RECEIVED 3.22.22 by EHS@AHD

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:** N/A
TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: AK LEGEND'S THE DISPENSARY			
Establishment Address: 7750 KING ST	**City:** ANCHORAGE	**State:** AK	**ZIP:** 99518

OWNERSHIP INFORMATION

Name of Owner: JERED BUSS			
Address: 7001 SERENITY CIRCLE	**City:** ANCHORAGE	**State:** AK	**ZIP:** 99518
Email: JBUSSAK@GMAIL.COM	**Phone Number:** 907-223-4888		

ARCHITECT/ENGINEER INFORMATION

Applicant Name: SAME	**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:_____ ☐ Mon:_____ ☐ Tues:_____ ☐ Wed:_____ ☐ Thurs:_____ ☐ Fri:_____ ☐ Sat:_____	244	☒ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:_____	Max per shift: 2

Designated Point of Contact for questions or additional needed information:
Name: JERED BUSS
Phone Number: 907-223-4888

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 3.23.22