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-08: Local Government Notice Affidavit

What is this form?

A local government notice affidavit is required for all marijuana establishment license applications with a proposed premises that is located within a local government, per 3 AAC 306.025(b)(3). As soon as practical after initiating a marijuana establishment license application, an applicant must give notice of the application to the public by submitting a copy of the application to each local government and any community council in the area of the proposed licensed premises. For an establishment located inside the boundaries of city that is within a borough, both the city and the borough must be notified.

This form must be completed and submitted to AMCO's main office before any new or transfer 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:	Kachemak Cannabis, LLC	**License Number:**	33236		
License Type:	Retail Marijuana Store				
Doing Business As:	Kachemak Cannabis				
Premises Address:	3585 East End Road, Suite #3				
City:	Homer	**State:**	AK	**ZIP:**	99603

Section 2 – Certification

I certify that I have met the local government notice requirement set forth under 3 AAC 306.025(b)(3) by submitting a copy of my application to the following local government (LG) official(s) and community council (if applicable):

Local Government(s): Homer City (City of Homer)/Kenai Peninsula Borough Date Submitted: 06/02/2022

Name/Title of LG Official 1: Melissa Jacobsen/City Clerk Name/Title of LG Official 2: Johni Blankenship/KPB

Community Council: N/A Date Submitted: _____
(Municipality of Anchorage and Matanuska-Susitna Borough only)

I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

_____
Signature of licensee

Amanda Piaskowski
Printed name of licensee

_____
Notary Public in and for the State of Alaska

My commission expires: _____

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

Received by AMCO 7.15.22