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.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Natures Releaf, LLC	**License Number:**	10589		
License Type:	Retail Marijuana Store				
Doing Business As:	NATURES RELEAF LLC				
Physical Address:	503 7th. Avenue				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99701
Designated Licensee:	Barbara Paschall				
Email Address:	paschallb@hotmail.com				

Section 2 – Attached Items

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

Attached Items:	Proof of application initiation for Natures ReLeaf,LLC Food Establishment Permit

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

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JUL 21 2016

DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Application for Food Establishment Permit

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

Permit ID: _____

Section 1- GENERAL INFORMATION *(All applicants complete entire section – please print).*

Purpose (check one) ☐ **New** ☐ **Information Change** ☐ **Extensive Remodel** ☐ **Change of owner/operator** ☐ **Reactivate**

AMCO License # 10589

Owner/Business Information

Name of Entity or Owner Responsible for Food Service: Natures Releaf, LLC (Barbara Paschall)		AK Business License #: 1038024	
Business/Corporate Mailing Address: 503 7th Avenue	City: Fairbanks	State: Alaska	Zip: 99701
Business/Corporate Phone: (907) 460-2128	Email: paschallb@hotmail.com		
Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Barbara Paschall and Kelly Paschall Owners		Fax:	

Type of Entity ☐ **Individual** ☐ **Partnership** ☐ **Corporation** ☒ **Other:** LLC

Establishment Information

Establishment Name: Natures Releaf, LLC	Physical Location: 503 7th Ave. 99701	Nearest Community: FNSB	
Establishment Mailing Address: 503 7th Ave.	City: Fairbanks	State: Alaska	Zip: 99701
Establishment Phone: (907) 460-2128	Fax:	Contact Person: Barbara Paschall	
Establishment Physical Address: 503 7th Ave.	City: Fairbanks	State: Alaska	Zip: 99701

SEATING: (Food Service Only) ☒ **N/A** ☐ **25 or less** ☐ **26-100** ☐ **> 101**

TYPE OF OPERATION *Please describe the type of facility you plan to open below (i.e. restaurant, bar, grocery store, etc.)*

Retail store For Marijuana Sales

SECTION 2 – NEW OR EXTENSIVELY REMODELED FACILITIES

a. A plan review will be required if your facility has never been permitted by the Alaska's Food Safety and Sanitation Program; has not had an active permit in the last five years; will be extensively remodeled; or is a new construction. If any of these apply, a Plan Review Supplement is required to process your application. Have you attached the Plan Review Supplement? ☒ **Yes** ☐ **No**

SECTION 3 – COMPLETE FOR ALL FOOD ESTABLISHMENTS *(Check all that apply)*

FOOD SERVICE ESTABLISHMENTS

a. A copy of your menu will be required. Have you attached a copy of the proposed menu? N/A ☐ **Yes** ☐ **No**

b. Attach appropriate label, placard, or menu notation for the consumer advisories if you serve:
N/A ☐ Wild Mushrooms ☐ Unpasteurized juices ☐ Farmed halibut, salmon, or sablefish
☐ Raw/undercooked animal foods such as beef, shell eggs, lamb, pork, poultry, seafood, and shellfish.

c. Methods of food preparation (check the one that most closely describes the establishment:
☒ Assembly of Ready to Eat Foods ☐ Cook and Serve
☐ Hot or cold Service for 2 hours or more is done
☐ Complex (Preparation 1 day or more in advance, cooling and reheating is done).

d. Style of Service: ☒ Counter Service ☐ Self Service (i.e. buffet line, salad bar) ☐ Table Service
☐ Other:

e. Do you plan to operate as a caterer? ☐ **Yes** ☒ **No**
If *yes*, list all the equipment used to protect food from contamination and maintain product temperature during:
Transportation: Hot or Cold Holding:

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DEPARTMENT OF ENVIRONMENTAL CONSERVATION

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** New Retail ☐ **Reactivation**

General Information

Establishment Name: Natures ReLeaf, LLC	Date 7-21-2016
Plan Review Contact Name Barbara Paschall	
Phone Number (907) 460-2128	Email paschallb@hotmail.com
Address Business Address is 503 7th Ave. FBKS, AK 99701	
Operating Days/Hours Tues → Sat. 11:00 AM - 8:00 PM	Proposed Opening Date September 15, 2016

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*) (Marijuana Retail Store)

- ☒ 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:

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

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

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? ☐ Yes ☒ No

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

Please describe your ventilation/hood system: N/A

No Ventilation/Hood System (We are simply a retail store)

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.

We will purchase Edibles from an Alcohol & Marijuana Control office approved & Licensed facility to sell in our retail store.

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

N/A

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

In office area In a Utility Cabinet.

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

Vinyl Flooring, painted Walls, Painted Ceilings.

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

N/A (Retail Store)

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

N/A (Retail Store)

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 Barbara Paschall Date 7-21-2016

Applicant's Printed Name Barbara Paschall Title Owner