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: Alice's			
Site Address: 12111 Horseshoe Drive, Eagle River, AK 99577	Mailing Address: PO Box 772706, Eagle River, Alaska 99577		
Owner Name: CDLW, INC	Address: 12111 Horseshoe Drive, Eagle River	Phone: 907-622-0606	Fax:
Email: info@alices-ak.com			
Contact Name: Lonn Goldbeck	Address: 12111 Horseshoe Drive, Eagle River	Phone: 907-622-0606	Fax:
Email: lonn@alices-ak.com			
Square feet: 1,057	If Food, Menu Provided: ☒ Yes ☐ No		
Applicants Signature:	Application Date: 5/7/21		

Department Notes/Comments

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AR0019257
IN0063401

OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:
$330	cc online	4082	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: AF21

Plan Review Project Number: SR 822

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: CDLW, inc DBA Alice's			
Establishment Address: 12111 Horseshoe Drive, Suite 1	City: Eagle River	State: Alaska	ZIP: 99577

OWNERSHIP INFORMATION

Name of Owner: CDLW, inc.			
Address: 12111 Horseshoe Drive, Suite 1	City: Eagle River	State: Alaska	ZIP: 99577
Email: lonn@alices-ak.com	Phone Number: 907-622-0606		

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: 10 am- 10 pm ☒ Mon: 10 am- 10 pm ☒ Tues: 10 am- 10 pm ☒ Wed: 10 am- 10 pm ☒ Thurs: 10 am- 10 pm ☒ Fri: 10 am- 10 pm ☒ Sat: 10 am- 10 pm	1,057 square feet	☐ 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: Lonn Goldbeck
Phone Number: 907-622-0606

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: 5/7/21
Print Name: David Peder Miltersen	Title: Director, Shareholder, President of CDLW, 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...

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Office Use Only			
Fees: $330	Payment Type: CC online		Receipt #: 4082
Marijuana Retail Stores		Date Paid: 5/11/21	Facility ID:
0-1000 sq. ft:	$220.00	PE: AF21	
1001-4000 sq ft.	$330.00	Plan Review Project # SR 822	
4001+ sq ft.	$550.00	Plan Review:	

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

Appendix A

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