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:	BRYANT D THORP	**License Number:**	10037		
License Type:	Retail Marijuana Store				
Doing Business As:	ARCTIC HERBERY				
Physical Address:	7107 Arctic Blvd				
City:	Anchorage	**State:**	AK	**Zip Code:**	99518
Designated Owner:	Bryant Thorp				
Email Address:	bryant@gci.net				

Section 2 – Attached Items

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

Attached Items:	Food 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

RECEIVED DHHS ESD JUN 28 2016

APPLICATION FOR PLAN REVIEW

PR-

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

Establishment Name: Arctic Herbery	
Site Address: 7107 Arctic	Mailing Address: 7107 Arctic
Owner Name: Bryant Thorp	Address: 6819 Rovenna St · Phone: 317-1895 · Fax:
Email: bryant@GCi.Net	
Contact Name: Bryant	Address: 7107 Arctic · Phone: 317-1895 · Fax:
Email: bryant@GCi.Net	
Square feet: ~~600~~ 1296 sq ft	If Food, Menu Provided: ☐ Yes ☒ No
Applicants Signature:	Application Date:

Department Notes/Comments

Refing the spec sheet to come.
Talked about the sink.

OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:
330	CC	90606	6/28/16

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.:	$ ~~200.00~~ 220	(Date Paid)
Food: 1001-4000 sq. ft.:	$ ~~300.00~~ 330	6/28/16 (Date Paid)
Food: 4001 sq. ft. +:	$ ~~500.00~~ 550	(Date Paid)

Facility ID: _____

PE: _____

Plan Review Project Number: _____

Plan Review: _____

72-038 Ver. 10_03*