From: MILES FRANCE

To: <u>Marijuana, CED ABC (CED sponsored)</u>

Cc:france@mtaonline.netSubject:License # 10014, Email 1 of 6Date:Sunday, March 20, 2016 7:52:30 PM

Attachments: cover 1 of 6.pdf

cover 1 of 6.pdf form mj-00 miles.pdf form mj-00 peggy.pdf From: MILES FRANCE

To: Marijuana, CED ABC (CED sponsored)

Cc: <u>france</u>

Subject: License 10014 email 3.5 of 6

**Date:** Monday, March 21, 2016 12:31:43 PM

Attachments: form mj-01 pg 9-12.pdf

This attachment was removed from email 3 of 6 and resent as email 3.5 of 6 the cover letter for this attachment is on email 3 of 6

From: MILES FRANCE

To: Marijuana, CED ABC (CED sponsored)

Cc: <u>france</u>

Subject: License 10014, Email 2 of 6

**Date:** Monday, March 21, 2016 12:21:00 PM

Attachments: cover 2 of 6.pdf

form mj-01 pg 1-4.pdf

This is attempt number four, I have removed the third attachment it is MJ-01 pg 5-8 and will resend as email 2.5 of 6 without cover letter.

Alcohol & Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 marijuana.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

#### **Cover Sheet for Marijuana Establishment Applications**

#### What is this form?

This cover sheet <u>must</u> 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:	MILES S FRANCE; PEGGY S FRANCE	License Number:		10014		
License Type:	Limited Marijuana Cultivation Facility					
Doing Business As:	THE NAKED HERBALIST					
Physical Address:	47841 South Crop Circle					
City:	Willow	State:	AK	Zip Code:	99688	
Designated Owner:	Miles Sterling France	·				
Email Address:	Nakedherbalist@mtaonline.net					

#### Section 2 - Attached Items

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

Attached Items:	
Attached items.	Cover Letter 1 of 6
	Form MJ-00, Miles France
	Form MJ-00, Peggy France

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



Phone: 907.269.0350

# Form MJ-01: Marijuana Establishment Operating Plan

Vorking copies of business records will be maintained in the office area, back up copies of usiness records will be updated monthly and will be stored in the fire resistant safe.						
			•			



Phone: 907.269.0350

## Form MJ-01: Marijuana Establishment Operating Plan

## Section 3 – Inventory Tracking of All Marijuana and Marijuana Product

Review the requirements under 3 AAC 306.730, and identify how the proposed establishment will meet the listed requirements.

All licensed marijuana establishments must use a marijuana inventory tracking system capable of sharing information with the system the board implements to ensure all marijuana cultivated and sold in the state, and each marijuana product processed and sold in the state, is identified and tracked from the time the marijuana propagated from seed or cutting, through transfer to another licensed marijuana establishment, or use in manufacturing a product, to a completed sale of marijuana or marijuana product, or disposal of the harvest batch of marijuana or production lot of marijuana product.

Applicants should be able to answer "Yes" to all items below.

Marijuana Tracking and Weighing:	Yes	No
A marijuana inventory tracking system, capable of sharing information with the system the board implements to ensure tracking for the reasons listed above, will be used		
All marijuana delivered to a marijuana establishment will be weighed on a scale certified in compliance with 3 AAC 306.745		
Describe the marijuana tracking system that you plan to use and how you will ensure that it is capable of sharp information with the system the board implements:	ring	
The cultivation facility will also use an in-house system called the growers report to growth. The growers report will be tracked to the METRC system.	track pla	nt



Phone: 907.269.0350

# Form MJ-01: Marijuana Establishment Operating Plan

## Section 4 - Employee Qualification and Training

Review the requirements under 3 AAC 306.700, and identify how the proposed establishment will meet the listed requirements.

A marijuana establishment and each licensee, employee, or agent of the marijuana establishment who sells, cultivates, manufactures, tests, or transports marijuana or a marijuana product, or who checks the identification of a consumer or visitor, shall obtain a marijuana handler permit from the board before being licensed or beginning employment at a marijuana establishment.

