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:	FERGUSON AND SMITH ENTERPRISES INC.	**License Number:**	10646		
License Type:	Retail Marijuana Store				
Doing Business As:	THE GREEN ROOM AK				
Physical Address:	610 C St. #A7				
City:	Anchorage	**State:**	AK	**Zip Code:**	99501
Designated Licensee:	Adam Ferguson				
Email Address:	adamlee1313@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 - The Green Room AK RECEIVED JAN 09 2017 ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

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

Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

DHHS

TYPE OF APPLICATION: ☒ New ☐ Remodel ☐ Conversion	**Projected Start Date:** 1/1/2017 **Projected Completion Date:** _____
TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: The Green Room AK			
Establishment Address: 610 C Street A7	**City:** Anchorage	**State:** Alaska	**ZIP:** 99501

OWNERSHIP INFORMATION

Name of Owner: Adam Ferguson			
Address: 10110 Baffin Street	**City:** Eagle River	**State:** Alaska	**ZIP:** 99577
Email: adamlee1313@gmail.com	**Phone Number:** 907.441.2360		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: Allen Rohde	**Contact Person:**		
Applicant Mailing Address: 11925 Old Glenn Hwy. Ste 201	**City:** Eagle River	**State:** Alaska	**ZIP:** 99577
Email: arohde@rohdeandassociatesinc.com	**Phone Number:** 907.696.2960		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☐ Sun:_____ ☒ Mon: 10Am-8pm ☒ Tues: 10Am-8pm ☒ Wed: 10Am-8pm ☒ Thurs: 10Am-8pm ☒ Fri: 10Am-8pm ☒ Sat: 10Am-8pm	4,000	☐ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:_____	Max per shift:_____

Designated Point of Contact for questions or additional needed information:
Name: Adam Ferguson
Phone Number: 907-441-2360

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STATE OF ALASKA

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.