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 PLAN REVIEW

☑ Remodel/Upgrade ☐ New Construction/Existing Building ☐ New Construction/New Building

Establishment Name: Wobbly Moose			
Site Address: 1036 E. 4th Avenue	Mailing Address: 6833 Queens View Circle Anchorage, AK 9		
Owner Name: Wobbly Moose, LLC	Address: 1036 E. 4th Avenue	Phone: 907-223-0193	Fax:
Email: stanley.marshall@snapon.com			
Contact Name: Stan Marshall	Address: 6833 Queens View Circle Ancl	Phone: 907-223-0193	Fax:
Email: stanley.marshall@snapon.com			
Square feet: approx. 550 sq. ft.	If Food, Menu Provided: ☑ Yes ☐ No		
Applicants Signature:	Application Date: 6-3-2022		

Department Notes / Comments

OFFICE USE ONLY

Amount Received:	Payment Type:	Receipt Number:	Date Received:

Fees:

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

RECEIVED 6-7-22 CR

72-038 Ver. 10_19* DISTRIBUTION: White - FS&S Canary - FS&S Accounting Pink - Customer

Received by AMCO 6.8.22

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APPLICATION FOR HEALTH PERMIT

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

Facility Name: Wobbly Moose, LLC	If Change of Owner, Previous Facility Name:
Owner's Name(s): Wobbly Moose, LLC	Name of Person To Contact: Stan Marshall
Site Address: 1036 E. 4th Avenue	Phone: 907-223-0193 Fax: Email: stanley.marshall@snapon.com

Mailing Address:	City:	State:	Zip:
6833 Queens View Circle	Anchorage	AK	99504

Certified Manager's Name:	Manager Certificate #	Certificate Expiration Date:	Operating Days/Hours:	Seating Capacity:
TBD			TBD	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: Date: 6-3-22

Facility ID:	District #:	DE:	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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