Appendix *A* - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

DEPARTMENT OF HEALTH & HUMAN SERVICES

TYPE OF APPLICATION: X New Remodel Conversion	**Projected Start Date:**_____ **Projected Completion Date:** _____
TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: Enlighten Alaska			
Establishment Address: 7317 Old Seward Highway	City: Anchorage	State: Alaska	ZIP: 99518

OWNERSHIP INFORMATION

Name of Owner: Enlighten Alaska Old Seward, LLC			
Address: 7317 Old Seward Highway	City: Anchorage	State: Alaska	ZIP: 99518
Email: jane@enlightenak.com	Phone Number: 907-301-2428		

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: 9 am-11pm ☒ Mon: 9am-11pm ☒ Tues: 9am-11pm ☒ Wed: 9am-11pm D Thurs: 9am-11pm D Fri: 9am-11pm D Sat: 9am-11pm	7,900	☒ Off-site consumption D Single-use utensils D Multi-use utensils D Other:___	Max per shift: 4-6

Designated **Point** of Contact **for questions or additional needed information:**

Name: Jane Stinson

Phone Number: 907-301-2428

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 3/10/23

AMCO RCVD 3/29/2023