



Alaska Marijuana Control Board

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

## Cover Sheet for Marijuana Establishment Applications

### What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

**Items that are submitted without this page will be returned in the manner in which they were received.**

### Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

|                      |   |                 |       |           |       |
|----------------------|---|-----------------|-------|-----------|-------|
| Licensee:            | AKO Farms, LLC                          | License Number: | 12253 |           |       |
| License Type:        | Standard Marijuana Cultivation Facility |                 |       |           |       |
| Doing Business As:   | AKO FARMS LLC                           |                 |       |           |       |
| Physical Address:    | 1210 Beardslee Way                      |                 |       |           |       |
| City:                | Sitka                                   | State:          | AK    | Zip Code: | 99835 |
| Designated Licensee: | Justin Brown                            |                 |       |           |       |
| Email Address:       | akofarmsllc@gmail.com                   |                 |       |           |       |

### Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

|                 |  |
|-----------------|--|
| Attached Items: | MJ-20<br>Renewal Application Certification<br>For Elizabeth Martin, Marty Martin, and Justin Brown |
|-----------------|--|

### OFFICE USE ONLY

|                |  |                        |  |                |  |
|----------------|--|------------------------|--|----------------|--|
| Received Date: |  | Payment Submitted Y/N: |  | Transaction #: |  |
|----------------|--|------------------------|--|----------------|--|

Received by AMCO 5.10.18



Alaska Marijuana Control Board

## 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.

|                    |                                |                 |       |      |       |
|--------------------|--------------------------------|-----------------|-------|------|-------|
| Licensee:          | AKO FARMS LLC                  | License Number: | 12253 |      |       |
| License Type:      | Marijuana Cultivation Facility |                 |       |      |       |
| 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:  | Marty Martin |
| Title: | Owner        |

### Section 3 – Changes to Licensed Marijuana Establishment

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

Initials

I certify that **no changes have been made**, except for those that have been previously reported or requested on a form prescribed by the Board, to this licensed establishment's business name, ownership, licensed premises diagram, or operating plan, and (for marijuana product manufacturers) that I do not wish to request Board approval for production of any new proposed marijuana products.

I certify that **a change has been or will be made** to one or more of the items listed above for this establishment, and I understand that an additional form(s) and fee(s) must be submitted to AMCO before any renewal application for this license can be considered complete.

If you have selected the second certification, please list any and all of the types of changes that need to be reported/requested:

|  |
|--|
|  |
|--|



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 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** been issued any notices of violation or committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calendar years.



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

Initials

I have attached a written explanation for why I cannot certify one or both of the above statements, which includes the type of offense, as required under 3 AAC 306.035(b)(4).



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 for a permanent fund dividend in the 2018 calendar year.



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 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.



I certify that I understand that providing a false statement on this form, the online application, or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.



As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.

Signature of licensee

MARY J MARTIN

Printed name of licensee

Subscribed and sworn to before me this 9<sup>th</sup> day of May, 2018.

Notary Public in and for the State of Alaska

My commission expires: 02/25/19







## Alaska Marijuana Control Board

**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.

|                    |                                |                 |       |      |       |
|--------------------|--------------------------------|-----------------|-------|------|-------|
| Licensee:          | AKO FARMS LLC                  | License Number: | 12253 |      |       |
| License Type:      | Marijuana Cultivation Facility |                 |       |      |       |
| 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 – Changes to Licensed Marijuana Establishment**

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

Initials

I certify that **no changes have been made**, except for those that have been previously reported or requested on a form prescribed by the Board, to this licensed establishment's business name, ownership, licensed premises diagram, or operating plan, and (for marijuana product manufacturers) that I do not wish to request Board approval for production of any new proposed marijuana products.

I certify that **a change has been or will be made** to one or more of the items listed above for this establishment, and I understand that an additional form(s) and fee(s) must be submitted to AMCO before any renewal application for this license can be considered complete.

If you have selected the second certification, please list any and all of the types of changes that need to be reported/requested:

|  |
|--|
|  |
|--|



# 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 any applicable statements:

Initials

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

*[Handwritten initials]*

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

*[Handwritten initials]*

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

Initials

I have attached a written explanation for why I cannot certify one or both of the above statements, which includes the type of offense, as required under 3 AAC 306.035(b)(4).

*[Empty box for signature]*

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.

*[Handwritten initials]*

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the 2018 calendar year.

*[Handwritten initials]*

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

*[Handwritten initials]*

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

*[Handwritten initials]*

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.

*[Handwritten initials]*

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.

*[Handwritten initials]*

As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.

*[Handwritten signature]*  
Signature of licensee

Justin Brown  
Printed name of licensee

*[Handwritten signature: Kathy Finsley]*  
Notary Public in and for the State of Alaska

My commission expires: 02/25/19

Subscribed and sworn to before me this 9<sup>th</sup> day of May, 2018.







Alaska Marijuana Control Board

## Form MJ-20: Renewal Application Certifications

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|                    |                                |                 |       |      |       |
|--------------------|--------------------------------|-----------------|-------|------|-------|
| Licensee:          | AKO FARMS LLC                  | License Number: | 12253 |      |       |
| License Type:      | Marijuana Cultivation Facility |                 |       |      |       |
| 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 – Changes to Licensed Marijuana Establishment

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

Initials

I certify that **no changes have been made**, except for those that have been previously reported or requested on a form prescribed by the Board, to this licensed establishment's business name, ownership, licensed premises diagram, or operating plan, and (for marijuana product manufacturers) that I do not wish to request Board approval for production of any new proposed marijuana products.

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☐

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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 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** been issued any notices of violation or committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calendar years.

*Em*

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Initials

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*Em*

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the 2018 calendar year.

*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 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*

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.

*Em*

As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.

*Elizabeth Martin*

Signature of licensee

ELIZABETH MARTIN

Printed name of licensee

*Kathy Finsley*

Notary Public in and for the State of Alaska

My commission expires: 02/25/19

Subscribed and sworn to before me this 9<sup>th</sup> day of May, 2018.

