



Alcohol & Marijuana Control Office

NEW APPLICATION

Welcome, *MarijuanaUser1* [Account Home](#) [Sign-Out](#)

License Application

License Status: New [All](#)

General Information

License Type: Retailer
 Business License Number: 1004212
 Doing Business As: THC

Email Address: Required

Latitude: Please use the format ##.#####.

Longitude: Please use the format ##.#####.

Physical Address

Address 1: Required

Address 2:

City: Required

State: Required

Zip Code: Required

Zip Plus:

Country: Required

Owners

Owner [All](#)

Owner Type: Entity
 Alaska Entity Number: 10020228
 Alaska Entity Name: The Hemp CompanY

Phone Number: Required

Email Address: Required

Mailing Address

Address 1: Required

Address 2:

City: Required

State: Required

Zip Code: Required

Zip Plus:

Country: Required

Affiliates

Affiliate [All](#)

Affiliate Type: Individual Entity

First Name: Required

Last Name: Required

Suffix:

SSN: Required

Date of Birth: Required

Phone Number: Required

Email Address: Required

Mailing Address

Address 1: Required

Address 2:

City: Required

State: Required

Zip Code: Required

Zip Plus:

Country: Required

[Remove](#)

[Add Affiliate](#)