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

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

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

Licensee:	American Growers Company, LLC	**License Number:**	10092		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	AMERICAN GROWERS COMPANY, LLC				
Physical Address:	13150 East Soapstone Road				
City:	Palmer	**State:**	AK	**Zip Code:**	99645
Designated Owner:	John Dupier				
Email Address:	jdupier@gci.net				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items: E-MAIL 4 of 4	MJ-08 AFFIDAVIT

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

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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 new marijuana establishment license application, an applicant must give notice of the application to the public by submitting a copy of the application (produced by the board's application website) to the local government and any community council in the area of the proposed licensed premises.

This form must be submitted to AMCO's main office 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:	JOHN DUPIER	**License Number:**	10092		
License Type:	STANDARD CULTIVATION				
Doing Business As:	AMERICAN GROWERS CO. LLC				
Premises Address:	13150 E. SOAPSTONE ROAD				
City:	PALMER	**State:**	ALASKA	**ZIP:**	99645

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 and community council (if applicable):

Local Government: MAT-SU BOROUGH Date Submitted: 2/26/2016

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

I declare under penalty of perjury that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

John Dupier
Signature of licensee

Subscribed and sworn to before me this 25th day of March, 2016.

Notary Public
Malorie Dwyer
State of Alaska
Commission expires: 08/12/2019
Commission Number: 150612009

Malorie Dwyer
Notary Public in and for the State of Alaska.

My commission expires: 08/12/2019

INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of ALASKA
County of 3RD JUDICIAL DISTRICT } ss.

On this the 24 (Day) day of OCT (Month), 2016 (Year), before me, RANDY BECKER (Name of Notary Public), the undersigned Notary Public, personally appeared John Dupick (Name(s) of Signer(s)),

☐ personally known to me – OR –

☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.

STATE OF ALASKA
NOTARY PUBLIC
Randy Becker
My Commission Expires Dec 17, 2016

Randy Becker
Signature of Notary Public

Other Required Information (Printed Name of Notary, Residence, etc.)

Place Notary Seal and/or Any Stamp Above

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Right Thumbprint of Signer
Top of thumb here

Description of Attached Document

Title or Type of Document: Form MS-08

Document Date: 2/26/2016 Number of Pages: 1

Signer(s) Other Than Named Above: _____

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