THIS PERMIT MUST BE CONSPICUOUSLY POSTED IN A PUBLIC PLACE IN THE ESTABLISHMENT

Municipality of Anchorage

DEPARTMENT OF HEALTH & HUMAN SERVICES PERMIT

PERMIT NO.
FA0013527

FACILITY NAME **ALASKA FIREWEED**
OWNER'S NAME: SEU LLC
LOCATION: 715 W 4TH AVE

ISSUED BY THE DEPARTMENT OF HEALTH & HUMAN SERVICES AND SUBJECT TO THE ANCHORAGE MUNICIPAL CODE OF ORDINANCES TITLES 15 AND 16. UNLESS THE OWNERSHIP CHANGES, THIS PERMIT IS VALID FROM 1/1/2017 TO 12/31/2017

ALASKA FIREWEED
715 W 4TH AVE
ANCHORAGE, AK 99501

70-021 Ver. 9 02

THIS CERTIFICATE AND PERMIT IS NOT TRANSFERABLE
AND IS THE PROPERTY OF THE MUNICIPALITY OF ANCHORAGE

Received by AMCO 12.7.17