Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

received 6-23-2020

TYPE OF APPLICATION: ☐ New ☒ Remodel ☐ Conversion	**Projected Start Date:** _____ **Projected Completion Date:** 9-1-2020
TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: Voodoo Cannabis Company			
Establishment Address: 930 Gambell St	City: Anchorage	State: AK	ZIP: 99501

OWNERSHIP INFORMATION

Name of Owner: ALASKA Joint Ventures LLC			
Address: 7801 Schoon st unit G	City: Anchorage	State: AK	ZIP: 99518
Email: contact@akjomt.com	Phone Number: 907 223 5574		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: Colleen Howard	Contact Person: Colleen Howard		
Applicant Mailing Address: 7801 Schoon st	City: Anchorage	State: AK	ZIP: 99518
Email: contact@akjomt.com	Phone Number: 907 223 5574		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☒ Sun: 8am 12am ☒ Mon: 8am-12am ☒ Tues: 8am-12am ☒ Wed: 8am-12am ☒ Thurs: 8am-12am ☒ Fri: 8am-12am ☒ Sat: 8am-12am	360	☒ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other: _____	Max per shift: 3

Designated Point of Contact for questions or additional needed information:
Name: Colleen Howard
Phone Number: 907 223 5574

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

JUN 26 2020

- *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: 6-22-2020
Print Name: Colleen Howard	Title: president

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...

received
6-23-2020

Office Use Only			
Fees: 220	**Payment Type:** CC		**Receipt #:**
Marijuana Retail Stores		**Date Paid:** 6-23-2020	Facility ID:
0-1000 sq. ft:	$220.00	PE: AF20	
1001-4000 sq ft.	$330.00	Plan Review Project # SR 714	
4001+ sq ft.	$550.00	Plan Review:	

IN 00 6473
AR 00 18889

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

AMCO
JUN 26 2020

Environmental Health Services
PO Box 196650

Anchorage, AK 995196650
Phone: (907) 343-4200

ENVIRONMENTAL HEALTH SERVICES RECEIPT

Receipt No: #000003729
Date: Jun 23, 2020

Invoiced To	Billing Information
VOODOO CANNABIS COMPANEY	XXXX-XXXX-XXXX-3243 VISA
930 GAMBELL ST	COLLEEN HOWARD
ANCHORAGE, AK 99501	3042 CHEYENNE CT
Phone: (907) 223-5574	ANCHORAGE, AK 99507

Invoice	Description		Total Paid
IN0061473	PLAN REVIEW - FOOD - 0 TO 1000 SQ FT	$220.00	$220.00

Total amount paid: $220.00

AMCO
JUN 26 2020