

Alaska Marijuana Control Board

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

Page 1 of 2

marijuana.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

# Form MJ-20: 2024-2025 Renewal Application Certifications

## Why is this form needed?

[Form MJ-20] (rev 4/30/2024)

This renewal application certifications form is required for all marijuana establishment license renewal applications. Each person signing an application for a marijuana establishment license must declare that he/she has read and is familiar with AS 17.38 and 3 AAC 306. A person other than a licensee may not have direct or indirect financial interest (as defined in 3 AAC 306.015(e)(1)) in the business for which a marijuana establishment license is issued, per 3 AAC 306.015(a).

This form must be completed and submitted to AMCO's Anchorage office <u>by each licensee</u> (as defined in 3 AAC 306.020(b)(2)) before any license renewal application will be considered complete.

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Section 3 – Violations & sign your initials in the box to the right of any a			P <sup>a</sup>	lniti
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# Form MJ-20: 2024-2025 Renewal Application Certifications

## **Section 5 - Certifications**

### Read each line below, and then sign your initials in the box to the right of each statement:

**Initials** 

I certify that no person other than a licensee listed on my marijuana establishment license renewal application has a direct or indirect financial interest, as defined in 3 AAC 306.015(e)(1), in the business for which the marijuana establishment license has been issued.



I certify that I meet the residency requirement under AS 43.23 or I have submitted a residency exception affidavit (MJ-20a) along with this application.



I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.



I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.



I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.



I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board.



**Initial this box if you are submitting an original fingerprint card and the applicable fees** to AMCO for AMCO to obtain criminal justice information and a national criminal history record required by AS 17.38.200 and 3 AAC 306.035(d). If I have multiple marijuana licenses being renewed, I understand one fingerprint card and fee will suffice for all marijuana licenses being renewed.



If multiple licenses are held, list all license numbers below:

10138, 10136

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.



Mike 5 DA24
Printed name of licensee

Signature of licensee



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This form must be completed and submitted to AMCO's Anchorage office by each licensee (as defined in 3 AAC 306.020(b)(2)) before any license renewal application will be considered complete.

Enter information for the	licensed establishment, as identified on the license app	lication.		-					
Licensee:	Northern Lights Indoor Gardens LLC	License	Number:	Number: 10138					
License Type:	Standard Marijuana Retail Facility	na Retail Facility							
Doing Business As:	Northern Lights Indoor Gardens LLC								
Premises Address:	1321 Sawmill Creek Rd. Suites O &P								
City:	Sitka	State:	AK	ZIP:	9983	35			
nter information for the Name:	Individual licensee who is completing this form.								
	Section 2 – Individual Info	ormatio	n .						
Title:	Owner								
Read each line below, and	Section 3 – Violations & 6 then sign your initials in the box to the right of any a					Initia			
	en convicted of any criminal charge in the previous two					OK			
certify that I have <b>not</b> co	mmitted any civil violation of AS 04, AS 17.38, or 3 AAC	306 in the p	revious two (	calendar y	ears.	SC			
certify that a notice of vio	plation has <b>not</b> been issued for this license between Ju	ly 1, 2023 ar	nd June 30, 2	024.		Æ			
ign your initials to the fo	llowing statement <u>only if you are unable to certify on</u>	e or more of	the above st	tatement	<u>s</u> :	Initia			
have attached a written	explanation for why I cannot certify one or more of th	ne above stat	tements, whi	ch includ	es				
he type of violation or of	ense, as required under 3 AAC 306.035(b).					l			

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I certify that I meet the residency requirement under AS 43.23 or I have submitted a residency exception affidavit (MJ-20a) along with this application.	do
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	SO
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	40
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	80
I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board.	80
Initial this box if you are submitting an original fingerprint card and the applicable fees to AMCO for AMCO to obtain criminal justice information and a national criminal history record required by AS 17.38.200 and 3 AAC 306.035(d). If I have multiple marijuana licenses being renewed, I understand one fingerprint card and fee will suffice for all marijuana licenses being renewed.	
If multiple licenses are held, list all license numbers below:	
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I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.	80
Printed name of licensee  Signature of licensee	

# Alcohol & Marijuana Control Office

License Number: 10138

**License Status:** Active-Operating **License Type:** Retail Marijuana Store

Doing Business As: NORTHERN LIGHTS INDOOR GARDENS, LLC

Business License Number: 1019601

Designated Licensee: Michael Daly

Email Address: northernlightsig@acsalaska.net

Local Government: Sitka (City and Borough of)

Local Government 2: Community Council:

Latitude, Longitude: 57.290940, -135.183000

Physical Address: 1321 Sawmill Creek Road

Suites N, O, and P Sitka, AK 99835 UNITED STATES

#### Licensee #1

Type: Entity

Alaska Entity Number: 10028235

Alaska Entity Name: Northern Lights Indoor Gardens,

LLC

**Phone Number: 907-747-1087** 

Email Address: northernlightsig@acsalaska.net
Mailing Address: 1321 Sawmill Creek Rd. Suite P

Sitka, AK 99835 UNITED STATES

### **Entity Official #2**

Type: Individual

Name: Lorraine Daly

Email Address: northernlightsig@acsalaska.net

Mailing Address: 501 Charteris St. Sitka, AK 99835

UNITED STATES

## **Entity Official #1**

Type: Individual

Name: Michael Daly



Email Address: dalys@gci.net

Mailing Address: 501 Charteris Street

Sitka, AK 99835 UNITED STATES

Note: No affiliates entered for this license.