

# 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](http://www.muni.org/EHonline)



<b>TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion		<b>Projected Start Date:</b> _____ <b>Projected Completion Date:</b> _____	
<b>TYPE OF FOOD OPERATION:</b> <input type="checkbox"/> Retail Marijuana Store			
<b>MARIJUANA RETAIL ESTABLISHMENT INFORMATION</b>			
<b>Name of Establishment:</b> _____			
<b>Establishment Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>ZIP:</b> _____
<b>OWNERSHIP INFORMATION</b>			
<b>Name of Owner:</b> _____			
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>ZIP:</b> _____
<b>Email:</b> _____	<b>Phone Number:</b> _____		
<b>ARCHITECT/ENGINEER INFORMATION</b>			
<b>Applicant Name:</b> _____		<b>Contact Person:</b> _____	
<b>Applicant Mailing Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>ZIP:</b> _____
<b>Email:</b> _____	<b>Phone Number:</b> _____		
<b>FOOD OPERATION INFORMATION</b>			
<b>Hours/Days of Operation</b> <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: _____	<b>Square Feet of Facility:</b> _____	<b>Type of Service (check all that apply)</b> <input type="checkbox"/> Off-site consumption  <input type="checkbox"/> Single-use utensils  <input type="checkbox"/> Multi-use utensils  <input type="checkbox"/> Other: _____	<b>Employees</b> Max per shift: _____
<b>Designated Point of Contact for questions or additional needed information:</b> <b>Name:</b> _____ <b>Phone Number:</b> _____			
The following documents must be submitted along with this application: Proposed list of marijuana consumables, concentrates and beverages to be offered <ul style="list-style-type: none"> <li>Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below:</li> <li>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).</li> <li>Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list.</li> </ul>			

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

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

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