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:	Good LLC	**License Number:**	10164		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD LLC				
Physical Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99701
Designated Owner:	Christian Hood				
Email Address:	akgoodcannabis@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Affidavit of publication (Affidavit ofPublication Retail.pdf) Food Safety Application (FoodSafetyApplication.pdf) Form MJ 00 owner 1 (Form MJ00 Retail Store CH.pdf) Form MJ 00 owner 2 (Form MJ00 Retail Store LL.pdf) Form MJ 01 (MJ-01_Final__.pdf) Form MJ 02 (MJ-02) Form MJ 03 (MJ-03 Final) Form MJ 09 owner 1 (Form MJ09 Retail Store CH.pdf) Form MJ 09 owner 2 (Form MJ09 Retail Store LL.pdf) Articles of Organization (ArticlesOfOrganization_GOODLLC.pdf) Certificate of Organization (Certificate of Organization_GOODLLC.pdf) AK Business License (GOODAKBusinessLicense.pdf) Fingerprints on file letter (GOOD LLC Owners Fingerprints Letter.docx) Proof of possession (North Gate Square Lease 14_Optimized.pdf) Food permit exclusion letter (StateFoodPermitExclusionLetter.pdf) Biennial Report (LLC initial biennial report_GOODLLC.pdf)

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