Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

TYPE OF APPLICATION: ☐ New ☑ Remodel ☐ Conversion	**Projected Start Date:** 12-15-16 **Projected Completion Date:** 3-15-17
TYPE OF FOOD OPERATION: ☑ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: Denali Dispensaries			
Establishment Address: 225 E 5th Ave	**City:** Anchorage	**State:** Ak	**ZIP:** 99501

OWNERSHIP INFORMATION

Name of Owner: Bradley Bartlett			
Address: P.O box 670253	**City:** Chugiak	**State:** Ak	**ZIP:** 99567
Email: brad@denalidispensaries.com	**Phone Number:** 907-862-2376		

ARCHITECT/ENGINEER INFORMATION

Applicant Name:	**Contact Person:**		
Applicant Mailing Address:	**City:**	**State:**	**ZIP:**
Email:	**Phone Number:**		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☑ Sun: 8am - 12pm ☑ Mon: 8am - 12pm ☑ Tues: 8am - 12am ☑ Wed: 8am - 12am ☑ Thurs: 8am - 12am ☑ Fri: 8am - 12am ☑ Sat: 8am - 12am	4,000	☑ Off-site consump ☐ Single-use utens ☐ Multi-use utensil ☐ Other:	Max per shift: 5

Designated Point of Contact for questions or additional needed
Name: Bradley Bartlett
Phone Number: 907-862-2376

The following documents must be submitted along with this application:
Proposed list of marijuana consumables, concentrates and beverages to be offere
- Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) ar
- The floor plan must identify: retail sales area, restrooms, office, employee trash area. Include location of any outside equipment or facilities (dump
- Provide equipment layout and specifications, clearly numbered and cros

MOA DEPT OF H&HS
ENVIRONMENTAL SERVICES
825 L STREET
PHONE: 343-4200

12/2/2016 2:02:45 PM

Facility#FA000
Plan Review 1001-4000 sq $330.00

Total $330.00
Credit Card $330.00
Total Amt Tend $330.00
Change $0.00

Items 1
Clerk/5 91515 14:02