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

Municipality of Anchorage

DEPARTMENT OF HEALTH & HUMAN SERVICES PERMIT

PERMIT NO.
FA0013635

FACILITY NAME **AK FUZZY BUDZ**
OWNER'S NAME: AK GLD LLC
LOCATION: 2612 EAGLE ST

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 1/1/2019 TO 12/31/2019

AK FUZZY BUDZ

MUNICIPALITY OF ANCHORAGE CERTIFICATE OF REGISTRATION

This is to certify that

FUZZY MONKEY

(NAME OF MARIJUANA RETAILER)

AKGLD, LLC.

(NAME OF OWNER / FORM OF BUSINESS ORGANIZATION)

has been duly registered as a marijuana retailer authorized to collect the Marijuana Retail Sales Tax, pursuant to Anchorage Municipal Code Chapter 12.50 at

2612 Eagle Street, Anchorage

(LOCATION OF MARIJUANA RETAIL STORE)

for the annual registration period expiring on September 30, 2019.

Original Issue Date: 12/19/2018

Bluss Cruz

Authorized Signature

Certificate No.: **10864-01**

must be prominently displayed at the registered place of business. If the retailer holding this certificate of
changes its form of business organization, or ceases to engage

Received by AMCO 4.23.19

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: AKGLD. LLC DBA Fuzzy Monkey	If Change of Owner, Previous Facility Name: AKGLD. LLC DBA AK Fuzzy Budz FA13625
Owner's Name(s): James and Mindy Millhouse 50% / 50%	Name of Person To Contact: James Millhouse
Site Address: 2612 Eagle Street. Anchorage. Alaska 99503	Phone: 907-351-6699 Fax: Email: akgreenlight@yahoo.com
Mailing Address: 405 E Northern Lights BLVD	City: Anchorage State: Alaska Zip: 99503
Certified Manager's Name: Rich Beezley R.B.	Manager Certificate # Certificate Expiration Date: Operating Days/Hours: 7 days a week from 8 am to 6 pm Seating Capacity:

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: X **Date:** X

Facility ID:	District #:	PE:	Owner ID:	Change: ☐ New ☐ Owner ☐ Name ☐ Permit Renewal ☐ Mailing Address	Invoice #
	1	FT20			

Fees:
Permit 150
Change of Owner /
Late Fee /
Other
Total 150

Department Comments: Change of Owner

Payment Type:	Check #:	Cash Register Receipt:	Date Received:
CK	2095	98375	4-1-19

Approved (MOA): Date Approved:

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

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MOA DEPT OF H&HS
ENVIRONMENTAL SERVICES
825 L STREET
PHONE: 343-4200

4/1/2019 2:55:40 PM

Facility#FA000
Change of Ownership $150.00

Total $150.00

Check $150.00
Total Amt Tend $150.00
Change $0.00

Items 1
Clerk/4 98375 14:55

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