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:	FAT TOPS, LLC.	**License Number:**	11140		
License Type:	Retail Marijuana Store				
Doing Business As:	FAT TOPS, LLC.				
Physical Address:	36380 Murray Lane				
City:	Soldotna	**State:**	AK	**Zip Code:**	99669
Designated Licensee:	David Parker				
Email Address:	daveparker907@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Please find for filing – Food Safety Permit Application Thank you!

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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

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DEC 2016
AMCO
Kenai Area Office

Plan Review Application

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program

Permit ID:

Section A- General Information *(All applicants complete entire section – please print).*

Purpose (check one) ☐ **New Construction** ☐ **Remodel of Existing Structure** ☐ **Reactivation**

General Information

Establishment Name: FAT TOPS LLC	Date 12/2/16
Plan Review Contact Name DAVID PARKER	
Phone Number 907-953-2470	Email DAVEPARKER907@GMAIL.COM
Address 36580 MURRY LANE SOLDOTNA, AK 99669	
Operating Days/Hours 12:00pm – 8:00pm	Proposed Opening Date 2/1/17

If you are proposing to build a new food establishment or extensive remodeling of an existing food establishment in Alaska (except in the Municipality of Anchorage), you must submit a **completed Plan Review Packet 30 days prior to construction.** Additional information regarding calculations and drawings can be found in the Plan Review Guide.

Please Note: Failure to provide all the required information may delay the plan review process and permit issuance.

REQUIRED DOCUMENTATION LIST (*Include the following in your packet*) NO FOOD OR OILS AT FACILITY

- ☐ Food Establishment Application
- ☐ Fees
- ☐ Plot Plan
- ☐ Floor Plan
- ☐ Plumbing Schematic
- ☐ Complete list of equipment (including manufacturer's specifications)

SECTION B – REQUIRED DOCUMENTATION

a. **Potable Water Supply.** Have plans been submitted to the Drinking Water Program as required by 18 AAC 80?
☒ **Yes*** ☐ **No** ☐ **N/A** (Municipal Water Supply) ***Specify in comments.***
Comments:

Attach a confirmation email or letter from the Drinking Water Program stating that the system has been approved.

b. **Wastewater Disposal System.** Have plans been submitted to the Wastewater Program as specified by 18 AAC 72?
☒ **Yes*** ☐ **No** ☐ **N/A** (Municipal System) ***Specify in comments.***
Comments:

Attach a confirmation email or letter from the Wastewater Program stating that the system has been approved.

c. **Solid Waste Disposal.** Please describe how you plan to dispose of your solid waste:

WE WILL TAKE SOLID WASTE TO KPB CENTRAL PENINSULA LANDFILL

d. **Plot Plan.** Have you included a detailed to scale drawing of the plot plan including: ☐ **Yes** ☐ **No**

- ☐ All buildings
- ☐ Refuse storage site
- ☐ Potable water supply
- ☐ Outside walk-in cooler(s)/freezer(s)
- ☐ Outside storage areas
- ☐ Oil/Fuel tanks
- ☐ Access for deliveries
- ☐ Sewage disposal system
- ☒ Identify nearby roads, streets, other landmarks, and/or give GPS coordinates

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STATE OF ALASKA

Permit ID(s)_____ Establishment Name(s)_____

e. **Floor Plan.** A floor plan with the listed components must be submitted as part of the application packet. Have you included a floor plan? ☒ Yes ☐ No

- ☐ Layout and purpose of each room
- ☐ Location of fixed equipment and plumbing features
- ☐ Size, construction, and design of fixed equipment
- ☐ Location of restrooms, including the number of toilets and handwash sinks.
- ☐ Type and location of lighting
- ☐ Type and location of ventilation, both building and local systems

f. **Plumbing Schematic.** A plumbing schematic with the listed components must be submitted as part of the application packet. Have you included a detailed drawing of the plumbing schematic? ☐ Yes ☒ No

- ☐ Plumbing schematic showing each hot, cold, and wastewater line.
- ☐ Plumbing connection to the wastewater line (direct vs. indirect)
- ☐ Hot water capacity

Have you contacted the State Plumbing Inspector? NO PLUMBING NEEDED ☐ Yes ☒ No

G **Fire Marshall.** Have you contacted the State Fire Marshall? ☒ Yes ☐ No

Please describe your ventilation/hood system:

NO COOKING VENTILATION/HOOD SYSTEM SINCE WE ARE NOT COOKING FOOD.

SECTION C – ADDITIONAL INFORMATION

a. **Storage.** How often will you receive food deliveries? Do you have adequate storage to support your operation? Consult the Plan Review Guide for information about storage capacity.

NO FOOD DELIVERIES AT FACILITY

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:

c. **Poisonous/Toxic Materials.** Describe location and means to store poisonous or toxic materials:

NO TOXIC MATERIALS AT FACILITY

d. **Floors/Walls/Ceilings.** Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):

NO KITCHEN OR FOOD MANUFACTORING AT FACILITY

e. **Warewashing:** Describe how dishes, utensil, and equipment will be washed:

NO WASHING OF DISHES, UTENSILS, AND EQUIPMENT AT FACILITY

f. **Linens.** Describe how soiled and clean clothing/linens will be stored and where they will be cleaned:

NO WASHING OF SOILED LINENS AT FACILITY

SECTION D

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

Applicant's Signature David R. Parker **Date** 12/2/16

Applicant's Printed Name David R. Parker **Title** member