Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

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

9/22/2016 2:20:44 PM

Facility/RFA#:
Plan Review 1001-4300 sq $330.00

Total $330.00
Cash $330.00
Total Amt Tend $330.00
Change $0.00

Items: 1
Trans: 9/22/16 14:20

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED ESD
SEP 22 2016

nodel ☒	**Projected Start Date:**_____ **Projected Completion Date:** _____

l Marijuana Store

RETAIL ESTABLISHMENT INFORMATION

	City: Anchorage	**State:** Alaska	**ZIP:** 99501

OWNERSHIP INFORMATION

	City: Anchorage	**State:** Alaska	**ZIP:** 99501
Email: billstevens907@gmail.com	**Phone Number:** 907-242-9405		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: N/A	**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:_____	_____	☐ Off-site consumption	Max per shift:_____
☐ Mon: 9am-9pm		☐ Single-use utensils	
☐ Tues: 9am-9pm		☐ Multi-use utensils	
☐ Wed: 9am-9pm		☐ Other:_____	
☐ Thurs: 9am-9pm			
☐ Fri: 9am-9pm			
☐ Sat: 9am-9pm			

Designated Point of Contact for questions or additional needed information:
Name: William Stevens
Phone Number: 907-242-9405

CA 330
Rpt 91106