Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

DHHS

RECEIVED ESD JUL 25 2019

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: SUPHERB			
Establishment Address: 2121 N POST RD	**City:** ANCHORAGE	**State:** ALASKA	**ZIP:** 99501

OWNERSHIP INFORMATION

Name of Owner: OSCAR VELASCO			
Address: 1530 Oxford Dr	**City:** Anchorage	**State:** AK	**ZIP:** 99503
Email: OscarVelasco0207@Gmail.com	**Phone Number:** 907 9475364		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: DETERMINE DESIGN LLC	**Contact Person:** DANIEL H. CLIST		
Applicant Mailing Address: 903 W NORTHERN LTS STE 206	**City:** ANCHORAGE	**State:** ALASKA	**ZIP:** 99503
Email: DANI@DETERMINEDESIGN.COM	**Phone Number:** 907.339.9100		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	**Type of Service (check all that apply)**	**Employees**
☒ **Sun:**_____ ☒ **Mon:**_____ ☒ **Tues:**_____ ☒ **Wed:**_____ ☒ **Thurs:**_____ ☒ **Fri:**_____ ☒ **Sat:**_____	2,400 SF	☐ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:_____	Max per shift:_____

Designated Point of Contact for questions or additional needed information:
Name: DANIEL H. CLIFT
Phone Number: 907.339.9100

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.

AMCO Received 12/27/2019