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-00: Application Certifications

**What is this form?**

This application certifications form is required for all marijuana establishment license 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.

**This form must be completed and submitted to AMCO's main office by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) before any license application will be considered complete.**

## Section 1 – Establishment Information

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

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Steven Duprey | **License Number:** | 21463 | | |
| **License Type:** | Limited Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Rock Solid Buds | | | | |
| **Premises Address:** | 48235 Miracle Ave | | | | |
| **City:** | Soldotna | **State:** | AK | **ZIP:** | 99669 |

## Section 2 – Individual Information

Enter information for the individual licensee.

| | |
|---|---|
| **Name:** | Steven Duprey |
| **Title:** | Owner/ Operator |

## Section 3 – Other Licenses

**Ownership and financial interest in other licenses:**

| | Yes | No |
|---|---|---|
| Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license? | ☐ | ☑ |

**If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?**



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# Form MJ-00: 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 I have not been convicted of a felony in any state or the United States, including a suspended imposition of sentence, for which less than five years have elapsed from the time of the conviction to the date of this application. SD

I certify that I am not currently on felony probation or felony parole. SD

I certify that I have not been found guilty of selling alcohol without a license in violation of AS 04.11.010. SD

I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052. SD

I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application. SD

I certify that I have not been convicted of a class A misdemeanor relating to selling, furnishing, or distributing marijuana or operating an establishment where marijuana is consumed within the two years preceding this application. SD

I certify that my proposed premises is not within 500 feet of a school ground, recreation or youth center, a building in which religious services are regularly conducted, or a correctional facility, as set forth in 3 AAC 306.010(a). SD

I certify that my proposed premises is not located in a liquor licensed premises. SD

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the calendar year in which I am initiating this application. SD

I certify that all proposed licensees (as defined in 3 AAC 306.020(b)(2)) have been listed on my online marijuana establishment license application. Additionally, if applicable, all proposed licensees have been listed on my application with the Division of Corporations. SD

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by AMCO is grounds for denial of my application. SD



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# Form MJ-00: Application Certifications

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

I certify and understand that I must operate in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees. SD

I certify and understand that I must operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of this state and the local government in which my premises is located. SD

**Read each line below, and then sign your initials in the box to the right of <u>only the applicable statement</u>:** Initials

**Only initial next to the following statement if this form is accompanying an application for a <u>marijuana testing facility</u> license:**

I certify that I do not have an ownership in, or a direct or indirect financial interest in a retail marijuana store, a marijuana cultivation facility, or a marijuana products manufacturing facility.

**Only initial next to the following statement if this form is accompanying an application for a <u>retail marijuana store</u>, a <u>marijuana cultivation facility</u>, or a <u>marijuana products manufacturing facility</u> license:**

I certify that I do not have an ownership in, or a direct or indirect financial interest in a marijuana testing facility license. SD

**All marijuana establishment license applicants:**

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that the online application and this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

OFFICIAL SEAL
Tatyanah Shassetz
Notary Public - State of Alaska

Notary Public in and for the State of Alaska

STEVEN DUPREY
Printed name of licensee

My commission expires: 10/23/2022

Subscribed and sworn to before me this 23rd day of March, 2021.



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