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-07

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

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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:	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 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: 11 April 2016 End Date: 22 April 2016

Other conspicuous location: Carrs Grocery Store, 1340 Gambell St, Anchorage Ak

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

Signature of licensee

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

Notary Public in and for the State of Alaska.

My commission expires:

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

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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

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

Attached Items:	MJ-07 Corrected pg 1, section 1, licensee name

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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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Start Date: 11 April 2016 End Date: 22 April 2016

Other conspicuous location: Carrs Grocery Store, 1340 Gambell St, Anchorage Ak

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: _____