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Municipality of Anchorage
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL SERVICES / FOOD SAFETY & SANITATION
825 L Street, P.O. Box 196650, Anchorage, Alaska 99519-6650
Telephone: (907) 343-6509 Fax: (907) 343-4786
www.muni.org

DHHS

APPLICATION FOR PLAN REVIEW

☐ **Remodel/Upgrade** ☐ **New Construction/Existing Building** ☒ **New Construction/New Building**

Establishment Name: BAM Greeneries, Inc. DBA The House of Green			
Site Address: 9410 Old Seward Hwy, Anchorage, Alaska 99515	Mailing Address: 3105 MINNESOTA DR, ANCHORAGE, AK 99503		
Owner Name: BAM Greeneries, Inc	Address: 3150 Minnesota Drive, Anchorage, AK 99503	Phone: 907-230-4717	Fax:
Email: 907kind@gmail.com			
Contact Name: Michael Dillard	Address: 3150 Minnesota Drive, Anchorage, AK 99503	Phone: 907-230-4717	Fax:
Email: 907kind@gmail.com			
Square feet: 1,206	If Food, Menu Provided: ☒ Yes ☐ No		
Applicants Signature: DocuSigned by: CD8A3B11EA56D48D...	Application Date: 5/10/2021		

Department Notes/Comments

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OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:
330	CC online	4083	5-11-21

Fees:

Pool/Spa

Spa:	$ 300.00	(Date Paid)
Pool 0-1600 sq. ft.:	$ 500.00	(Date Paid)
Pool 1600 sq. ft. +:	$ 750.00	(Date Paid)

Food

Food: 0-1000 sq. ft.:	$ 220.00	(Date Paid)
Food: 1001-4000 sq. ft.:	$ 330.00	5-11-21 (Date Paid)
Food: 4001 sq. ft. +:	$ 550.00	(Date Paid)

Facility ID: _____

PE: _____

Plan Review Project Number: SR 823

Plan Review: _____

72-038 Ver. 12_15*

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Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

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: BAM Greeneries, Inc. DBA The House of Green			
Establishment Address: 9410 Old Seward Hwy	City: Anchorage	State: AK	ZIP: 99515

OWNERSHIP INFORMATION

Name of Owner: Bam Greeneries, Inc.			
Address: 3150 Minnesota Drive	City: Anchorage	State: AK	ZIP: 99503
Email: 907kind@gmail.com	Phone Number: 907-230-4717		

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: 9 am - 12 am ☒ Mon: 9 am - 12 am ☒ Tues: 9 am - 12 am ☒ Wed: 9 am - 12 am ☒ Thurs: 9 am - 12 am ☒ Fri: 9 am - 12 am ☒ Sat: 9 am - 12 am	1,206	☐ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:_____	Max per shift: 6

Designated Point of Contact for questions or additional needed information:
Name: Michael Dillard
Phone Number: 907-230-4717

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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: DocuSigned by: D8A3B11EA56D48D...		Date:	5/10/2021
Print Name: Michael Dillard		Title: President of BAM Greeneries, Inc.	

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: 330.00	Payment Type: CC online		Receipt #: 4083
Marijuana Retail Stores		Date Paid: 5-11-21	Facility ID:
0-1000 sq. ft:	$220.00	PE:	
1001-4000 sq ft.	$330.00	Plan Review Project # SR 823	
4001+ sq ft.	$550.00	Plan Review:	

AR 00 19258
IN 00 63402

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

Appendix A

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