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: ClaSim, LLC	If Change of Owner, Previous Facility Name: AlaskaSense, LLC
Owner's Name(s): ClaSim, LLC	Name of Person To Contact: Smadar Warden
Site Address: 217 E. 4th Ave., Suite D, Anchorage, AK 99515	Phone: 907-903-3534 Fax: Email smadi@cannabaska.com
Mailing Address: 521 E. Tudor Road, Unit 202, Anchorage, Alaska 99503	City: State: Zip:
Certified Manager's Name / Manager Certificate # / Certificate Expiration Date	Operating Days/Hours: / Seating Capacity:

IF TEMPORARY FOOD, PROVIDE THE FOLLOWING

Event & Location	Date(s)	Hrs. of Operation	Approved Kitchen/ Commissary	Type of Food Prep At Kitchen
		SUN - 2P - 12AM MON - SAT - 8:00 - 12AM		

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: 3/25/20

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:

DISTRIBUTION: WHITE Department of Health & Human Services CANARY Applicant PINK Customer

AMCO Received 4/13/2020