Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

2/8/18

TYPE OF APPLICATION: ☐ New ☐ Remodel ☒ Conversion

Projected Start Date: 03/01/2018
Projected Completion Date: 06/01/2018

TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: Great Northern Retail Stores, Inc. DBA Great Northern Cannabis			
Establishment Address: 1901 West Dimond Boulevard	**City:** Anchorage	**State:** AK	**ZIP:** 99518

OWNERSHIP INFORMATION

Name of Owner: Great Northern Retail Stores, Inc. DBA Great Northern Cannabis			
Address: 645 G Street, Suite 100-907	**City:** Anchorage	**State:** AK	**ZIP:** 99501
Email: steve@greatnortherncannabis.com	**Phone Number:** (907) 887-6543		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: Icefall Architecture LLC	**Contact Person:** Marina Komkov		
Applicant Mailing Address: 3207 Cottonwood Street	**City:** Anchorage	**State:** AK	**ZIP:** 99508
Email: marina@icefallarch.com	**Phone Number:** (907) 727-4437		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☒ Sun: 10:00AM-11:45PM ☒ Mon: 10:00AM-11:45PM ☒ Tues: 10:00AM-11:45PM ☒ Wed: 10:00AM-11:45PM ☒ Thurs: 10:00AM-11:45PM ☒ Fri: 10:00AM-11:45PM ☒ Sat: 10:00AM-11:45PM	2,000	☒ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:	Max per shift: 12

Designated Point of Contact for questions or additional needed information:
Name: Steve Brashear
Phone Number: (907) 887-6543

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.

RECEIVED
FEB 16 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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: Stephen W. Brashear	**Date:** 02/07/2018
Print Name: Stephen W. Brashear	**Title:** CEO

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) – commerc
  - Water heater
  - Freezer, etc…

$330.

$330.00 $330.00 $0.00

Total

Credit Card

Total Amt Tend

Change

95279 09:35

Items 1

Clerk:4

Office Use Only

Fees: 330 — **Payment Type:** CC **Receipt #:** 95279

Date Paid: 2/8/18 Facility ID:

Marijuana Retail Stores

0-1000 sq. ft: $220.00 PE: AF21

1001-4000 sq ft. $330.00 Plan Review Project #

4001+ sq ft. $550.00 Plan Review:

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS