Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

received 2-28-2020

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: Primo Farms North, LLC DBA Primo			
Establishment Address: 12870 Old Seward Hwy, Space 105	City: Anchorage	State: Alaska	ZIP: 99515

OWNERSHIP INFORMATION

Name of Owner: Dan Ferguson			
Address: 5313 Arctic Blvd, Suite 202	City: Anchorage	State: Alaska	ZIP: 99518
Email: dan@primoak.com	Phone Number: 907-529-2062		

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: 10:00 AM-12AM ☒ Mon: 10:00 AM-12AM ☒ Tues: 10:00 AM-12AM ☒ Wed: 10:00 AM-12AM ☒ Thurs: 10:00 AM-12AM ☒ Fri: 10:00 AM-12AM ☒ Sat: 10:00 AM-12AM	1500	☐ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☒ Other: _____	Max per shift: 3-6

Designated Point of Contact for questions or additional needed information:

Name: Dan Ferguson

Phone Number: 907-529-2062

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: 2/27/2020
Print Name: Dan Ferguson	Title: Member

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: 330	Payment Type:	CK 2973	Receipt #: 100712
Marijuana Retail Stores		Date Paid: 2-28-2020	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:	

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Shelley A. Griffith, MPH, RPS

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