



Alaska Marijuana Control Board

Form MJ-14: Licensed Premises Diagram Change**Why is this form needed?**

This licensed premises diagram change form is required for all marijuana establishment licensees seeking to alter the functional floor plan or reduce or expand the area of the establishment's existing licensed premises.

The required \$250 change fee may be made by check, cashier's check, or money order.

This form must be completed and submitted to AMCO's Anchorage office prior to altering the existing floor plan, and along with an initiated application for an Onsite Consumption Endorsement if applicable. The licensed premises may not be altered unless and until the application has been approved by the board.

Section 1 – Establishment Information

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

Licensee:		MJ License #:			
License Type:					
Doing Business As:					
Premises Address:					
City:		State:	Alaska	ZIP:	

Section 2 – Required Information

For your security, do not include locations of security cameras, motion detectors, panic buttons, and other security devices.

The following details must be included:

- License number and DBA
- Legend or key
- Color coding
- Dimensions
- Labels
- True north arrow
- Surveillance room
- Licensed premises boundary
- Restricted access areas
- Storage areas
- Entrances, exits, and windows
- Walls, partitions, and counters
- Any other areas that must be labeled for specific license types
- Serving area**
- Employee monitoring area**
- Ventilation exhaust points, if applicable**

Items marked with a double asterisks (**) are only required for those retail marijuana establishments that are submitting the MJ-14 form in conjunction with an onsite consumption endorsement application.



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Section 3 – Summary of Changes

Provide a summary of the changes for which you are requesting approval. **For Cultivation licenses:** describe the size of the space(s) the marijuana cultivation facility intends to be under cultivation, including dimensions and overall square footage. Provide your calculations below:

Section 4 – Declarations

Read each statement below, and then sign your initials in the corresponding box to the right [if applicable]:

Initials

If a local building permit is required, attach a copy of the license, permit, application to this form.

The proposed changes conform to all applicable public health, fire, and safety laws.

I have included a title, lease or other documentation showing sole right of possession to the additional area(s) if the additional area(s) are not already part of my approved licensed premises.

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.

Printed Name of licensee

Signature of licensee



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Section 5 – Approvals

Local Government Review is required to be completed before submission to the Alcohol and Marijuana Control Office.

Local Government Review (to be completed by an appropriate local government official):

	Yes	No	Pending
The proposed changes shown on this form conform to all local restrictions and laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A local building permit is required for the proposed changes.	<input type="checkbox"/>	<input type="checkbox"/>	

_____ Signature of local government official	_____ Building Permit #	_____ Date
_____ Printed name of local government official	_____ Title	

Section 6 – AMCO Review

AMCO Review:

	Approved	Disapproved
_____ Signature of AMCO Enforcement Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
_____ Printed name of AMCO Enforcement Supervisor	_____ Printed name of Director	_____ Date

AMCO Comments: