



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:		If Change of Owner, Previous Facility Name:	
Owner's Name(s):		Name of Person To Contact:	
Site Address:		Phone:	Fax:
		Email:	
Mailing Address:	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	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:
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Facility ID:	District #:	PE:	Owner ID:	Change: <input type="checkbox"/> New <input type="checkbox"/> Owner <input type="checkbox"/> Name <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Mailing Address	Invoice #
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<p>Fees:</p> <p>Permit _____</p> <p>Change of Owner _____</p> <p>Late Fee _____</p> <p>Other _____</p> <p>Total _____</p>	<p>Department Comments:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Payment Type:</td> <td style="width:25%;">Check #:</td> <td style="width:25%;">Cash Register Receipt:</td> <td style="width:25%;">Date Received:</td> </tr> <tr> <td colspan="3">Approved (MOA):</td> <td>Date Approved:</td> </tr> </table>	Payment Type:	Check #:	Cash Register Receipt:	Date Received:	Approved (MOA):			Date Approved:
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