Applicants should be able to answer "Yes" to all items below.

arijuana Hander Permit:	Yes	No
Each licensee, employee, or agent of the marijuana establishment who sells, cultivates, manufactures, tests, or transports marijuana or marijuana product, or who checks the identification of a consumer or visitor, shall obtain a marijuana handler permit from the board before being licensed or beginning employment at the marijuana establishment		
Each licensee, employee, or agent who is required to have a marijuana handler permit shall keep that person's marijuana handler permit card in that person's immediate possession (or a valid copy on file on the premises of a retail marijuana store, marijuana cultivation facility, or marijuana product manufacturing facility) when on the licensed premises		
Each licensee, employee, or agent who is required to have a marijuana handler permit shall ensure that that person's marijuana handler permit card is valid and has not expired		
Describe how your establishment will meet the requirements for employee qualifications and training:		
<ol> <li>The cultivation facility will not hire anyone who does not already possess a Marijuan Handlers Card.</li> <li>A current copy of the employees marijuana handlers card will be kept in the employees.</li> <li>The Current Employee List will track marijuana handlers card expiration dates, a rewill be given to the employee when the card gets close to expiring and they will be rethat their employment will be suspended if they allow their card to expire.</li> </ol>	yment eminde	



Phone: 907.269.0350

# Form MJ-01: Marijuana Establishment Operating Plan

## Section 5 – Waste Disposal

ijuana Waste Disposal:	Yes	1
The marijuana establishment shall give the board at least 3 days not tracking system required under 3 AAC 306.730 before making the w		] [
escribe how you will store, manage, and dispose of any solid or liquid w Itivation, production, process, testing, or retail sales, in compliance wit		
The cultivation facility will not generate any waste was Marijuana waste will be stored in designated contain processing area.  At a minimum, the marijuana waste will be disposed to the marijuana waste will be chopped and mixed with the marijuana found to be contaminated will be disposed. The notifications required by regulation will be given	ers within the grow areas and within of weekly.  I animal manure.  I osed of immediately by burning.	n the
escribe what material or materials you will mix with the ground mariju		
The chopped up marijuana waste will be mixed with an	illiai illaliule.	



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 marijuana.licensing@alaska.gov

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# Form MJ-01: Marijuana Establishment Operating Plan

### What is this form?

An operating plan is required for all marijuana establishment license applications. Applicants should review **Title 17.38** of **Alaska Statutes** and **Chapter 306** of the **Alaska Administrative Code**. This form will be used to document how an applicant intends to meet the requirements of those statutes and regulations. If your business has a formal operating plan, you may include a copy of that operating plan with your application, but all fields of this form must still be completed per 3 AAC 306.020(c).

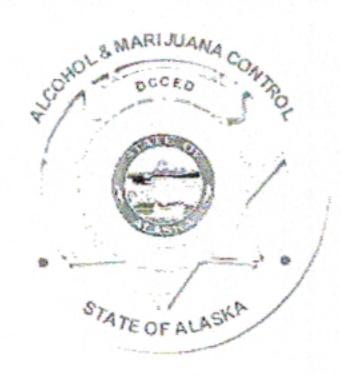
## What must be covered in an operating plan?

Applicants must identify how the proposed premises will comply with applicable statutes and regulations regarding the following:

- Security
- Inventory tracking of all marijuana and marijuana product on the premises
- Employee qualification and training
- Waste disposal
- Transportation and delivery of marijuana and marijuana products
- Signage and advertising
- Control plan for persons under the age of 21

Applicants must also complete the corresponding operating plan supplemental forms (Form MJ-03, Form MJ-04, Form MJ-05, or Form MJ-06) to meet the additional operating plan requirements for each license type.

#### Section 1 - Establishment Information Enter information for the business seeking to be licensed, as identified on the license application. 10014 License Number: Miles S France, Peggy S France Licensee: Limited Marijuana Cultivation Facility License Type: The Naked Herbalist **Doing Business As:** 47841 South Crop Circle **Premises Address:** ZIP: 99688 **ALASKA** State: Willow City: HC 89 Box 1309 Mailing Address: ZIP: 99688 **ALASKA** State: Willow City: Miles S France **Primary Contact:** 907-631-2169 Cell Phone: 907-631-2169 Main Phone: Nakedherbalist@mtaonline.net Email:



### Phone: 907.269.0350

## Form MJ-01: Marijuana Establishment Operating Plan

### **Section 2 - Security**

Review the requirements under 3 AAC 306.710 – 3 AAC 306.720 and 3 AAC 306.755, and identify how the proposed premises will meet the listed requirements.

