Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED 2/20/18

TYPE OF APPLICATION: ☑ New ☐ Remodel ☐ Conversion	**Projected Start Date:** 4/1/17 **Projected Completion Date:** 6/1/17
TYPE OF FOOD OPERATION: ☑ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: The Grass Frontier			
Establishment Address: 11730 Old Seward Hwy	**City:** Anchorage	**State:** Ak	**ZIP:** 99515

OWNERSHIP INFORMATION

Name of Owner: GFR LLC			
Address: Po box 879084	**City:** Wasilla	**State:** Ak	**ZIP:** 99687
Email: Amann005@hotmail.com	**Phone Number:** 907-444-[redacted] 5422		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: Anthony Mann	**Contact Person:** Anthony Mann		
Applicant Mailing Address: 18014 Misty Falls circle	**City:** Eagle River	**State:** Ak	**ZIP:** 99577
Email: Amann005@hotmail.com	**Phone Number:** 907-444-5422		

FOOD OPERATION INFORMATION

Hours/Day of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☑ Sun: 10am-10pm ☑ Mon: 10am-12am ☑ Tues: 10am-12am ☑ Wed: 10am-12am ☑ Thurs: 10am-12am ☑ Fri: 10am-12am ☑ Sat: 10am-12am	640	☑ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:	Max per shift: 4

Designated Point of Contact for questions or additional needed information:
Name: Anthony Mann
Phone Number: 907-444-5422

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STATE OF ALASKA

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:** 2/20/17
Print Name: Anthony Mann	**Title:** CO-OWNER

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: 220—	**Payment Type:** CK (107)		**Receipt #:** 95387
Marijuana Retail Stores		**Date Paid:**_____	Facility ID:_____
0-1000 sq. ft:	$220.00	PE: AF 20	
1001-4000 sq ft.	$330.00	Plan Review Project # SR	
4001+ sq ft.	$550.00	Plan Review:_____	

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS