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:** | YNY Investment LLC | **License Number:** | 11303 | | |
| **License Type:** | Retail Marijuana Store | | | | |
| **Doing Business As:** | HOLLYWEED 907 | | | | |
| **Physical Address:** | 2429 E. 88th Ave | | | | |
| **City:** | Anchorage | **State:** | AK | **Zip Code:** | 99507 |
| **Designated Licensee:** | Tina Yi | | | | |
| **Email Address:** | tinayi1003@hotmail.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 |

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

RECEIVED
JAN 1 9

# Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED BY
MAY 10 2017
JAN 18, 2017

| | |
|---|---|
| **TYPE OF APPLICATION:** ☑ New ☐ Remodel ☐ Conversion | **Projected Start Date:** March 2017<br>**Projected Completion Date:** June 2017 |
| **TYPE OF FOOD OPERATION:** ☑ Retail Marijuana Store | |

**MARIJUANA RETAIL ESTABLISHMENT INFORMATION**

| | | | |
|---|---|---|---|
| **Name of Establishment:** Hollyweed 907 | | | |
| **Establishment Address:** 2429 E 88th Ave | **City:** Anchorage | **State:** AK | **ZIP:** 99516 |

**OWNERSHIP INFORMATION**

| | | | |
|---|---|---|---|
| **Name of Owner:** YNY Investment LLC | | | |
| **Address:** 3298 Morgan Loop | **City:** Anchorage | **State:** AK | **ZIP:** 99516 |
| **Email:** tinayi1003@hotmail.com | **Phone Number:** 907-441-4544 | | |

**ARCHITECT/ENGINEER INFORMATION**

| | | | |
|---|---|---|---|
| **Applicant Name:** Ryan Wrocklage / LCG Lantech | **Contact Person:** Ryan Wrocklage | | |
| **Applicant Mailing Address:** 2 | **City:** Anchorage | **State:** AK | **ZIP:** 99501 |
| **Email:** ryan@kgak.com | **Phone Number:** 907-245-8892 | | |

**FOOD OPERATION INFORMATION**

| Hours/Days of Operation | Square Feet of Facility: | Type of Service (check all that apply) | Employees |
|---|---|---|---|
| ☑ Sun: 10 am - 8pm<br>☑ Mon:<br>☑ Tues:<br>☑ Wed:<br>☑ Thurs:<br>☑ Fri:<br>☐ Sat: | 1707 s.f. | ☒ Off-site consumption<br>☐ Single-use utensils<br>☐ Multi-use utensils<br>☐ Other: | Max per shift: 8 |

**Designated Point of Contact for questions or additional needed information:**
**Name:** Tina Yi
**Phone Number:** 907-441-4544

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.

*Elevation drawings may be requested by the Regulatory Authority.*

- Identify handwashing, warewashing and/or three compartment sinks.
- Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, hot and cold water lines, and direction of flow to sanitary sewer.
- Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
- Lighting plan, indicating the exact foot candles for each area as required.
- Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.

***Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: receiving, storage, glassware (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).***

| | |
|---|---|
| **Signature:** | **Date:** 1/17/17 |
| **Print Name:** Hyon Yun | **Title:** Partner |

**Additional Required Documents:**

- Copy of valid business license
- Copy of completed food handlers card
- Design plans for the facility
- All specification sheets:
  - 3 Compartment Sink
  - Hand washing sink
  - Refrigerator(s) – commercial grade only
  - Water heater
  - Freezer, etc...

Office Use Only

**Fees:** 330 **Payment Type:** CK 24330 **Receipt #:** 92462

**Marijuana Retail Stores** **Date Paid:** 1-18-17 Facility ID:

| | | |
|---|---|---|
| 0-1000 sq. ft: | $220.00 | PE: |
| 1001-4000 sq ft. X | $330.00 | Plan Review Project # |
| 4001+ sq ft. | $550.00 | Plan Review: |

**Revised September 9, 2016**

**Shelley A. Griffith, MPH, RPS**

Appendix A