



# Form MJ-29c: License Conversion Operating Plan Change

## What is this form?

This operating plan change form is required for all marijuana establishment licensees seeking to change a licensed marijuana establishment’s existing operating plan in conjunction with a marijuana establishment license conversion application. With this form, a licensee may request changes to as much or as little as desired of Form MJ-01 and/or the corresponding operating plan supplemental for the establishment’s license type.

**Please complete and submit with this form the pages of Form MJ-01 and/or the corresponding operating plan supplemental that contain sections that you are requesting to change. All fields must be completed of any page for which you are requesting changes** – upon board approval, the submitted pages will replace those currently on file. If your current, approved operating plan is on an out-of-date version of the forms, you may be required to complete and submit the most recent version of the operating plan forms in their entirety.

## The form(s) that I am requesting board approval to change is:

- Form MJ-01:** Marijuana Establishment Operating Plan
- Form MJ-04:** Marijuana Cultivation Facility Operating Plan Supplemental
- Form MJ-05:** Marijuana Product Manufacturing Facility Operating Plan Supplemental

**This form must be completed and submitted to AMCO’s main office and approved by the Marijuana Control Board prior to changing existing operations.**

## Section 1 – Establishment Information

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

<b>Licensee:</b>		<b>License Number:</b>			
<b>Current License Type:</b>					
<b>New License Type</b>					
<b>Doing Business As:</b>					
<b>Premises Address:</b>					
<b>City:</b>		<b>State:</b>	Alaska	<b>ZIP:</b>	



## Section 2 – Summary of Changes

Provide a summary of the changes for which you are requesting approval.

## Section 3 – Declarations

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

Initials

The proposed changes conform to all applicable public health, fire, and safety laws.

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.

\_\_\_\_\_  
Printed name of licensee

My commission expires: \_\_\_\_\_

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