Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

TYPE OF APPLICATION: ☐ New x Remodel ☐ Conversion	**Projected Start Date:** 11/01/2018 **Projected Completion Date:** 02/01/2019
TYPE OF FOOD OPERATION: ☐ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION			
Name of Establishment: RELEAF AK			
Establishment Address: 910 W INTERNATIONAL AIRPORT RD	**City:** ANCHORAGE	**State:** AK	**ZIP:** 99518
OWNERSHIP INFORMATION			
Name of Owner: LORI BRANDT			
Address: SAME AS ESTABLISHMENT	**City:**	**State:**	**ZIP:**
Email: RELEAFAK@GCI.NET	**Phone Number:** 907.947.9886		
ARCHITECT/ENGINEER INFORMATION			
Applicant Name: DANIEL H. CLIFT	**Contact Person:** SAME AS APPLICANT		
Applicant Mailing Address: 903 W. NORTHERN LTS. STE 206	**City:** ANCHORAGE	**State:** AK	**ZIP:** 99503
Email: DAN@DETERMINEDESIGN.COM	**Phone Number:** 907.339.9100		

FOOD OPERATION INFORMATION			
Hours/Days of Operation ☐ **Sun:10AM-12AM** ☐ **Mon: 10AM-12AM** ☐ **Tues: 10AM-12AM** ☐ **Wed: 10AM-12AM** ☐ **Thurs: 10AM-12AM** ☐ **Fri: 10AM-12AM** ☐ **Sat: 10AM-12AM**	Square Feet of Facility: 4,000 SF	**Type of Service (check all that apply)** X Off-site consumption X Single-use utensils ☐ Multi-use utensils ☐ Other:_____	**Employees** Max per shift: 2

Designated Point of Contact for questions or additional needed information:
Name: LORI BRANDT
Phone Number: 907.947.9886

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.

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- 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 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:** 9.27.2018
Print Name: DANIEL H. CLIFT	**Title:** ARCHITECT

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:	**Payment Type:**		**Receipt #:**
Marijuana Retail Stores		**Date Paid:**_____	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:_____	

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

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Appendix B – REGULATORY COMPIANCE REVIEW LIST
MARIJUANA PRODUCT PROCEDURES

MARIJUANA PRODUCT DELIVERY

1. How often will marijuana products and supplies be delivered? □ Daily □ Weekly □ Other: _____

MARIJUANA PRODUCT STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage 1,000 SF; Refrigerated Storage (41°F) N/A; Frozen Storage M/A

Utensil Storage 40 CF

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

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FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, 4"

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RA to circle and Initial)
Dry pre-packaged product storage	CONCRETE	4" RUB'	CLEANABLE PAINT	CLEANABLE PAINT	YES/NO
Warewashing Area	CONCRETE	4" RUB'	CLEANABLE PAINT	CLEANABLE PAINT	YES/NO
Walk-in Refrigerators Freezers	N/A				YES/NO
Service Sink	CONCRETE	4" RUB'	CLEANABLE PAINT	CLEANABLE PAINT	YES/NO
Refuse Area	CONCRETE	4" RUB'	CLEANABLE PAINT	CLEANABLE PAINT	YES/NO
Toilet Rooms	CONCRETE	4" RUB'	CLEANABLE PAINT	CLEANABLE PAINT	YES/NO
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving:					

plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

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PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA Circle and Initial)
Handwashing facilities	• Identify number of the handwashing sinks in retail sales area: __2__Retail Sales	YES/NO
Warewashing Facilities	**MANUAL DISHWASHING** • Identify the length, width, and depth of the compartments of the 3-compartment sink: 10X14X10 **MECHANICAL DISHWASHING** • Identify the make and model of the mechanical dishwasher:_____N/A_____ • What type of sanitizer will be used? X Chemical Type:_____ X Hot Water Will ventilation be provided? Yes € No X	YES/NO
Water Supply	• Is the water supply public or non-public/private? public X non-public/private € ○ If private, has source been approved? Yes €* No € ○ Attach copy of written approval and/or permit. • What is the capacity and location* of the water heater? 100GPH □ Check if Tank-less *Identify location on plan. **Provide specification sheet for the water heater**	YES/NO

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Sewage Disposal	• Is the sewage system public or non-public/private? public X non-public/private € If private, has the sewage system been approved? Yes €* No € Attach copy of written approval and/or permit.	YES/NO
Backflow Prevention	• Will all potable water sources be protected for backflow? Yes X No € • Are all floor drains identified on the submit floor plan? Yes X No €	YES/NO
Toilet Facilities	• Identify locations and number of toilet facilities: 1 RESTROOM • Hot and cold water provided? Yes X No €	YES/NO
Dressing Rooms	• Will dressing rooms be provided? Yes € No X • Describe storage facilities for employee personal belongings HANGARS OUTSIDE OF GROW ROOM ENTRANCE... INFORMAL, ONLY ONE STAFF	YES/NO
Poisonous/Cleaning Storage	• Identify the location and storage of poisonous or toxic materials • Where will cleaning and sanitizing solutions be stored at workstations? WORK AREA 116 • How will these items be separated from food and food-contact surfaces? LOCATE IN THEIR OWN LOCKING COMPARTMENT 1. Identify the location of the facilities for cleaning of mops and other cleaning equipment? WORK ROOM 116	YES/NO
Pest Control	• Will all outside doors be self-closing and rodent proof? X Yes □ No □ NA • Will screens be provided on all entrances left open to the outside? □ Yes □ No X NA • Will all openable windows have a minimum #16 mesh screening? □ Yes □ No X NA • Will insect control devices be used? □ Yes □ No X NA • Will air curtains be used? If yes, where? N/A Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.	YES/NO

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Refuse, Recyclables, and Returnables	• Will refuse/garbage be stored inside? X Yes ☐ No If yes, where ARCTIC ENTRY, NEAR OVERHEAD DOOR • Identify how and where garbage cans and floor mats will be cleaned? THERE ARE HOSE NOSLES IN WORK AREA 116 AND FLOOR SINKS • Will a dumpster or a compacter be used? X Dumpster ☐ Compactor • Will there be an area to store returnables and recall items? X Yes ☐ No If yes, where SAFE ROOM 111 • Will there be an area to store returnable damaged goods? X Yes ☐ No If yes, where SAFE ROOM 111	YES/NO

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