Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

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TYPE OF APPLICATION: ☒ New ☐ Remodel ☐ Conversion	**Projected Start Date:** 10/9/19 **Projected Completion Date:**
TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: Top Shelf Herbs of Alaska, LLC			
Establishment Address: 901 Photo Ave Suite A	**City:** Anchorage	**State:** AK	**ZIP:** 99503

OWNERSHIP INFORMATION

Name of Owner: Chism Leimbach			
Address: 901 Photo Ave. Suite A	**City:** Anchorage	**State:** AK	**ZIP:** 99503
Email: Chismleimbach@yahoo.com	**Phone Number:** 864-363-7238		

ARCHITECT/ENGINEER INFORMATION

Applicant Name:	**Contact Person:**		
Applicant Mailing Address:	**City:**	**State:**	**ZIP:**
Email:	**Phone Number:**		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☒ Sun: 8am - 12am ☒ Mon: 8am - 12am ☒ Tues: 8am - 12am ☒ Wed: 8am - 12am ☒ Thurs: 8am - 12am ☒ Fri: 8am - 12am ☒ Sat: 8am - 12am	1008	☐ 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: Chism Leimbach
Phone Number: 864-363-7238

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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 w direction of flow to sanitary sewer.
- Provide water heater, hand washing sink, and three-compartment sink specification sheets.
- 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:** 10/8/2019
Print Name: Chism Leimbach	**Title:**

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 specification sheet
  - Freezer, etc...

Office Use Only			
Fees: 330.00	**Payment Type:**	C Card	**Receipt #:** 99464
Marijuana Retail Stores		**Date Paid:** 10-8-19	Facility ID:
0-1000 sq. ft:	$220.00	PE:	
1001-4000 sq ft.	$330.00	Plan Review Project #	
4001+ sq ft.	$550.00	Plan Review:	

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Shelley A. Griffith, MPH, RPS

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