

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

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: Northern Lights Indoor Gardens, LLC License Number: 10138 License Type: Retail Facility Doing Business As: Northern Lights Indoor Gardens, LLC Premises Address: 1321 Sawmill Creek Rd., Suite O and P City: Sitka State: AK ZIP: 99835 Section 2 – Individual Information Enter information for the individual licensee who is completing this form. Name: Michael Daly 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

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Section 4 - Certifications	
Read each line below, and then sign your initials in the box to the right of any applicable statements:	
I certify that I have not been convicted of any criminal charge in the previous two calendar years.	Initials
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.	7"0
I certify that a notice of violation has not been issued for this license.	mD
Sign your initials to the following statement only if you are unable to certify one or more of the above statements:	[/n ()
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).	Initials
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.	mo
I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the 2018 calendar year.	mD
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	mp
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	mo
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.	345
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.	mo
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and unthat failure to do so by any deadline given to me by AMCO statistical result to additional feet or expiration of this license. Notary Public in and for the State of Alas My commission expires: Notary Public in and for the State of Alas My commission expires: Again and Complete. I agree to provide all information required by the Marijuana Control Board in support of this application and unthat failure to do so by any deadline given to me by AMCO statistical result in additional feet or expiration of this license. Notary Public in and for the State of Alas My commission expires: Again and Complete. I agree to provide all information required by the Marijuana Control Board in support of this application and unthat failure to do so by any deadline given to me by AMCO statistical result in a support of this application and unthat failure to do so by any deadline given to me by AMCO statistical result in a support of this application and unthat failure to do so by any deadline given to me by AMCO statistical result in a support of this application and unthat failure to do so by any deadline given to me by AMCO statistical result in a support of this application and unthat failure to do so by any deadline given to me by AMCO statistical result in a support of this application and unthat failure to do so by any deadline given to me by AMCO statistical result in a support of this application and unthat failure to do so by any deadline given to me by AMCO statistical result in a support of this application and unthat failure in a support of this application and unthat failure in a support of this application and unthat failure in a support o	correct, iderstand

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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: 10138 License Type: Retail Facility **Doing Business As:** Northern Lights Indoor Gardens, LLC **Premises Address:** 1321 Sawmill Creek Rd., Suite O and P City: Sitka State: AK ZIP: 99835 Section 2 - Individual Information Enter information for the individual licensee who is completing this form. Name: Micah Miller 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:



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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.	mm
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.	mm
I certify that a notice of violation has not been issued for this license.	WW
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).	IIIIIIIII
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 for a permanent fund dividend in the 2018 calendar year.	WW
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	MW
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and	mm
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.	mm
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.	mm
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, or and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and uncertainty to do so by any deadline given to me by AMCO staff they result in additional fees or expiration of this license. Notary Public in and for the State of Alask My commission expires: 12-09-207 Printed name of licensee Subscribed and sworn to before me this 30 day of 120 day o	derstand

License #