** Anchorage	**State:** AK	**ZIP:**

OWNERSHIP INFORMATION

Name of Owner: Smadar Warden			
Address: 3600 Oregon Dr.	**City:** Anchorage	**State:** AK	**ZIP:** 99517
Email: cannabaska@Gmail.com	**Phone Number:** 907-903-3534		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: Determine Design	**Contact Person:** Chris Hayes		
Applicant Mailing Address: 903 W. Northern Lights Blvd. ste 206 ~~Anch, A~~	**City:** Anchorage	**State:** Alaska	**ZIP:** 99503
Email: info@determinedesign.com	**Phone Number:** (907) 339-9100		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☑ Sun: 10 AM - 10 PM ☑ Mon: 10 AM - 10 PM ☑ Tues: 10 AM - 10 PM ☑ Wed: 10 AM - 10 PM ☑ Thurs: 10 AM - 10 PM ☑ Fri: 10 AM - 10 PM ☑ Sat: 10 AM - 10 PM	1500 sf	☒ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:	Max per shift: TBD

Designated Point of Contact for questions or additional needed information:
Name:
Phone Number:

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- 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 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:	**Date:** 9-22-16
Print Name: Smadar Warden	**Title:** Owner

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
  - Freezer, etc...

Office Use Only			
Fees:	**Payment Type:**		**Receipt #:**
Marijuana Retail Stores		**Date Paid:**_____	Facility ID:_____
0-1000 sq. ft:	$220.00	PE:_____	
1001-4000 sq ft.	$330.00	Plan Review Project #_____	
4001+ sq ft.	$550.00	Plan Review:_____	

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Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

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: Self-supplied

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

Dry Storage ~ 1,000; Refrigerated Storage (41°F) n/a; Frozen Storage n/a;

Utensil Storage ~ 300

* 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 TBD

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					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators Freezers					YES/NO
Service Sink					YES/NO
Refuse Area					YES/NO
Toilet Rooms					YES/NO
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving:					

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

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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: _____Retail Sales	YES/NO
Warewashing Facilities	**MANUAL DISHWASHING** • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ **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
Water Supply	• Is the water supply public or non-public/private? public ☒ non-public/private □ o If private, has source been approved? Yes □* No □ o Attach copy of written approval and/or permit. • What is the capacity and location* of the water heater? ____Gal. □ Check if Tank-less *Identify location on plan. Provide specifications for the water heater	YES/NO

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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
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 ☐	YES/NO
Toilet Facilities	• Identify locations and number of toilet facilities: _____ • Hot and cold water provided? Yes ☒ No ☐	YES/NO
Dressing Rooms	• Will dressing rooms be provided? Yes ☐ No ☐ • Describe storage facilities for employee personal belongings_____	YES/NO
Poisonous/Cleaning Storage	• Identify the location and storage of poisonous or toxic materials • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ 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 • Will insect control devices be used? ☐ Yes ☐ No ☐ NA • Will air curtains be used? If yes, where? _____ Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.	YES/NO

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Refuse, Recyclables, and Returnables	• Will refuse/garbage be stored inside? □ Yes □ No If yes, where _____ • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compacter be used? □ Dumpster □ Compactor • Will there be an area to store returnables and recall items? □ Yes □ No If yes, where _____ • Will there be an area to store returnable damaged goods? □ Yes □ No If yes, where _____	YES/NO

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