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:	AM Frontier Inc	**License Number:**	10267		
License Type:	Retail Marijuana Store				
Doing Business As:	AM DELIGHT				
Physical Address:	3902 Spenard Road				
City:	ANCHORAGE	**State:**	AK	**Zip Code:**	99517
Designated Licensee:	Angela Robinson				
Email Address:	AMDelightAK@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Food Safety Permit

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

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

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APPLICATION FOR PLAN REVIEW

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

Establishment Name: AM Frontier Inc dba AM Delight			
Site Address: 3902 Spenard Rd Anchorage, AK 99517	Mailing Address: PO Box 190856 Anchorage AK 99519		
Owner Name: Angela Robinson	Address: 5328 Caribou Ave 99508 Anchorage, AK	Phone: 3185410646	Fax: Personal Cell
Email: AMDelightAK@Gmail.com			
Contact Name: Angela Robinson	Address: Same As Above	Phone: Bus. 907-229 1730	Fax:
Email: Same As Above			
Square feet: 2400	If Food, Menu Provided: ☐ Yes ☒ No		
Applicants Signature: [signature]	Application Date: 9/6/16		

Department Notes/Comments

OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:
330	CC	91029	9-6-16

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	_____ (Date Paid)
Food: 1001-4000 sq. ft.:	$ 330.00	_____ (Date Paid)
Food: 4001 sq. ft. +:	$ 550.00	_____ (Date Paid)

Facility ID: _____

PE: _____

Plan Review Project Number: _____

Plan Review: _____