Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

received 5-8-2020

TYPE OF APPLICATION: ☐ New ☐ Remodel ☒ Conversion	**Projected Start Date:** MAY 2020 **Projected Completion Date:** JULY 2020
TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: GANJA GUYS, LLC			
Establishment Address: 101 E INT'L AIRPORT RD	**City:** ANCHORAGE	**State:** ALASKA	**ZIP:** 99518

OWNERSHIP INFORMATION

Name of Owner: MARK HA - CARIBBEAN DREAMS, LLC			
Address: 5001 EAGLE STREET	**City:** ANCHORAGE	**State:** ALASKA	**ZIP:** 99503
Email: ha.mark@gmail.com	**Phone Number:** (907)632-7366		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: DETERMINE DESIGN, LLC	**Contact Person:** DANIEL CLIFT		
Applicant Mailing Address: 903 W NORTHERN LIGHTS BLVD.	**City:** ANCHORAGE	**State:** ALASKA	**ZIP:** 99503
Email: DAN@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:** 11AM-11PM ☒ **Mon:** 11AM-11PM ☒ **Tues:** 11AM-11PM ☒ **Wed:** 11AM-11PM ☒ **Thurs:** 11AM-11PM ☒ **Fri:** 11AM-11PM ☒ **Sat:** 11AM-11PM	850 SF	☒ Off-site consumption ☒ Single-use utensils ☒ Multi-use utensils ☐ Other:	Max per shift: 4

Designated Point of Contact for questions or additional needed information:
Name: DANIEL 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.

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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:** 05/01/2020
Print Name: Daniel Clift	**Title:** Architect

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…

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Office Use Only			
Fees: 220.00	**Payment Type:** CC - online		**Receipt #:** Online
Marijuana Retail Stores		**Date Paid:** 5-12-2020	Facility ID:
0-1000 sq. ft:	$220.00	PE: AF20	
1001-4000 sq ft.	$330.00	Plan Review Project # SR 700	
4001+ sq ft.	$550.00	Plan Review:	

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

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