



# Public Notice

## Application for Marijuana Establishment License

**License Number:** 16767

**License Status:** Active-Operating

**License Type:** Marijuana Concentrate Manufacturing Facility

**Doing Business As:** AKO FARMS, LLC.

**Business License Number:** 1090969

**Email Address:** akofarmsllc@gmail.com

**Latitude, Longitude:** 57.051579, -135.306230

**Physical Address:** 1210 Beardslee Way  
Sitka, AK 99835  
UNITED STATES

### Licensee #1

**Type:** Entity

**Alaska Entity Number:** 10037708

**Alaska Entity Name:** AKO Farms, LLC

**Phone Number:** 907-738-5301

**Email Address:** akofarmsllc@gmail.com

**Mailing Address:** bx 2426  
sitka, AK 99835  
UNITED STATES

### Entity Official #1

**Type:** Individual

**Name:** Marty Martin

**Phone Number:** 907-747-3815

**Email Address:** martinent@gci.net

**Mailing Address:** P O Box 2752  
sitka, AK 99835  
UNITED STATES

### Entity Official #2

**Type:** Individual

**Name:** justin brown

**Phone Number:** 907-738-5301

**Email Address:** rgrjrb@hotmail.com

**Mailing Address:** 103 metlakatla  
sitka, AK 99835  
UNITED STATES

### Entity Official #3

**Type:** Individual

**Name:** Elizabeth Martin

**Phone Number:** 907-738-3484

**Email Address:** lizaak13@gmail.com

**Mailing Address:** P O Box 2752  
sitka, AK 99835  
UNITED STATES

### Affiliate #1

**Type:** Individual

**Name:** Marty Martin

**Phone Number:** 907-738-4048

**Email Address:** martinent@gci.net

**Mailing Address:** P O Box 2752  
2217 HPR  
sitka, AK 99835  
UNITED STATES

### Affiliate #2

**Type:** Individual

**Name:** justin brown

**Phone Number:** 907-738-5301

**Email Address:** rgrjrb@hotmail.com

**Mailing Address:** 103 metlakatla st  
sitka, AK 99835  
UNITED STATES

**Affiliate #3**

**Type:** Individual

**Name:** Elizabeth Martin

**Phone Number:** 907-747-3815

**Email Address:** lizaak13@gmail.com

**Mailing Address:** P O Box 2752  
2217 HPR  
sitka, AK 99835  
UNITED STATES

Interested persons may object to the application by submitting a written statement of reasons for the objection to their local government, the applicant, and the Alcohol & Marijuana Control Office (AMCO) not later than 30 days after the director has determined the application to be complete and has given written notice to the local government. Once an application is determined to be complete, the objection deadline and application information will be posted on AMCO's website at

<https://www.commerce.alaska.gov/web/amco>. Objections should be sent to AMCO at [marijuana.licensing@alaska.gov](mailto:marijuana.licensing@alaska.gov) or to 550 W 7th Ave, Suite 1600, Anchorage, AK 99501.

**POSTING DATE**\_\_\_\_\_



Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[marijuana.licensing@alaska.gov](mailto:marijuana.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

## Alaska Marijuana Control Board

# Form MJ-20: 2025-2026 Renewal Application Certifications

### Why is this form needed?

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 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.

|                    |                    |                 |       |
|--------------------|--------------------|-----------------|-------|
| Licensee:          | AKO Farms LLC      | License Number: | 16767 |
| License Type:      | Concentrate        |                 |       |
| Doing Business As: | AKO FARMS LLC      |                 |       |
| Premises Address:  | 1210 Beardslee Way |                 |       |
| City:              | SITKA              | State:          | AK    |
|                    |                    | ZIP:            | 99835 |

### Section 2 – Individual Information

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

|        |                  |
|--------|------------------|
| Name:  | Elizabeth Martin |
| 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.

*EM*

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.

*EM*

I certify that a notice of violation has **not** been issued for this license between July 1, 2024, and June 30, 2025.

*EM*

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).

☐



# Form MJ-20: 2025-2026 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.

*Em*

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.

*Em*

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

*Em*

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

*Em*

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

*Em*

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.

*Em*

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:

4A-12253

5B 16767

4A 26162

3A 19898

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.

*Em*

Elizabeth Martin

Printed name of licensee

*Elizabeth Martin*

Signature of licensee





Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[marijuana.licensing@alaska.gov](mailto:marijuana.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

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| Licensee:          | AKO Farms LLC      | License Number: | 16767 |
| License Type:      | Concentrate        |                 |       |
| Doing Business As: | AKO FARMS LLC      |                 |       |
| Premises Address:  | 1210 Beardslee Way |                 |       |
| City:              | SITKA              | State:          | AK    |
|                    |                    | ZIP:            | 99835 |

## Section 2 – Individual Information

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

|        |              |
|--------|--------------|
| Name:  | Justin Brown |
| 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.

JB

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.

JB

I certify that a notice of violation has **not** been issued for this license between July 1, 2024, and June 30, 2025.

JB

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Initials

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Alaska Marijuana Control Board

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## Section 5 – Certifications

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

Initials

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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.

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:

4A 12253  
4A 26162  
3A 19898

5B 16767

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.

Justin Brown

Printed name of licensee

Signature of licensee





Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[marijuana.licensing@alaska.gov](mailto:marijuana.licensing@alaska.gov)  
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| License Type:      | Concentrate        |                 |       |      |       |
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| Premises Address:  | 1210 Beardslee Way |                 |       |      |       |
| City:              | SITKA              | State:          | AK    | ZIP: | 99835 |

**Section 2 – Individual Information**

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

|        |              |
|--------|--------------|
| Name:  | Marty Martin |
| Title: | owner        |

**Section 3 – Violations & Charges**

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Initials

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Marty J. Martin

Printed name of licensee

*[Handwritten Signature]*

Signature of licensee