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:	420 Enterprises LLC Co.	**License Number:**	19624		
License Type:	Retail Marijuana Store				
Doing Business As:	STUDIO 420 AK				
Physical Address:	4608 Spenard Rd Suite E				
City:	Anchorage	**State:**	AK	**Zip Code:**	99502
Designated Licensee:	Tammy Thinoi				
Email Address:	studio420ak@gmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Plan review for Dept. of Health 1 Page w/cover sheet

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

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Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

JAN 2 2 2019

TYPE OF APPLICATION: ☑ New ☐ Remodel ☐ Conversion	**Projected Start Date:** 10/2016 **Projected Completion Date:** 4/2016
TYPE OF FOOD OPERATION: ☐ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: STUDIO 420 AK			
Establishment Address: 4608 SPENARD ROAD SUITE E	**City:** ANCHORAGE	**State:** ALASKA	**ZIP:** 99502

OWNERSHIP INFORMATION

Name of Owner: 420 ENTERPRISES LLC CO. (TAMMY TAINOI AND ABE SPECOLA)			
Address: 4608 SPENARD ROAD SUITE E	**City:** ANCHORAGE	**State:** ALASKA	**ZIP:** 99502
Email: STUDIO420AK@GMAIL.COM	**Phone Number:** (907) 602-7694		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: JERNSTROM ENGINEERING	**Contact Person:** GREG JERNSTROM		
Applicant Mailing Address:	**City:** ANCHORAGE	**State:** ALASKA	**ZIP:** 99502
Email:	**Phone Number:** 907 522-1042		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☑ Sun: 10am 9pm ☑ Mon: 10am 9pm ☑ Tues: 10am 9pm ☑ Wed: 10am 9pm ☑ Thurs: 10am 9pm ☑ Fri: 10am 9pm ☑ Sat: 10am 9pm	1260 (1260)	☑ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:	Max per shift: 2

Designated Point of Contact for questions or additional needed information:
Name: ABE SPECOLA
Phone Number: 907 602-7694

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:** 1-11-2019
Print Name: ABEL SPECOLA	**Title:** 50% OWNER

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:	**Payment Type:** CA		**Receipt #:** 77927
Marijuana Retail Stores		**Date Paid:** 1-22-19	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:	

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

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