Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED ESD
OCT 10 2017

TYPE OF APPLICATION: ☐ New ☐ Remodel ☐ Conversion	**Projected Start Date:**_____ **Projected Completion Date:** _____
TYPE OF FOOD OPERATION: ☐ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: ANCHORAGE BOWL, LLC			
Establishment Address: 4000 SPENARD RD	**City:** ANCH	**State:** AK	**ZIP:** 99517

OWNERSHIP INFORMATION

Name of Owner: SHELTON LANDON			
Address: 4000 SPENARD RD	**City:** ANCH	**State:** AK	**ZIP:** 99517
Email: ALASKAWATERWALLS@gmail.com	**Phone Number:** 907-230-4668		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: Scope Permitting	**Contact Person:** Ron Thompson		
Applicant Mailing Address: 726 E 15TH AVE	**City:** ANCH	**State:** AK	**ZIP:** 99501
Email: scopepne.ron@gmail.com	**Phone Number:** 907-529-5120		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☑ Sun: 10 AM - 10 PM ☑ Mon: ☑ Tues: ☑ Wed: ☑ Thurs: ☑ Fri: ☑ Sat:	2180	☐ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:	Max per shift: 1

Designated Point of Contact for questions or additional needed information:
Name: SHELTON LANDON
Phone Number: 907-230-4668

APPROVED

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.

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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:** 7/20/2017
Print Name: SHEHan Landon	**Title:** Member

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: 2180	**Payment Type:** CA		**Receipt #:** 94694
Marijuana Retail Stores		**Date Paid:** 10-10-17	**Facility ID:**
0-1000 sq. ft:	$220.00	PE: AF21	
1001-4000 sq ft.	$330.00	Plan Review Project # 1430	
4001+ sq ft.	$550.00	Plan Review: APPROVED	

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

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