Alcohol & Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	ALASKA TASTY CANNABIS, LLC.	**License Number:**	20151		
License Type:	Retail Marijuana Store				
Doing Business As:	ALASKA TASTY CANNABIS, LLC.				
Physical Address:	810 E. 6th Avenue				
City:	Anchorage	**State:**	AK	**Zip Code:**	99501
Designated Licensee:	Azdren Poshka				
Email Address:	albocrew@gmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Please find enclosed/attached for Alaska Tasty Cannabis *retail*: - MOA DHSS Food Permit Application marked as received - Check for $6000 (application + license fee) Thanks, Jessika Smith Legal Assistant Law Offices of Lance C. Wells

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

AMCO
APR - 2 2019

Municipality of Anchorage
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL SERVICES / FOOD SAFETY & SANITATION
825 L Street, P.O. Box 196650, Anchorage, Alaska 99519-6650
Telephone: (907) 343-4200 Fax: (907) 343-4786
www.muni.org

DHHS ANCHORAGE

APPLICATION FOR HEALTH PERMIT

☐ Food Establishment ☐ Temporary Food ☐ Catering ☐ Cottage Food ✓ Retail Marijuana
☐ Pool/Hot Tub ☐ Beauty/Barber Shop ☐ Pest Control

Facility Name: Alaska Tasty Cannabis, LLC	If Change of Owner, Previous Facility Name: Rice Bowl
Owner's Name(s): Alaska Tasty Cannabis, LLC	Name of Person To Contact: Azdren Poshka
Site Address: 810 E. 6th Avenue Anchorage AK 99501	Phone: Fax: Email:

Mailing Address:	City:	State:	Zip:
810 E. 6th Avenue	Anchorage	AK	99501

Certified Manager's Name:	Manager Certificate #	Certificate Expiration Date:	Operating Days/Hours:	Seating Capacity:
Tuesday Phillips			7 days/wk 11am-12am	0

IF TEMPORARY FOOD, PROVIDE THE FOLLOWING

Event & Location	Date(s)	Hrs. of Operation	Approved Kitchen/ Commissary	Time of Food Prep At Kitchen

Foods To Be Served

Marijuana and Marijuana Product. "Menu" attached

IF PEST CONTROL, PROVIDE THE FOLLOWING

- Pesticide applicant will comply with insurance requirements in AMC 15.75
- Equipment to be used • Pesticides/Chemicals used & method of application • Description of area(s) where application occurs
- Copy of liability insurance policy

I Certify that I am familiar with applicable Anchorage Municipal Code of Ordinances and that the above described establishment will be operated and maintained in accordance with said Ordinances.

Applicant's Signature: Date: 4/1/19

Facility ID:	District #:	PE:	Owner ID:	Change:	Invoice #
	1	F421		☐ New ☐ Owner ☐ Name ☐ Permit Renewal ☐ Mailing Address	

660 ÷ 4/4 Fees:
Permit 495
Change of Owner
Late Fee
Other
Total 495

Department Comments:

RECEIVED HSD
APR 0 2 2019
4-2-19

Payment Type:	Check #:	Cash Register Receipt:	Date Received:
CC		98387	4-2-19

Approved (MOA): Date Approved:

70-007 Ver. 1_18 * DISTRIBUTION: WHITE-Department of Health & Human Services CANARY- Accounting PINK-Customer

AMCO
APR - 2 2019