Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED ESD SEP 27 2016

TYPE OF APPLICATION: ☒ New ☐ Remodel ☐ Conversion	**Projected Start Date:** 8-12-16 **Projected Completion Date:** 9-25-16
TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: SATORI			
Establishment Address: 221 E. 5TH AVE	**City:** Anchorage	**State:** AK	**ZIP:** 99501

OWNERSHIP INFORMATION

Name of Owner: ANDREW BAKER			
Address: 3101 EIDE APT E	**City:** Anchorage	**State:** AK	**ZIP:** 99503
Email: SATORIMJ.AK@GMAIL.COM	**Phone Number:** 503-410-4796		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: ARCHITECTS ALASKA	**Contact Person:** DAVID MOORE		
Applicant Mailing Address: 900 W. 5TH AVE	**City:** Anchorage	**State:** AK	**ZIP:** 99501
Email: DMOORE@ARCHITECTSALASKA.COM	**Phone Number:** 907-272-3567		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☒ Sun: 9-9 ☒ Mon: 9-9 ☒ Tues: 9-9 ☒ Wed: 9-9 ☒ Thurs: 9-9 ☒ Fri: 9-9 ☒ Sat: 9-9	4,200	☒ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:	Max per shift: 7

Designated Point of Contact for questions or additional needed information:

Name: ANDREW BAKER

Phone Number: 503-410-4796