Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

Form MJ-17d: Unaltered Operating Plan and/or Premises Diagram Form

Why is this form needed?

This operating plan and/or diagram form is required to be submitted by the transferee for any marijuana establishment transfer license application where the transferee is not making changes to the operating plan and/or premises diagram approved by the Marijuana Control Board, in the course of the transfer application, per 3 AAC 306.045(e). By completing this form you are certifying that no changes will be made to the operating plan and/or premises diagram that have been previously submitted and approved for this license. This form replaces the information required by regulations 3 AAC 306.020(b)(8), 3 AAC 306.020(c), 3 AAC 306.315(2), 3 AAC 306.420, 3 AAC 306.520(2) and (3), and 3 AAC 306.615 if no changes are being made to your operating plan or diagram during the transfer.

Section 1 – Establishment Information

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

New Licensee:	Good LLC	**License Number:**	10901		
License Type:	Retail Marijuana Store				
Doing Business As:	Good Cannabis				
Premises Address:	13465 E Main Street				
City:	Talkeetna	**State:**	Alaska	**ZIP:**	99676

Section 2 – Certification

You must be able to certify at least one of the statements below. Read the following and then sign your initials in the applicable box(es) to the right: Initials

I certify that there will be no changes to the operating plan for this license.
If the above statement is certified you will not be required to submit forms MJ-01 and MJ-03, MJ-04, MJ-05 or MJ-06. GA

I certify that there will be no changes to the premises diagram for this license.
If the above statement is certified, you will not be required to submit form MJ-02. GA

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. GA

Greg Allison
Printed name of transferee

Greg Allison
Signature of transferee

Doc ID: 95ab04abf071619bbb670c6b4c3ed7f177a4ff7d

Dropbox Sign

Audit trail

Title	MJ-17d 10901 Retail v.1 BB.pdf
File name	MJ-17d%2010901%20Retail%20v.1%20BB.pdf
Document ID	95ab04abf071619bbb670c6b4c3ed7f177a4ff7d
Audit trail date format	MM / DD / YYYY
Status	Signed

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