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.

Section 1 – Establishment Information

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

Licensee:	Natures Releaf, LLC	**License Number:**	10589		
License Type:	Retail Marijuana Store				
Doing Business As:	NATURES RELEAF LLC				
Physical Address:	503 7th. Avenue				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99701
Designated Licensee:	Barbara Paschall				
Email Address:	paschallb@hotmail.com				

Section 2 – Attached Items

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

Attached Items:	Application forms: For Applicant- Barbara Paschall MJ-00, MJ-01, MJ-02 plus Premise diagram, MJ-03, MJ-07, MJ-08, MJ-09

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 completed and 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:	Natures ReLeaf,LLC	**License Number:**	10589		
License Type:	Marijuana retail store				
Doing Business As:	Natures ReLeaf,LLC				
Premises Address:	503 7th. Avenue				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

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: June 10 ,2016 End Date: June 20,2016

Other conspicuous location: Fairbanks City Hall

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.

Barbara Paschall
Signature of licensee

Barbara Paschall
Printed name of licensee

CHRISTOPHER SEAN CECIL WESSON
NOTARY PUBLIC
MY COMMISSION EXPIRES JULY 28, 2020
STATE OF ALASKA

CHRISTOPHER SEAN CECIL WESSON
Notary Public in and for the State of Alaska

My commission expires: JULY 28, 2020

Subscribed and sworn to before me this 1st day of JUNE, 2017.