Describe how the proposed premises will comply with each of the following:

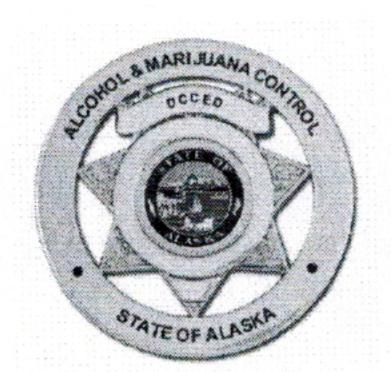
### Restricted Access Areas (3 AAC 306.710):

### Describe how you will prevent unescorted members of the public from entering restricted access areas:

- 1. The proposed location for the cultivation facility is on private property with the closest public access more that 200 feet away.
- 2. The only road access is on a gated 1.2 mile private road.
- 3. Where the private property that the cultivation facility is located abuts the easement for the private road there will be no trespassing signs every 100 feet.
- 4. The restricted access area designated RAA 1 (high tunnel) will have a six foot fence around the area with one locking gate, all sides and gate will have the RAA signage.
- 5. The restricted access area designated RAA 2 (drying/possessing area) will have two points of entry, each point of entry will have a commercial grade door and lock set, and RAA signage.

### Describe your processes for admitting visitors into and escorting them through restricted access areas:

- 1. Visitors will be required to show a valid government issued picture id, a copy of the id will be made and kept on file as a business record (this needs to be done only once in cases of multiple visits.
- 2. Visitors will be given the facilities sanitary and safety brief, and then sign the access log.
- Visitors will then be issued a visitors badge, there will be no more that five visitors per employee.
- 4. At end of visit, visitors will return visitor badges and sign out.



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### Alaska Marijuana Control Board

# Form MJ-01: Marijuana Establishment Operating Plan

Describe your recordkeeping of visitors who are escorted into restricted access areas:

escribe your recordiceping or visitors will are escorted into						
<ol> <li>All visitors to facilities are required to sign the access log. The access log, once full kept on file as a business record.</li> <li>All first time visitor's government issued photo id will be photocopied and kept on fil business record.</li> <li>The access log shall record: Name, Company, Contact Information, Signature, Date time of entry and exit, and Visitor Badge Number.</li> </ol>						
Provide a copy of a sample identification badge to be displayed	red by each licensee, employee, or agent while on the premises					
See attachment 1 to Form MJ-01						



### Phone: 907.269.0350

# Form MJ-01: Marijuana Establishment Operating Plan

Security Alarm Systems and Lock Standards (3 AAC 306.715):

exterior lighting is required to facilitate surveillance. Describe	how the exterior lighting wi	Il meet this requirement:
--	------------------------------	---------------------------

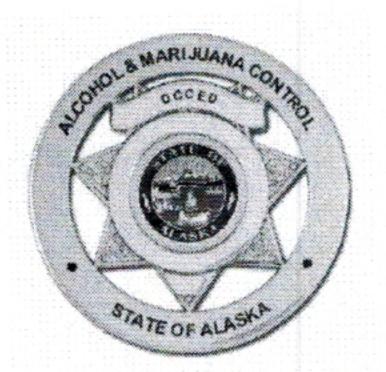
Each entrance to an RAA will from the entrance, each light was ambient light is insufficient for	will be equipped w		

An alarm system is required for all license types. Describe the security alarm system for the proposed premises:

- 1. The cultivation facility will use a Sensaphone Sentinel Monitoring System.
- 2. RAA 1 will have an alarm sensor on the outside gate, a sensor on the high tunnel access door, and a motion detector inside the high tunnel.
- 3. RAA 2 will have a sensor on each door and a motion detector inside the precessing area.

