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:	Green Elephant, LLC	**License Number:**	10844		
License Type:	Retail Marijuana Store				
Doing Business As:	GREEN ELEPHANT, LLC				
Physical Address:	101 Mill St., Suite B				
City:	Juneau	**State:**	AK	**Zip Code:**	99801
Designated Licensee:	Jennifer Canfield				
Email Address:	greenelephantalaska@gmail.com				

Section 2 – Attached Items

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

Attached Items:	-10844 Green Elephant lease amendment -10844 Green Elephant LLC operating agreement signed -10844 Letter from licensee -10844 MJ-00 Canfield REPLACEMENT PAGE 1 -10844 MJ-00 Dudas REPLACEMENT PAGE 1 -10844 MJ-01 REPLACEMENT PAGE 1 -10844 MJ-01 REPLACEMENT PAGE 2 -10844 MJ-01 REPLACEMENT PAGE 7 -10844 MJ-01 REPLACEMENT PAGE 12 -10844 MJ-01 REPLACEMENT PAGE 16 -10844 MJ-02 101 Mill St aerial view and parking addendum -10844 MJ-02 101 Mill St first floor suite map w raa addendum -10844 MJ-02 REPLACEMENT PAGE 1 -10844 MJ-03 REPLACEMENT PAGE 1 -10844 MJ-03 REPLACEMENT PAGE 2 -10844 MJ-03 REPLACEMENT PAGE 3 -10844 MJ-03 REPLACEMENT PAGE 5 notarized -10844 MJ-03 REPLACEMENT PAGE 5 -10844 MJ-07 REPLACEMENT PAGE 1 -10844 MJ-08 REPLACEMENT PAGE1 -10844 MJ-09 Canfield REPLACEMENT PAGE 1 -10844 MJ-09 Dudas REPLACEMENT PAGE 1 -10844 PUBLISHER'S AFFIDAVIT REPLACEMENT

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