Municipality of Anchorage
ANCHORAGE HEALTH DEPARTMENT
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

APPLICATION FOR HEALTH PERMIT

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

Facility Name: Sima Enterprises, LLC DBA Cannabaska	If Change of Owner, Previous Facility Name: AlaskaSense, LLC DBA Cannabaska
Owner's Name(s): Sima Enterprises, LLC	Name of Person To Contact: Smadar Warden
Site Address: 521 W. Tudor Road, #201, Anchorage, Alaska 99503	Phone: 907-903-3534 Fax: Email: smadi@cannabaska.com
Mailing Address: 521 W. Tudor Road, Anchorage, Alaska 99503	City: State: Zip:
Certified Manager's Name: Manager Certificate # Certificate Expiration Date:	Operating Days/Hours: 8 am until 12 am 7 days a week / Seating Capacity: 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: 7/30/20

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:	

70-007 Ver. 10_19 DISTRIBUTION: WHITE-Anchorage Health Department CANARY- Accounting PINK-Customer

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Gmail

Brenda Butler <brenda@jdwcounsel.com>

Transfer of AlaskaSense, LLC to Sima Enterprises, LLC

Maxwell, Patricia L. <patricia.maxwell@anchorageak.gov> Thu, Jul 30, 2020 at 11:04 AM
To: Brenda Butler <brenda@jdwcounsel.com>, "Nesheim, Janine R." <janine.nesheim@anchorageak.gov>
Cc: Jana Weltzin <jana@jdwcounsel.com>, Smadi Warden <smadi@cannabaska.com>, Legal Counsel <legal@jdwcounsel.com>, "Zeitlin, Lea L." <lea.zeitlin@anchorageak.gov>, "Honest, Miranda L." <miranda.honest@anchorageak.gov>

Hi Brenda,

Thank you for sending this in.

We have updated our records.

There is no fee due for this.

We are good on our end and hope the same is for you.

Have a wonderful day!

Anchorage Health Department

Trish Maxwell
Permit Clerk III

Env. Health Services | Anchorage Health Department
825 L Street, Anchorage, AK 99501
Office: (907) 343-4200

patricia.maxwell@anchorageak.gov
www.muni.org/health

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