

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

marijuana.licensing@alaska.gov

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

Phone: 907.269.0350

Form MJ-20: Renewal Application Certifications

What is this form?

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 main office by each licensee (as defined in 3 AAC 306.020(b)(2)) before any license renewal application will be considered complete.

Section 1 – Establishment Information

Enter information for the licensed establishment, as identified on the license application.

Alaska Marijuana Control Board

Licensee:	Northern Lights Indoor Gardens LLC License Number: 10136				
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Northern Lights Indoor Gardens LLC				
Premises Address:	1321 Sawmill Creek Rd. Suite M,N,O,P				
City:	Sitka	State:	Alaska	ZIP:	99835

Section 2 - Individual Information

Enter information for the individual licensee who is completing this form.

Name:	Lorraine C Daly
Title:	Owner

Section 3 - Violations & Charges

Read each line below, and then sign your initials in the box to the right of any applicable statements:

Initials

I certify that I have **not** been convicted of any criminal charge in the previous two calendar years.



I certify that I have **not** committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calendar years.



I certify that a notice of violation has **not** been issued to this license between July 1, 2019 and June 30, 2020.



Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

I have attached a written explanation for why I cannot certify one or more of the above statements, which includes the type of violation or offense, as required under 3 AAC 306.035(b).

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Alaska Marijuana Control Board

Form MJ-20: Renewal Application Certifications

Section 4 - Certifications

Read each line below, and then sign your initials in the box to the right of each s	statement:	Initials
I certify that no person other than a licensee listed on my marijuana establishmen direct or indirect financial interest, as defined in 3 AAC 306.015(e)(1), in the busin establishment license has been issued.	nt license renewal application has a ess for which the marijuana	00
I certify that I meet the residency requirement under AS 43.23 or I have submitte (MJ-20a) along with this application.	ed a residency exception affidavit	80
I certify that this establishment complies with any applicable health, fire, safety, other law in the state.	or tax statute, ordinance, regulation, or	d0
I certify that the license is operated in accordance with the operating plan curren Marijuana Control Board.	itly approved by the	10
I certify that I am operating in compliance with the Alaska Department of Labor ar requirements pertaining to employees.	nd Workforce Development's laws and	80
I certify that I have not violated any restrictions pertaining to this particular license operated in violation of a condition or restriction imposed by the Marijuana Contr	e type, and that this license has not been ol Board.	80
I certify that I understand that providing a false statement on this form, the online by or to AMCO is grounds for rejection or denial of this application or revocation o	application, or any other form provided fany license issued.	40
As an applicant for a marijuana establishment license renewal, I declare under per familiar with AS 17.38 and 3 AAC 306, and that this application, including all accomend complete. I agree to provide all information required by the Marijuana Controthat failure to do so by any deadline given to me by AMCO staff may result in additional controls.	npanying schedules and statements, is true	correct
Signature of licensee	Notary Public in and for the State of Ala	ska
Printed name of licensee	My commission expires: 10/8/22	ond .
Subscribed and sworn to before me this day of May	STATE OF ALASKA NOTARY PUBLIC JULIE A. SMITH My Commission Expires	

License # 10136

AMCO Received 6/6/2020 of 2

[Form MJ-20] (rev 4/23/2020)



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Section 1 - Establishment Information

Enter information for the licensed establishment, as identified on the license application.

Licensee:	Northern Lights Indoor Gardens LLC	License	Number:	10136)
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Northern Lights Indoor Gardens LLC				
Premises Address:	1321 Sawmill Creek Rd. Suite M,N,O,P				
City:	Sitka	State:	Alaska	ZIP:	99835

Section 2 - Individual Information

Enter information for the individual licensee who is completing this form

Name:	Mike J Daly
Title:	Owner

Section 3 – Violations & Charges	
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Initials

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Section 4 - Certifications

Read each line below, and then sign your initials in the box to the right of each s	tatement:	Initials
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certify that I am operating in compliance with the Alaska Department of Labor an requirements pertaining to employees.	d Workforce Development's laws and	9018°
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certify that I understand that providing a false statement on this form, the online by or to AMCO is grounds for rejection or denial of this application or revocation o		M
As an applicant for a marijuana establishment license renewal, I declare under perfamiliar with AS 17.38 and 3 AAC 306, and that this application, including all accomend complete. I agree to provide all information required by the Marijuana Control that failure to do so by any deadline given to me by AMCO staff may result in additional control of licensee. Signature of licensee. Subscribed and sworn to before me this day of June.	npanying schedules and statements, is true Il Board in support of this application and u	e, correct, understand
	STATE OF ALASKA NOTARY PUBLIC JULIE A. SMITH	

My Commission Expires