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

Municipality of Anchorage
DEPARTMENT OF HEALTH & HUMAN SERVICES

PERMIT

FACILITY NAME RASPBERRY ROOTS
OWNER'S NAME: RASPBERRY ROOTS LLC
LOCATION: 501 RASPBERRY RD

PERMIT NO.
FA0014735

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 1/1/2018 **TO** 12/31/2018

RASPBERRY ROOTS
12651 SCHOONER DR
ANCHORAGE, AK 99515

70-031 Ver. 9 02

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

Received by AMCO 8.22.18