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:	AKGLD, LLC	**License Number:**	10864		
License Type:	Retail Marijuana Store				
Doing Business As:	AK FUZZY BUDZ				
Physical Address:	2612 Eagle St				
City:	Anchorage	**State:**	AK	**Zip Code:**	99503
Designated Licensee:	James Millhouse				
Email Address:	akgreenlight@yahoo.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 #:	

MOA DEPT OF H&HS
ENVIRONMENTAL SERVICES
825 L STREET
PHONE: 343-4200

9/6/2016 1:22:46 PM

Facility#FA000
Plan Review 1001-4000 sq $330.00

Total $330.00

Cash $330.00
Total Amt Tend $330.00
Change $0.00

Items 1
Trish/3 91023 13:22

EVIEW APPLICATION FOR FOOD ESTABLISHMENTS

DHHS
CHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED ESD
SEP 06 2016

del ☐ | **Projected Start Date:** 7/2016
Projected Completion Date: 9/2016

arijuana Store

TAIL ESTABLISHMENT INFORMATION

	City: Anchorage	**State:** Alaska	**ZIP:** 99503

OWNERSHIP INFORMATION

Name of Owner: James Millhouse & Troy Millhouse			
Address: 2612 Eagle St	**City:** Anchorage	**State:** Alaska	**ZIP:** 99503
Email: akgreenlight@yahoo.com	**Phone Number:** 907-351-6699		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: James Millhouse & Troy Millhouse	**Contact Person:** Dave Heynen		
Applicant Mailing Address: 407 E Northern Lights Blvd, Anchorage AK, 99503	**City:** Anchorage	**State:** Alaska	**ZIP:** 99503
Email: daveh@lcgak.com	**Phone Number:** 907-947-2332		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☐ Sun:	Total Facility 1900 sf	☐ Off-site consumption	Max per shift: 2
☑ Mon: appt only/8am-6pm	retail 145 sf	☐ Single-use utensils	
☑ Tues: appt only/8am-6pm		☐ Multi-use utensils	
☑ Wed: appt only/8am-6pm		☑ Other: No edibles, concentrates or beverages	
☑ Thurs: appt only/8am-6pm			
☑ Fri: appt only/8am-6pm			
☑ Sat: appt only/8am-6pm			

Designated Point of Contact for questions or additional needed information:
Name: James Millhouse
Phone Number: 907-351-6699

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

9-6-16 CA 330.00 Rcpt 91023

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:** 7/2016 **Projected Completion Date:** 9/2016
TYPE OF FOOD OPERATION: ☑ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: AK Fuzzy Budz			
Establishment Address: 2612 Eagle St	**City:** Anchorage	**State:** Alaska	**ZIP:** 99503

OWNERSHIP INFORMATION

Name of Owner: James Millhouse & Troy Millhouse			
Address: 2612 Eagle St	**City:** Anchorage	**State:** Alaska	**ZIP:** 99503
Email: akgreenlight@yahoo.com	**Phone Number:** 907-351-6699		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: James Millhouse & Troy Millhouse	**Contact Person:** Dave Heynen		
Applicant Mailing Address: 407 E Northern Lights Blvd, Anchorage AK, 99503	**City:** Anchorage	**State:** Alaska	**ZIP:**
Email: daveh@lcgak.com	**Phone Number:** 907-947-2332		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	**Type of Service (check all that apply)**	**Employees**
☐ **Sun:** ☑ **Mon:** appt only/8am-6pm ☑ **Tues:** appt only/8am-6pm ☑ **Wed:** appt only/8am-6pm ☑ **Thurs:** appt only/8am-6pm ☑ **Fri:** appt only/8am-6pm ☑ **Sat:** appt only/8am-6pm	Total Facility 1900 sf retail 145 sf	☐ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☑ Other: No edibles, concentrates or beverages	Max per shift: 2

Designated Point of Contact for questions or additional needed information:

Name: James Millhouse

Phone Number: 907-351-6699

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 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:** 9/6/16
Print Name: James Millhouse	**Title:** owner

Revised July 19, 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: Product is grown in same building. We will not be purchasing outside marijuna product

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

Dry Storage 180 cf; Refrigerated Storage (41°F) NA; Frozen Storage NA;

There will be no edibles of any kind. Nothing will need to be refrigerated/Frozen

Utensil Storage Not using utensil's. Rubber gloves instead.

* Identify on plans where storage will be located.

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

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	Vinyl	Vinyl Baseboard	Acrylic Latex Enamel	Acrylic Latex Enamel	YES/NO
Warewashing Area	Vinyl	Vinyl Baseboard	Acrylic Latex Enamel	Acrylic Latex Enamel	YES/NO
Walk-in Refrigerators Freezers	NA	NA	NA	NA	YES/NO
Service Sink		Service Sink location on same property inside Trendsetters (mop bucket,utility sink, etc)			YES/NO
Refuse Area	NA	NA	NA	NA	YES/NO
Toilet Rooms	Vinyl	Vinyl Baseboard	Acrylic Latex Enamel	Acrylic Latex Enamel	YES/NO
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving: Cabinets - Metal, Countertops - Stainless Steel and Granite, Shelving - NA					

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

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
Warewashing Facilities	**MANUAL DISHWASHING** • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____L - 10in, W - 10in, D - 14in_____ **MECHANICAL DISHWASHING** • Identify the make and model of the mechanical dishwasher:_____NA_____ • 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 € ○ 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? __50__Gal. □ Check if Tank-less *Identify location on plan. Provide specifications for the water heater	YES/NO

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 € NA	YES/NO
Toilet Facilities	• Identify locations and number of toilet facilities: 1 • 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 NA	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? There will be a cabinet designated for cleaning/poisonous solutions inside of restroom. • How will these items be separated from food and food-contact surfaces? Once again, these items will be stored in it's own cabinet inside of the restroom. 1. Identify the location of the facilities for cleaning of mops and other cleaning equipment? Do to room limitations we will be keeping mops and other cleaning equipment at the Trendsetters, which is located on same property.	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? No Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.	YES/NO

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? _____Outside back of facility_____ • 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