The alarm system must be activated on all exterior doors and windows when the licensed premises is closed for business. Describe how the security alarm system meets this requirement:

- 1. The security system will have a keyed on/off switch mounted outside the main entrance to the office.
- 2. The security system will notify an unlimited number of people by e-mail, text message or voice phone calls in the event of an alarm activation.
- 3. The security system will be activated during non-working hours.



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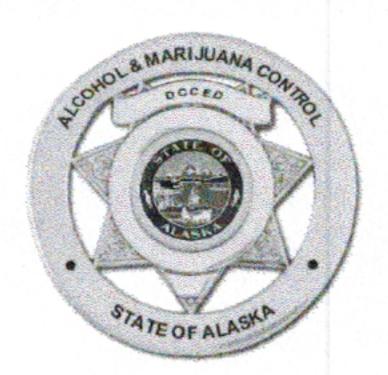
# Form MJ-00: Application Certifications

### What is this form?

This application certifications form is required for all marijuana establishment license applications. Each person signing an application for a marijuana establishment license must declare that he/she has read and is familiar with AS 17.38 and 3 AAC 306.

This form must be completed and submitted to AMCO's main office by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) before any license application will be considered complete.

	Section 1 – Establishment I					
		ness seeking to be licensed, as identified on the license application.  Ailes S France Peggy S France License Number: 10014				
Licensee:	Miles S France, Peggy S France			1001	•	
License Type:	Limited Marijuana Cultivation Facili	ty				
Doing Business As	The Naked Herbalist					
Premises Address:	47841 South Crop Circle					_
City:	Willow	State:	ALASKA	ZIP:	99688	
er information for the	Section 2 – Individual Info	ormatio				
er information for the						
Name:	Peggy S France					_
Title:	Owner					_
	Section 3 – Other Lice	enses				
nership and financial	interest in other licenses:				Yes	ı
	nave or plan to have an ownership interest in, or a direct establishment license?	t or indirect f	inancial inter	est in		
If "Yes", which licens	e numbers (for existing licenses) and license types do	you own or p	lan to own?			



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Phone: 907.269.0350

## Section 4 - Certifications

Form MJ-00: Application Certifications

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

Initials

I certify that I have not been convicted of a felony in any state or the United States, including a suspended imposition of sentence, for which less than five years have elapsed from the time of the conviction to the date of this application.



I certify that I am not currently on felony probation or felony parole.



I certify that I have not been found guilty of selling alcohol without a license in violation of AS 04.11.010.



I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052.



I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application.



I certify that I have not been convicted of a class A misdemeanor relating to selling, furnishing, or distributing marijuana or operating an establishment where marijuana is consumed within the two years preceding this application.



I certify that my proposed premises is not within 500 feet of a school ground, recreation or youth center, a building in which religious services are regularly conducted, or a correctional facility, as set forth in 3 AAC 306.010(a).



I certify that my proposed premises is not located in a liquor licensed premises.



I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the calendar year in which I am initiating this application.



I certify that all proposed licensees (as defined in 3 AAC 306.020(b)(2)) and affiliates (as defined in 3 AAC 306.990(a)(1)) have been listed on my online marijuana establishment license application.



I certify that all proposed licensees have been listed on my application with the Division of Corporations.



I certify that I understand that providing a false statement on this form, the online application, or any other form provided by AMCO is grounds for denial of my application.





Alcohol and Marijuana Control Office
550 W 7<sup>th</sup> Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov

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Phone: 907.269.0350

## Alaska Marijuana Control Board

# Form MJ-00: Application Certifications

Read each line below, and then sign y	your initials in the box to the right of only t	the applicable statement:	Initials
Only initial next to the following state	ement if this form is accompanying an app	lication for a marijuana testing facility lice	ense:
I certify that I do not have an ownersh cultivation facility, or a marijuana pro	nip in, or a direct or indirect financial interest ducts manufacturing facility.	st in a retail marijuana store, a marijuana	
	ement if this form is accompanying an appoducts manufacturing facility license:	lication for a <u>retail marijuana store</u> , a <u>ma</u>	<u>rijuana</u>
I certify that I do not have an ownersh	nip in, or a direct or indirect financial intere	st in a marijuana testing facility license.	PSF
All marijuana establishment license a	applicants:		
with AS 17.38 and 3 AAC 306, and tha	lishment license, I declare under penalty of it I have examined the online application ar owledge and belief find them to be true, co	nd this form, including all accompanying sch	
Rogy France Signature of licensee			
	Subscribed and sworn to before me this	16 day of MARCH	_, 20 <u>/6</u> .
	STATE OF ALASKA NOTARY PUBLIC Natalia Kuzmin My Commission Expires: June 8, 2019	Notary Public in and for the State  My commission expires: June 8	



