Alcohol & 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:	Alaskabuds, LLC	**License Number:**	10094		
License Type:	Retail Marijuana Store				
Doing Business As:	ALASKABUDS, LLC				
Physical Address:	1005 E 5th Ave				
City:	Anchorage	**State:**	AK	**Zip Code:**	99501
Designated Licensee:					
Email Address:	alaskabuds@gmail.com				

Section 2 – Attached Items

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

Attached Items:	MJ-08

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

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Alaska Marijuana Control Board

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:	Tammy W Miller	**License Number:**	10094		
License Type:	Retail Store				
Doing Business As:	Alaskabuds, LLC				
Premises Address:	1005 E 5th Ave				
City:	Anchorage	**State:**	ALASKA	**ZIP:**	99501

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: Municipality of Anchorage Date Submitted: 5/21/2016

Community Council: Fairview Community Council Date Submitted: 3/23/2016
(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.

Tammy W Miller
Signature of licensee

Subscribed and sworn to before me this 24th day of June, 2016.

Notary Public in and for the State of Alaska.

NOTARY PUBLIC
DAVID J. BAKER
STATE OF ALASKA
My Commission Expires April 7, 2017

My commission expires:

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Section 1 – Establishment Information

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

Licensee:	Alaskabuds, LLC	**License Number:**	10094		
License Type:	Retail Marijuana Store				
Doing Business As:	ALASKABUDS, LLC				
Physical Address:	1005 E 5th Ave				
City:	Anchorage	**State:**	AK	**Zip Code:**	99501
Designated Licensee:					
Email Address:	alaskabuds@gmail.com				

Section 2 – Attached Items

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Attached Items:	Corrected MJ-08

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

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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:	Alaskabuds, LLC	**License Number:**	10094		
License Type:	Retail Store				
Doing Business As:	Alaskabuds, LLC				
Premises Address:	1005 E 5th Ave				
City:	Anchorage	**State:**	ALASKA	**ZIP:**	99501

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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 _____ day of _____, 20_____.

_____
Notary Public in and for the State of Alaska.

My commission expires: _____