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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: Scorpion Grass			
Establishment Address: 1150 Huffman Park Drive	**City:** Anchorage	**State:** Alaska	**ZIP:** 99515
OWNERSHIP INFORMATION			
Name of Owner: Hack's Investments, Inc.			
Address: 266 S. McCallister Drive	**City:** Wasilla	**State:** Alaska	**ZIP:** 99654
Email: scorpiongrassllc@gmail.com	**Phone Number:** 907-317-0730		
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: 10am - 10 pm ☒ Mon: 10am - 10 pm ☒ Tues: 10am - 10 pm ☒ Wed: 10am - 10 pm ☒ Thurs: 10am - 10 pm ☒ Fri: 10am - 10 pm ☒ Sat: 10am - 10 pm	2,533	☐ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other: _____	Max per shift: 5

Designated Point of Contact for questions or additional needed information:
Name: Olivia Willis
Phone Number: 907-317-0730

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: Daniel Hacker A48899075A3D465...	**Date:**	5/28/2021
Print Name: Daniel Hacker		**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…

Office Use Only			
Fees: $330	**Payment Type:** CC online		**Receipt #:** 4149
Marijuana Retail Stores		**Date Paid:** 6/2/21	**Facility ID:**
0-1000 sq. ft:	$220.00	PE: AF21	
1001-4000 sq ft.	$330.00	Plan Review Project # SR 832	
4001+ sq ft.	$550.00	Plan Review:	

ARD019315
IN0063949

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

Appendix A