

Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS



Municipality of Anchorage
Anchorage Health Department
 Environmental Health Services, Food Safety & Sanitation Program
 825 L St Street
 907-343-4200 www.muni.org/EHonline



TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion	Projected Start Date: _____ Projected Completion Date: _____
---	---

TYPE OF FOOD OPERATION: Retail Marijuana Store

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: _____

Establishment Address: _____	City: _____	State: _____	ZIP: _____
-------------------------------------	--------------------	---------------------	-------------------

OWNERSHIP INFORMATION

Name of Owner: _____

Address: _____	City: _____	State: _____	ZIP: _____
-----------------------	--------------------	---------------------	-------------------

Email: _____	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 <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Square Feet of Facility: _____	Type of Service (check all that apply) <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	Employees Max per shift: _____
--	--	--	--

Designated Point of Contact for questions or additional needed information:

Name: _____
Phone Number: _____

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.

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 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:
Print Name:	Title:

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
 - Freezer, etc...

Office Use Only			
Fees:			
Marijuana Retail Stores		Date Paid: _____	Facility ID: _____
0-1000 sq. ft:	\$ 220.00	PE: _____	
1001-4000 sq ft.	\$ 330.00	Plan Review Project # _____	
4001+ sq ft.	\$ 550.00	Plan Review: _____	

Revised April 14, 2022

Appendix B – REGULATORY COMPLIANCE REVIEW LIST

MARIJUANA PRODUCT PROCEDURES

MARIJUANA PRODUCT DELIVERY

1. How often will marijuana products and supplies be delivered? Daily Weekly Other: _____

MARIJUANA PRODUCT STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____;

Utensil Storage _____

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4"

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RA to circle and Initial)
Dry pre-packaged product storage					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators Freezers					YES/NO
Service Sink					YES/NO
Refuse Area					YES/NO
Toilet Rooms					YES/NO
Other: Indicate					YES/NO

Identify the finishes of cabinets, countertops, and shelving:

plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Circle and Initial)
Handwashing facilities	<ul style="list-style-type: none"> • Identify number of the handwashing sinks in retail sales area: _____Retail Sales 	YES/NO
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the make and model of the mechanical dishwasher: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Water Supply	<ul style="list-style-type: none"> • Is the water supply public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> <ul style="list-style-type: none"> ○ If private, has source been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> ○ Attach copy of written approval and/or permit. • What is the capacity and location* of the water heater? _____ Gal. <input type="checkbox"/> Check if Tank-less *Identify location on plan. Provide specifications for the water heater 	YES/NO

Sewage Disposal	<ul style="list-style-type: none"> • Is the sewage system public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> • If private, has the sewage system been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> • Attach copy of written approval and/or permit. 	YES/NO
Backflow Prevention	<ul style="list-style-type: none"> • Will all potable water sources be protected for backflow? Yes <input type="checkbox"/> No <input type="checkbox"/> • Are all floor drains identified on the submit floor plan? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Toilet Facilities	<ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Hot and cold water provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Dressing Rooms	<ul style="list-style-type: none"> • Will dressing rooms be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> • Describe storage facilities for employee personal belongings _____ 	YES/NO
Poisonous/Cleaning Storage	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ 1. Identify the location of the facilities for cleaning of mops and other cleaning equipment? 	YES/NO
Pest Control	<ul style="list-style-type: none"> • Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	YES/NO

Refuse, Recyclables, and Returnables	<ul style="list-style-type: none"> • Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compacter be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor • Will there be an area to store returnables and recall items? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ 	YES/NO
---	---	--------