



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



**APPLICATION FOR HEALTH PERMIT**

**Food Establishment**     **Temporary Food**     **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:
Mailing Address:		Email:	
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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<b>Fees:</b> Permit _____ Change of Owner _____ Late Fee _____ Other _____ <b>Total</b> _____	Department Comments:			
	Payment Type:	Check #:	Cash Register Receipt:	Date Received:
	Approved (MOA):			Date Approved: