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:	Enlighten Alaska, LLC	**License Number:**	10021		
License Type:	Retail Marijuana Store				
Doing Business As:	ENLIGHTEN ALASKA, LLC				
Physical Address:	2600 Spenard Road				
City:	Anchorage	**State:**	AK	**Zip Code:**	99503 - 8934
Designated Licensee:	Jane B. Stinson				
Email Address:	janebstinson@gmail.com				

Section 2 – Attached Items

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

Attached Items:	MJ-07 Public Notice Posting Affidavit

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

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Alaska Marijuana Control Board

Form MJ-07: Public Notice Posting Affidavit

What is this form?

A public notice posting affidavit is required for all marijuana establishment license applications, per 3 AAC 306.020(b)(10). As soon as practical after initiating a new marijuana establishment license application, an applicant must give notice of the application to the public by posting a copy of the application (produced by the board's application website) for ten (10) days at the location of the proposed licensed premises and one other conspicuous location in the area of the proposed premises, per 3 AAC 306.025(b)(1).

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:	Enlighten Alaska, LLC	**License Number:**	10021		
License Type:	Retail Marijuana Facility				
Doing Business As:	Enlighten Alaska, LLC				
Premises Address:	2600 Spenard Road				
City:	Anchorage	**State:**	ALASKA	**ZIP:**	99503

Section 2 – Certification

I certify that I have met the public notice requirement set forth under 3 AAC 306.025(b)(1) by posting a copy of my application for the following 10-day period at the location of the proposed licensed premises and at the following conspicuous location in the area of the proposed premises:

Start Date: 3/2/16 End Date: 3/30/16

Other conspicuous location: Post office Northern Lights

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.

Signature of licensee

Subscribed and sworn to before me this 8th day of June 2016.

M. KIRSTEN GUSTAFSON NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 3-10-2020

Public Notice

Application for Marijuana Establishment License

License Number: 10021
License Status: Initiated
License Type: Retail Marijuana Store
Doing Business As: ENLIGHTEN ALASKA, LLC
Business License Number: 1032050
Email Address: janebstinson@gmail.com
Latitude, Longitude: 61.197330, -149.905812
Physical Address: 2600 Spenard Road
Anchorage, AK 99503-8934
UNITED STATES

Owner #1

Owner Type: Entity
Alaska Entity Number: 10030528
Alaska Entity Name: Enlighten Alaska, LLC
Phone Number: 907-301-2428
Email Address: janebstinson@gmail.com
Mailing Address: 9130 Jupiter Drive
Anchorage, AK 99507-7610
UNITED STATES

Affiliate #1

Owner Type: Individual
Name: Evan Levinton
Date of Birth: 10/30/1987
Phone Number: 907-748-0989
Email Address: evanlevinton@gmail.com
Mailing Address: 9130 Jupiter Drive
Anchorage, AK 99507-7610
UNITED STATES

Affiliate #2

Owner Type: Individual
Name: Leah Levinton
Date of Birth: 03/20/1985
Phone Number: 907-717-9889
Email Address: Leah.Levinton@gmail.com
Mailing Address: 3734 McCain Loop
Anchorage, AK 99503-8934
UNITED STATES

Affiliate #3

Owner Type: Individual
Name: Jane Stinson
Date of Birth: 02/05/1952
Phone Number: 907-301-2428
Email Address: janebstinson@gmail.com
Mailing Address: 9130 Jupiter Drive
Anchorage, AK 99507-7610
UNITED STATES

Interested persons should submit written comment or objection to their local government, the applicant and to the Alcohol & Marijuana Control Office at 550 W 7th Ave, Suite 1600, Anchorage, AK 99501 not later than 30 days after this notice of application.

POSTING DATE March 2, 2016