Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED BSD
APR 12 2018

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: Tip Top, LLC			
Establishment Address: 233 E. 5th Avenue	**City:** Anchorage	**State:** AK	**ZIP:** 99501

OWNERSHIP INFORMATION

Name of Owner: Nick Coltman			
Address: 2206 Kissee Ct.	**City:** Anchorage	**State:** AK	**ZIP:** 99517
Email: coltman@gci.net	**Phone Number:** 907-229-6364		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: Nick Coltman	**Contact Person:** Tom Spurlock		
Applicant Mailing Address: 233 E 5th Ave 9950	**City:**	**State:** AK	**ZIP:**
Email: coltman@gci.net	**Phone Number:** 907-344-8222		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☑ Sun: 10A - 11p ☑ Mon: 10A - 11p ☑ Tues: 10A - 11p ☑ Wed: 10A - 11p ☑ Thurs: 10A - 11p ☑ Fri: 10A - 11p ☑ Sat: 10A - 11p	3,700	☑ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:_____	Max per shift: 7

Designated Point of Contact for questions or additional needed information:
Name: Nick Coltman
Phone Number: 907-229-6364

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.

Received by AMCO 4.12.18