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:	Good LLC	**License Number:**	12325		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD Cannabis				
Premises Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Charles Goodale
Title:	Member of Good Holdings, LLC

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?

Manufacturing License #10165 & Cultivation License #10166

AMCO RCVD 7/24/2023

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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. BG

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

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

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. BG

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. BG

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. BG

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). BG

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

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. BG

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

Only initial next to the following statement if this form is accompanying an application for a marijuana testing facility 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. [ ]

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

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

Offical Seal
STATE OF ALASKA
Notary Public
L. Sharp
Commission # 220330010 Commission Expires:03/30/2026

Notary Public in and for the State of Alaska

Charles Goodale
Printed name of licensee

My commission expires: 03/30/2026

Subscribed and sworn to before me this 13 day of June, 2023.

AMCO RCVD 7/24/2023

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License Type:	Retail Marijuana Store				
Doing Business As:	GOOD Cannabis				
Premises Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Christian Hood
Title:	Managing Member of Good Holdings, LLC

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?

Manufacturing License #10165 & Cultivation License #10166

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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.

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

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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.

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

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

State of Alaska
NOTARY PUBLIC
Rebecca Allison
My Commission Expires Dec 2, 2024

Notary Public in and for the State of Alaska

Christian Hood
Printed name of licensee

My commission expires: 12/2/24

Subscribed and sworn to before me this 28 day of June, 2023.

AMCO RCVD 7/24/2023

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Section 1 – Establishment Information

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

Licensee:	Good LLC	**License Number:**	12325		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD Cannabis				
Premises Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Greg Allison
Title:	Member of Good Holdings, LLC

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?

Manufacturing License #10165 & Cultivation License #10166

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Form MJ-00: Application Certifications

Section 4 – Certifications

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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. DL

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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. DL

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). DL

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

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. DL

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Signature of licensee

Greg Allison
Printed name of licensee

NICOLE AKERS
My Commission Expires
NOTARY PUBLIC
Sep 19, 2024
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 9/19/24

Subscribed and sworn to before me this 14th day of June, 2023.

AMCO RCVD 7/24/2023

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License Type:	Retail Marijuana Store				
Doing Business As:	GOOD Cannabis				
Premises Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Linda Lewis
Title:	Member of Good Holdings, LLC

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?

Manufacturing License #10165 & Cultivation License #10166

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Signature of licensee

Linda Lewis
Printed name of licensee

State of Alaska
NOTARY PUBLIC
Rebecca Allison
My Commission Expires Dec 2, 2024

Notary Public in and for the State of Alaska

My commission expires: 12/2/24

Subscribed and sworn to before me this 23 day of June, 20 23.

AMCO RCVD 7/24/2023

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Premises Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Ronica Aldrich
Title:	Member of Good Holdings, LLC

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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Signature of licensee

Ronica Aldrich
Printed name of licensee

CONOR HLAVINKA
My Commission Expires
NOTARY PUBLIC
Aug 13, 2023
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 13 Aug 23

Subscribed and sworn to before me this 8 day of June, 2023.

AMCO RCVD 7/24/2023