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:** | AK Provisions Corporation | **License Number:** | 10686 | | |
| **License Type:** | Retail Marijuana Store | | | | |
| **Doing Business As:** | TURNAGAIN HERB COMPANY | | | | |
| **Physical Address:** | 279 Crow Creek Road | | | | |
| **City:** | Girdwood | **State:** | AK | **Zip Code:** | 99587 - 9999 |
| **Designated Licensee:** | Seth Molen | | | | |
| **Email Address:** | molen.seth@TurnagainHerbCo.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 #: | |

MOA DEPT OF H&HS
ENVIRONMENTAL SERVICES
825 L STREET
PHONE: 343-4200

1/9/2018 10:10:01 AM

Facility#FA000
Plan Review 1001-4000 sq $330.00

Total $330.00
Cash $330.00
Total Amt Tend $330.00
Change $0.00

Items 1
Trish/3 94554 10:10

# REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED BSD DEC 9 2018

| | |
|---|---|
| model ☐ | **Projected Start Date:** 1·1·18<br>**Projected Completion Date:** |

ail Marijuana Store

**RETAIL ESTABLISHMENT INFORMATION**

WS Corporation DBA Turnagain Herb Company

| | | | |
|---|---|---|---|
| REEK RD | City: GIRDWOOD | State: AK | ZIP: 99587 |

**OWNERSHIP INFORMATION**

| | | | |
|---|---|---|---|
| Name of Owner: Seth Molen | | | |
| Address: PO Box 1424 | City: GIRDWOOD | State: AK | ZIP: 99587 |
| Email: MOLEN.seth@gmail.com | Phone Number: 907·306·0905 | | |

**ARCHITECT/ENGINEER INFORMATION**

| | | | |
|---|---|---|---|
| Applicant Name: Z Architects | Contact Person: Marco Zaccaro | | |
| Applicant Mailing Address: 194 Olympic Mtn Loop Rd UNIT 3 | City: GIRDWOOD | State: AK | ZIP: 99587 |
| Email: MARCO@ZARCH-AK.COM | Phone Number: 907·783·1090 | | |

**FOOD OPERATION INFORMATION**

| Hours/Days of Operation | Square Feet of Facility: | Type of Service (check all that apply) | Employees |
|---|---|---|---|
| ☑ Sun: 10A-8P<br>☑ Mon: 10A-10P<br>☑ Tues: 10A-10P<br>☑ Wed: 10A-10P<br>☑ Thurs: 10A-10P<br>☑ Fri: 10A-10P<br>☑ Sat: 10A-10P | 2,495 sqft | ☑ Off-site consumption<br>☐ Single-use utensils<br>☐ Multi-use utensils<br>☐ Other: | Max per shift: 6 |

**Designated Point of Contact for questions or additional needed information:**
**Name:** Seth Molen
**Phone Number:** 907·306·0905

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.

Appendix A

Received by AMCO 1.9.18