Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
INTERNATIONAL DEPARTMENT OF HEALTH & HUMAN SERVICES

received 8-11-21

TYPE OF APPLICATION: ☐ New ☒ Remodel ☒ Conversion	**Projected Start Date:** 08/10/21 **Projected Completion Date:** 01/01/22
TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: The Pot Shop			
Establishment Address: 902 W. Northern Lights Blvd	**City:** Anchorage	**State:** AK	**ZIP:** 99503

OWNERSHIP INFORMATION

Name of Owner: Scot Dunnachie			
Address: 200 W. 34th Ave. Unit 80	**City:** Anchorage	**State:** AK	**ZIP:** 99503
Email: thepotshopak@gmail.com	**Phone Number:** 907-229-5398		

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: 11am - 12am ☐ Mon: 11am - 12am ☐ Tues: 11am - 12am ☐ Wed: 11am - 12am ☐ Thurs: 11am - 12am ☐ Fri: 11am - 12am ☐ Sat: 11am - 12am	1000 600 4400	☒ 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: SCOT DUNNACHIE
Phone Number: 907-229-5398

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.

Received by AMCO btwn 8.11.21 & 8.12.21

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:** 8-10-2021
Print Name: SCOT DUNNACKLE	**Title:** SOLE 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...

received 8-11-21

Office Use Only			
Fees: 220	**Payment Type:** CC online		**Receipt #:** online
Marijuana Retail Stores		**Date Paid:** 8-11-21	**Facility ID:**
0-1000 sq. ft:	$220.00	PE: AF20	
1001-4000 sq ft.	$330.00	Plan Review Project # SR861	
4001+ sq ft.	$550.00	Plan Review:	

AR00 19534
IN00 64134

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

Appendix A

Received by AMCO btwn 8.11.21 & 8.12.21