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:	Pakalolo Supply Company, Inc.	**License Number:**	10131		
License Type:	Retail Marijuana Store				
Doing Business As:	PAKALOLO SUPPLY COMPANY, INC.				
Physical Address:	1851 Fox Avenue				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99701 - 2725
Designated Owner:	Howard C. Hollister				
Email Address:	chollister@hollisterenterprises.com				

Section 2 – Attached Items

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

Attached Items:	
MJ-00	APPLICATION CERTIFICATIONS
MJ-01	MARIJUANA ESTABLISHMENT OPERATION PLAN
	PDF ATTACHMENT WITH SAMPLE EMPLOYEE BADGE AND VISITOR PASS
MJ-02	PREMISES DIAGRAM FORM (PAGES 1-2)
	PDF ATTACHMENT WITH DIGITAL PREMISES BLUEPRINT
MJ-03	RETAIL MARIJUANA STORE - OPERATING PLAN SUPPLEMENTAL
	PDF ATTACHMENT WITH SAMPLE PRODUCT LABELS
MJ-07	PUBLIC NOTICE POSTING AFFIDAVIT
MJ-08	LOCAL GOVERNMENT NOTICE AFFIDAVIT W/ FNSB ACKNOWLEDGMENT
MJ-09	STATEMENTS OF FINANCIAL INTEREST W/ ITEMIZED COVER PAGE
PDF	PUBLISHER'S AFFIDAVIT OF PUBLICATION
PDF	PROOF OF POSSESSION FOR PROPOSED PREMISES - COPY OF LEASE
PDF	ENTITY DOCUMENTATION - CORPORATION DOCUMENTS, IRS FEIN ASSIGNMENT, STATE
	AND CITY BUSINESS LICENSES, FNSB ZONING PERMITS
*NOTE:	FINGERPRINT CARDS WERE MAILED APRIL 7, 2016 BY USPS PRIORITY MAIL

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