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: The Red Light District			
Establishment Address: 407 E. Northern Lights BLVD	City: Anchorage	State: Alaska	ZIP: 99503

OWNERSHIP INFORMATION

Name of Owner: AKGLD2, LLC - James Millhouse			
Address: 407 E Northern Lights BLVD	City: Anchorage	State: Alaska	ZIP: 99503
Email: akgreenlight@yahoo.com	Phone Number: 907-351-6699		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: AKGLD2, LLC	Contact Person: James Millhouse		
Applicant Mailing Address: 405 E Northern Lights BLVD	City: Anchorage	State: Alaska	ZIP: 99503
Email: akgreenlight@yahoo.com	Phone Number: 907-351-6699		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☒ Sun: 8 am- 2 am ☒ Mon: 8 am- 2 am ☒ Tues: 8 am- 2 am ☒ Wed: 8 am- 2 am ☒ Thurs: 8 am- 2 am ☒ Fri: 8 am- 2 am ☒ Sat: 8 am- 2 am	695 square feet	☐ Off-site consumption ☒ Single-use utensils ☒ Multi-use utensils ☐ Other: _____	Max per shift: 5

Designated Point of Contact for questions or additional needed information:
Name: Rich Beeley
Phone Number: 907-205-7202

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 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: 11/7/19
Print Name: Rich Beezley	Title: COO

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: 220.00	Payment Type:	C Card	Receipt #: 99465
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:	

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

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Appendix A

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