Municipality of Anchorage
ANCHORAGE HEALTH DEPARTMENT
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/EHonline

APPLICATION FOR HEALTH PERMIT

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

Facility Name: Releaf	If Change of Owner, Previous Facility Name:
Owner's Name(s): One Stop LLC	Name of Person To Contact: Lori Brandt
Site Address: 910 W. International Airport Rd	Phone: 907-250-5453 Fax: N/A Email: onestop@gci.net
Mailing Address: 910 W. International Airport Rd	City: State: AK Zip: 99518
Certified Manager's Name: Manager Certificate # Certificate Expiration Date:	Operating Days/Hours: Sun-Sat 8-12AM Seating Capacity:

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

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: [signature] Date: 3/25/2021

Facility ID:	District #:	PE:	Owner ID:	Change:	Invoice #
16912	2	F421	8231	☒ New ☐ Owner ☐ Name ☐ Permit Renewal ☐ Mailing Address	63322

Fees:
Permit $660
Change of Owner
Late Fee
Other
Total $660

Department Comments:
AR0019182
IN0063322

Payment Type:	Check #:	Cash Register Receipt:	Date Received:
CC online		4019	03/25/2021

Approved (MOA): Date Approved:

MOA ENVIRONMENTAL SERVICES
P.O. Box 196650
ANCHORAGE, AK 99519-6650
907-343-4200

MOA ENVIRONMENTAL SERVICES
0017340000803212005000

Date: 03/25/2021 08:24:46 AM

CREDIT CARD SALE

VISA
CARD NUMBER: **********5330 K
TRAN AMOUNT: $660.00
APPROVAL CD: 35061D
ECI:
RECORD #: 000
CLERK ID: ConvergeAPI
INVOICE #: 4019

X_____
Lori Brandt

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)