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/EHonline

DHHS ANCHORAGE

APPLICATION FOR HEALTH PERMIT

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

Facility Name: ALASKA WEEDS	If Change of Owner, Previous Facility Name: ALASKA WEEDS (GREEN BEAR ENTERPRISES LLC) SR420
Owner's Name(s): DENALI FIRE GREEN LLC	Name of Person To Contact: CHRIS OWENS
Site Address: 6209 MIKE ST STE 2A, ANCHORAGE, AK 99518	Phone: 907-230-7112 Fax: Email: chris@denalifire.com

Mailing Address: 500 W INTERNATIONAL AIRPORT RD STE F, ANCHORAGE, AK 99508 City: State: Zip:

Certified Manager's Name:	Manager Certificate #	Certificate Expiration Date:	Operating Days/Hours:	Seating Capacity:
ELI LEHRMANN	20-241388	07/26/2020	MON-SUN 10AM-10PM	N/A

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: **Date:** 09-17-2019

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

Fees:

Permit _____

Change of Owner _____

Late Fee _____

Other _____

Total _____

Department Comments:

Payment Type:	Check #:	Cash Register Receipt:	Date Received:

Approved (MOA):	Date Approved:

70-007 Ver. 8_18 * DISTRIBUTION: WHITE-Department of Health & Human Services CANARY- Accounting PINK-Customer

Received by AMCO 10/1/19