For 21044

RECEIVED BY MAR 28 2019

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

DHHS ANCHORAGE

APPLICATION FOR HEALTH PERMIT

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

Facility Name: Mile High	If Change of Owner, Previous Facility Name: Releaf Alaska
Owner's Name(s): ~~Rochelle Kuster~~ RK Kuster's Kreations	Name of Person To Contact: Rochelle Kuster
Site Address: 910 West International Airport Way Suite B	Phone: 885-4969 Fax: Email: milehighak42@gmail.com
Mailing Address: 910 West International Airport Way Suite B City: Anchorage	State: AK Zip: 99518
Certified Manager's Name: Pending Rochelle Kuster Manager Certificate #: 21-2602903 Certificate Expiration Date: 1-6-2020	Operating Days/Hours: TBD Seating Capacity: 0

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: [signature] Date: 3-15-2019

Facility ID:	District #: 2	PE: F420	Owner ID:	Change: ☐ New ☐ Owner ☐ Name ☐ Permit Renewal ☐ Mailing Address	Invoice #

Fees:
Permit 260x1/2=130
Change of Owner
Late Fee
Other
Total 130.—

Department Comments: Open July 2019.

Payment Type: CC	Check #:	Cash Register Receipt: 98357	Date Received: 3-28-19

Approved (MOA): Date Approved:

70-007 Ver 1_18 * DISTRIBUTION: WHITE-Department of Health & Human Services CANARY- Accounting PINK-Customer

AMCO JUN 19 2019

AMCO JUN 13 2019

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DHHS ANCHORAGE

APPLICATION FOR PLAN REVIEW

____Remodel/Upgrade ____New Construction/Existing Building ____New Construction/New Building

Establishment Name: Mile High			
Site Address: 910 W International Airport Rd #F		Mailing Address: SAME	
Owner Name: Hunter Irrigations	Address: Anchorage, AK 99515	Phone: 907-563-4949	Fax: —
Email: mikehighlandgmail.com			
Contact Name: Rochelle Hunter	Address: SAME	Phone: SAME	Fax:
Email: SAME			
Square feet: 2000 total space 700 warehouse		If Food, Menu Provided: ____Yes X No	
Applicants Signature:		Application Date: March 2019	

Department Notes / Comments

RECEIVED BSD
MAR 21 2019
Rad Trash 343-4647

OFFICE USE ONLY

Amount Received:	Payment Type:	Receipt Number:	Date Received:
220	CK 0006	98317	3-21-19

Fees:

Spa	$ 300.00	(Date Paid)	Facility ID:
Pool			
0-1600 sq. ft.:	$ 500.00	(Date Paid)	PE: AC20
1600 sq. ft. +:	$ 750.00	(Date Paid)	Plan Review Project Number:
Food			
0-1000 sq. ft.:	$ 220.00	3-21-19 (Date Paid)	Plan Review:
1001-4000 sq. ft.:	$ 330.00	(Date Paid)	
4001 sq. ft. +:	$ 550.00	(Date Paid)	

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