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:	Croy's Enterprises LLC	**License Number:**	10137		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	CROY'S ENTERPRISES LLC				
Physical Address:	36130 Pine Street				
City:	Soldotna	**State:**	AK	**Zip Code:**	99669 - 8524
Designated Owner:	James M. Harris				
Email Address:	harrisjm1960@gmail.com				

Section 2 – Attached Items

NOV 21 '25 PM 12:04

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

Attached Items:	
1) MJ-00	2x Application Certifications for: James Harris and David Vandergriff
2) MJ-01	1x operating plan
3) MJ-02	1x premises Diagram x 5 pages
4) MJ-04	1x Cultivator Supplemental
5) MJ-07	public Notice posting Affidavit and Copy of the MJ-07 Notice
6) MJ-08	Local Government Notice Affidavit
7)	Publishers Affidavit
8) MJ-09	2 x Statements of financial Interest for: James Harris and David Vandergriff
9)	Proof of Possession for proposed premises
10)	Entity Documents
11)	Finger print Cards for: James Harris and David Vandergriff
12)	Finger print fees x 2 = 70.00 dollars (see enclosed Check total $6070.00
13)	New Application fee = $ 1000.00 (See enclosed Check)
14)	Standard Cultivation facility License fee = $ 5000.00 (See enclosed check)
15)	Check included for total sum of $ 6070.00

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