ENVIRONMENTAL SERVICES
[illegible] STREET
PHONE: [illegible]

[illegible]

Fee Type/[illegible]
Plan Review 1001-[illegible] [illegible]

Total $330.00

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

Items 1
Class5 [illegible] [illegible]

V REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

DHHS

[illegible] DEPARTMENT OF HEALTH & HUMAN SERVICES

model ☐ | Projected Start Date: January 31, 2017
Projected Completion Date: March 1st, 201

il Marijuana Store

RETAIL ESTABLISHMENT INFORMATION

Vertices

11 st	City: Anchorage	State: AK	ZIP: 99518

OWNERSHIP INFORMATION

Name of Owner: Colleen Howard			
Address: 7801 Lehman st	City: Anchorage	State: AK	ZIP: 99518
Email: akjointventures@gmail.com	Phone Number: 907-223 5574		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: Colleen Howard	Contact Person: EHS Alaska		
Applicant Mailing Address: 3042 Cheyenne Ct	City: Anchorage	State: AK	ZIP: 99507
Email: —	Phone Number: 907 694 1383		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☐ Sun: 12pm 8pm ☐ Mon: 12pm-8pm ☐ Tues: 12pm-8pm ☐ Wed: 12pm-8pm ☐ Thurs: 12pm-8pm ☐ Fri: 12pm-8pm ☐ Sat: 12pm-8pm	1100 sf	☑ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:	Max per shift: 2

Designated Point of Contact for questions or additional needed information:
Name: Colleen Howard
Phone Number: 907-223-5574

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.

CC

Appendix A