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:**_____ **Projected Completion Date:** _____

TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: ALASKA CANNABIS EXCHANGE LLC			
Establishment Address: 2906 SPENARD ROAD	**City:** ANCHORAGE	**State:** AK	**ZIP:** 99503

OWNERSHIP INFORMATION

Name of Owner: AARON C. RALPH			
Address: 19855 TULLAR DRIVE	**City:** CHUGIAK	**State:** AK	**ZIP:** 99567
Email: AARON@CANNABISACE.COM	**Phone Number:** 907-440-3400		

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: 10AM - 12AM ☒ Mon: 10 AM - 12 AM ☒ Tues: 10 AM - 12 AM ☒ Wed: 10AM - 12 AM ☒ Thurs: 10AM - 12AM ☒ Fri: 10-AM - 12 AM ☒ Sat: 10-AM - 12AM	1512 SqFT	☒ Off-site consumption ☐ Single-use utensils ☒ Multi-use utensils ☐ Other:_____	Max per shift: 6

Designated Point of Contact for questions or additional needed information:
Name: AARON C. RALPH
Phone Number: 907-440-3400

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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 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:** 10-29-18
Print Name: AARON C. RALPH	**Title:** 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:** CASH **Receipt #:** 96831

Marijuana Retail Stores **Date Paid:** Oct 30, 2018 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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