Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

RECEIVED E&D
OCT 26 2016

MUNICIPALITY OF ANCHORAGE

DHHS
DEPARTMENT OF HEALTH & HUMAN SERVICES

TYPE OF APPLICATION: ☐ New ■ Remodel ☐ Conversion	**Projected Start Date:** 11.01.16 **Projected Completion Date:** 01.15.17
TYPE OF FOOD OPERATION: ■ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: AK FROST			
Establishment Address: 5200 A ST., SUITE 102	**City:** ANCH.	**State:** AK	**ZIP:** 99518

OWNERSHIP INFORMATION

Name of Owner: AK FROST, LLC			
Address: P.O. BOX 90064	**City:** ANCH.	**State:** AK	**ZIP:** 99509
Email: dmcconnell@corruscontractors.com	**Phone Number:** 907.561.2183		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: DAVID MCCONNELL	**Contact Person:** DAVID MCCONNELL		
Applicant Mailing Address: 907 E. DOWLING, #29	**City:** ANCH.	**State:** AK	**ZIP:** 99518
Email: dmcconnell@corruscontractors.com	**Phone Number:** 907.561.2183		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
■ Sun: 10 AM - 10 PM ■ Mon: ■ Tues: ■ Wed: ■ Thurs: ■ Fri: ■ Sat:	329 SF	■ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:	Max per shift: 5

Designated Point of Contact for questions or additional needed information:
Name: DAVID MCCONNELL
Phone Number: 907.561.2183

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.

CK #44900 #91244