What is this form?

This form is required for all retail marijuana store licensees seeking approval to temporarily change their operating plan due to the emergency regulations adopted in response to the COVID-19 pandemic. With this form, a licensee may request authorization to accept internet or telephonic orders of marijuana and marijuana products if consumers intend to be physically present at the time of purchase on the licensed premises, or at a location designated for curbside or exterior window pickup as authorized under 3 AAC 306.995.

With this form, please provide a diagram of the licensed premises that identifies the area designated for pickup. Before you submit these forms to AMCO, you will need to submit them to your local government to review and complete Section 5 – Local Government Review.

This form must be completed and submitted to AMCO’s main office by email to marijuana.licensing@alaska.gov prior to changing existing operations or altering the floor plan. The licensed establishment’s operations may not be altered unless and until the director has given temporary approval. Please note that licensees seeking to change operating plans for multiple licenses must submit a separate completed copy of this form for each license.

Section 1 – Establishment Information

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

<table>
<thead>
<tr>
<th>Licensee:</th>
<th>MJ License #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>Retail Marijuana Store</td>
</tr>
<tr>
<td>Doing Business As:</td>
<td></td>
</tr>
<tr>
<td>Premises Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State: Alaska ZIP:</td>
</tr>
</tbody>
</table>

Section 2 – Diagram Requirements

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
- Curbside/Exterior Window pickup area
Section 3 – Explanation of Operations

Provide details of the changes to your operation that you are requesting. Include a description of how orders will be taken, filled, and how marijuana or marijuana products will be brought to the consumer, as well as changes to security procedures. If alterations to the licensed premises are needed, detail them below.

Section 4 – Declarations

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

The proposed changes conform to all applicable public health, fire, and safety laws. I have submitted this form to my local government for review and have included their response.

I understand that any approval granted by the director is temporary, and will expire on August 14, 2020 unless the emergency order is extended, made permanent, or is otherwise repealed.

I certify that my video surveillance system required by 3 AAC 306.720 will cover all areas designated for curbside or exterior window pickup.
I agree that the area(s) designated for curbside or on the exterior of a window pickup are subject to inspection by AMCO and other law enforcement. An individual purchasing marijuana or marijuana products must show valid photographic identification as required by 3 AAC 306.350 and must be 21 or over.

I have attached an updated diagram of my licensed premises with the proposed changes that I am requesting.

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

________________________________________  __________________________________________
Signature of licensee Notary Public in and for the State of Alaska.

________________________________________  My commission expires: ____________________
Printed name of licensee

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

**Section 5 – Local Government**

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.

A local building permit is required for the proposed changes.

________________________________________
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

________________________________________
Signature of Director

________________________________________
Printed name of AMCO Enforcement Supervisor    Printed name of Director

________________________________________
Date

AMCO Comments:

_____________________________