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:	Enlighten Alaska, LLC	**License Number:**	10021		
License Type:	Retail Marijuana Store				
Doing Business As:	ENLIGHTEN ALASKA, LLC				
Physical Address:	2600 Spenard Road				
City:	Anchorage	**State:**	AK	**Zip Code:**	99503 - 8934
Designated Licensee:					
Email Address:	janebstinson@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Food Safety Permit – Application for Plan Review receipt

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

JUL 7 '16 PM12:08

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) 343-6509 Fax: (907) 343-4786
www.muni.org

DHHS

RECEIVED ESD JUL 06 2016

JUL 7 '16 PM12:08

APPLICATION FOR PLAN REVIEW

☒ Remodel/Upgrade ☐ New Construction/Existing Building ☐ New Construction/New Building

Establishment Name: Enlighten Alaska, LLC			
Site Address: 2600 Spenard Road	Mailing Address:		
Owner Name: Jane Stinson	Address: 9130 Jupiter Dr.	Phone: 907.301.2428	Fax:
Email: jane.stinson@gmail.com			
Contact Name: Jane Stinson	Address: 9130 Jupiter Dr.	Phone: 907.301.2428	Fax:
Email: janestinson@gmail.com			
Square feet: 2,025	If Food, Menu Provided: ☐ Yes ☒ No		
Applicants Signature: Jane Stinson	Application Date: 7/6/16		

Department Notes/Comments

MOA ENVIRONMENTAL SVCS
825 L ST RM 510
ANCHORAGE, AK. 99501
907-343-4200

SALE

REF#: 00000002
Batch #: 132 10:18:57
07/06/16
APPR CODE: 05916D
Trace: 2
VISA Chip
**********9755

AMOUNT $330.00

APPROVED

Visa Credit
AID: A0000000031010
TVR: 80 80 00 80 00
TSI: 78 00

THANK YOU

OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:
[illegible]	C	[illegible]	7-1-16

Fees:

Pool/Spa

Spa:	$ 300.00	(Date Paid)
Pool 0-1600 sq. ft.:	$ 500.00	(Date Paid)
Pool 1600 sq. ft. +:	$ 750.00	(Date Paid)

Food

Food: 0-1000 sq. ft.:	$ 220.00	(Date Paid)
Food: 1001-4000 sq. ft.:	$ 330.00	7-1-16 (Date Paid)
Food: 4001 sq. ft. +:	$ 550.00	(Date Paid)

Facility ID: _____

PE: A: 21

Plan Review Project Number: SR

Plan Review: _____

72-038 Ver. 12.15*