

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 <u>must</u> 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			T	00005
City:	Sitka	State:	AK	Zip Code:	99835
Designated Licensee:	Elizabeth Martin				
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

	OFFICE USE ONLY		
Received Date:	Payment Submitted Y/N:	Transaction #:	



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# 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.

Licensee:	AKO FARMS LLC	License	License Number: 12253		3
License Type:	Standard Marijuana Cultiva	ation Facility			
Doing Business As:	AKO FARMS LLC				
Premises Address:	1210 Beardslee Way				
City:	Sitka	State:	AK	ZIP:	99835
Name:	Marty Martin	and the second s		· · · · · · · · · · · · · · · · · · ·	
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Title:	owner				
Title:		an on shannan e La Sestatori e			
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ead each line below, a certify that I have not b certify that I have not c certify that a notice of	Section 3 – Violat and then sign your initials in the box to the ripeen convicted of any criminal charge in the performance any civil violation of AS 04, AS 17.3	ght of any applicable storevious two calendar your store and a store and a store a	atements: ears. previous two		years.

[Form MJ-20] (rev 4/24/2019)

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# 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 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.	My
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.	nen
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	M
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	M
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	yn
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.	N
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.	M
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have refamiliar 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 that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.     Kathy funding   Signature of licensee   Signature of	understan
Marty Martin  My commission expires: 02   25	23
Printed name of licensee  Subscribed and sworn to before me this day of	19



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Licensee:	AKO FARMS LLC	License	Number:	1225	3	*******
License Type:	Standard Marijuana Cultiva	ation Facility				
Doing Business As:	AKO FARMS LLC					
Premises Address:	1210 Beardslee Way					
City:	Sitka	State:	AK	ZIP:	99835	
Title:	owner					
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Title:	owner  Section 3 - Violat	ions & Charge	<b>3</b>			
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certify that I have not be certify that I have not contify that I have not contify that a notice of the sign your initials to the	Section 3 – Violation of AS 04, AS 17.	ght of any applicable stoprevious two calendar your state of a AAC 306 in the part of the certify one or more control of the certification of the certificat	ears.  previous two	statemen	years.	Danitia

[Form MJ-20] (rev 4/24/2019)

Page 1 of 2



## 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 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.	Dag
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	Der
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	M
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	TOR
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.	TOP .
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.	LOTA .
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have refamiliar 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 that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.	e, correct,
Signature of licensee  Kuthu Tinslu  Notary Public in and for the State of Al	laska
Justin Brown  My commission expires: 02 25 2	3
Printed name of licensee  Printed name of licensee  Subscribed and sworn to before me this day of	19

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License #\_12253

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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. License Number: 12253 AKO FARMS LLC Licensee: Standard Marijuana Cultivation Facility License Type: AKO FARMS LLC **Doing Business As: Premises Address:** 1210 Beardslee Way 99835 AK ZIP: State: Sitka City: Section 2 - Individual Information Enter information for the individual licensee who is completing this form. Elizabeth Martin Name: 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 for this license. 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). Page 1 of 2 [Form MJ-20] (rev 4/24/2019)



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I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	Sur
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.	En
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.	En
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have refamiliar 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 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  Notary Public in and for the State of A	e, correct, understand
Printed name of licensee  Subscribed and sworn to before me this day of	<u>19</u> .