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https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

# Form MJ-00: Application Certifications

### What is this form?

This application certifications form is required for all marijuana establishment license applications. Each person signing an application for a marijuana establishment license must declare that he/she has read and is familiar with AS 17.38 and 3 AAC 306.

This form must be completed and submitted to AMCO's main office by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) before any license application will be considered complete.

	Section 1 – Establishment I	nformat	ion			
er information for the b	ousiness seeking to be licensed, as identified on the lice	ense applicat	ion.			
Licensee:	Miles S France, Peggy S France	License Number: 1(		1001	10014	
License Type:	Limited Marijuana Cultivation Facility					
Doing Business As:	The Naked Herbalist					
Premises Address:	47841 South Crop Circle					
City:	Willow	State:	ALASKA	ZIP:	99688	}
	Section 2 – Individual Info	ormatio	1			
er information for the i	ndividual licensee or affiliate.					
Name:	Miles S France					
Title:	Owner					
	Section 3 – Other Lice					
	Section 3 – Other Lice	:nses				
nership and financial in	nterest in other licenses:				Yes	N
Do you currently ha	ve or plan to have an ownership interest in, or a direct	or indirect f	inancial intere	est in		
another marijuana	establishment license?					L
f "Vos" which license	numbers (for existing licenses) and license types do w		lon to oum?			
ii ies , willeli licelise	numbers (for existing licenses) and license types do y	ou own or p	ian to own:			



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https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

### Alaska Marijuana Control Board

## Form MJ-00: Application Certifications

### **Section 4 - Certifications**

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

**Initials** 

I certify that I have not been convicted of a felony in any state or the United States, including a suspended imposition of sentence, for which less than five years have elapsed from the time of the conviction to the date of this application.



I certify that I am not currently on felony probation or felony parole.



I certify that I have not been found guilty of selling alcohol without a license in violation of AS 04.11.010.



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Phone: 907.269.0350

Anchorage, AK 99501

## Alaska Marijuana Control Board

# Form MJ-00: Application Certifications

Read each line below, and then sign your initials in the box to the right of only the applicable statement:	Initials
Only initial next to the following statement if this form is accompanying an application for a <u>marijuana testing facility</u> lice	ense:
I certify that I do not have an ownership in, or a direct or indirect financial interest in a retail marijuana store, a marijuana cultivation facility, or a marijuana products manufacturing facility.	
Only initial next to the following statement if this form is accompanying an application for a <u>retail marijuana store</u> , a <u>marijuana products manufacturing facility</u> license:	<u>rijuana</u>
I certify that I do not have an ownership in, or a direct or indirect financial interest in a marijuana testing facility license.	MSR
All marijuana establishment license applicants:	
As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and with AS 17.38 and 3 AAC 306, and that I have examined the online application and this form, including all accompanying sclattements, and to the best of my knowledge and belief find them to be true, correct, and complete.	
Signature of licensee	
Subscribed and sworn to before me this 14 day of March	_ 2016.
STATE OF ALASKA NOTARY PUBLIC Notary Public in and for the State Natalia Kuzmin My Commission Expires: June 8, 2019 My Commission expires: June 8, 2019	

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Licensee:	MILES S FRANCE; PEGGY S FRANCE	License	License Number:			
License Type:	Limited Marijuana Cultivation Facility					
Doing Business As:	THE NAKED HERBALIST					
Physical Address:	47841 South Crop Circle					
City:	Willow	State:	AK	Zip Code:	99688	
Designated Owner:	Miles Sterling France	·				
Email Address:	Nakedherbalist@mtaonline.net					

#### Section 2 - Attached Items

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

Attached Items:	
/ titudinou itomor	Cover Letter 2 of 6
	Form MJ-01 pg 1-4
	Form MJ-01 pg 5-8

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