Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

DHS

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: Alaskan Grown Cannabis			
Establishment Address: 2505 Fairbanks Street, Unit 1	**City:** Anchorage	**State:** AK	**ZIP:** 99503

OWNERSHIP INFORMATION

Name of Owner: Anchorage Retail Management, LLC			
Address: 2505 Fairbanks Street, Unit 1	**City:** Anchorage	**State:** AK	**ZIP:** 99503
Email: alaskangrownproducts@gmail.com	**Phone Number:**		

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: 9am - 11pm ☒ Mon: 9am - 11pm ☒ Tues: 9am - 11pm ☒ Wed: 9am - 11pm ☒ Thurs: 9am - 11pm ☒ Fri: 9am - 11pm ☒ Sat: 9am - 11pm	1,200 aprox	☐ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:_____	Max per shift: 3-5

Designated Point of Contact for questions or additional needed information:
Name: Jason Evans
Phone Number: 907-230-9099

RECEIVED 4.20.22 JR

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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