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:	SEU LLC	**License Number:**	10307		
License Type:	Retail Marijuana Store				
Doing Business As:	ALASKA FIREWEED				
Physical Address:	715 W 4th Ave				
City:	Anchorage	**State:**	AK	**Zip Code:**	99501
Designated Licensee:					
Email Address:	snowtz@aol.com				

Section 2 – Attached Items

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

Attached Items:	Food permit documents

RECEIVED
JUL 15 2016
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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

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

APPLICATION FOR PLAN REVIEW

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

Establishment Name: Alaska Fireweed			
Site Address: 715 W 4th Avenue	Mailing Address: 715 W 4th Avenue		
Owner Name: SEU LLC	Address: 715 W 4th Avenue	Phone: 907-444-5542	Fax:
Email: Amann005@hotmail.com			
Contact Name: Susan Nowland	Address: 715 W 4th Avenue	Phone: 230-5069	Fax:
Email: snowtz@AOL.com			
Square feet: 2800	If Food, Menu Provided: ☐ Yes ☒ No		
Applicants Signature:	Application Date: 7/15/16		

Department Notes/Comments

RECEIVED
JUL 15 2016
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:
330 —	CC	9027	7-15-16

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	7-15-16 (Date Paid)
Food: 4001 sq. ft. +:	$ 550.00	(Date Paid)

Facility ID: _____

PE: AF21

Plan Review Project Number: SR

Plan Review: _____