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:	Knik Gardens, LLC	**License Number:**	13374		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	KNIK GLACIER GARDENS				
Physical Address:	25930 E. Knik River Rd				
City:	Palmer	**State:**	AK	**Zip Code:**	99645
Designated Licensee:	Craig Reich JR				
Email Address:	chrissy1907@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-07: Public Notice Posting Affidavit Public Notice Application for Marijuana Establishment License

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:	Knik Gardens, LLC	**License Number:**	13374		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Knik Glacier Gardens				
Premises Address:	25930 E. Knik River Rd.				
City:	Palmer	**State:**	AK	**ZIP:**	99645

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: 06-01-17 End Date: 06-17-17

Other conspicuous location: US Post Office/Palmer, Alaska

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

Craig Reich, JR

Printed name of licensee

OFFICIAL SEAL
K.S. Deardorff
Notary Public-State of Alaska
My Comm. Expires 09/15/2019

Notary Public in and for the State of Alaska

My commission expires: 9.15.19

Subscribed and sworn to before me this 22 day of June, 2017.

Public Notice

Application for Marijuana Establishment License

License Number: 13374

License Status: Initiated

License Type: Standard Marijuana Cultivation Facility

Doing Business As: KNIK GLACIER GARDENS

Business License Number: 1054718

Email Address: chrissy1907@gmail.com

Latitude, Longitude: 61.460110, -148.847250

Physical Address: 25930 E. Knik River Rd
Palmer, AK 99645
UNITED STATES

Licensee #1

Type: Entity

Alaska Entity Number: 10059611

Alaska Entity Name: Knik Gardens, LLC

Phone Number: 907-775-3337

Email Address: chrissy1907@gmail.com

Mailing Address: PO Box 4354
Palmer, AK 99645
UNITED STATES

Entity Official #1

Type: Individual

Name: Craig Reich JR

Phone Number: 907-775-3337

Email Address: chrissy1907@gmail.com

Mailing Address: PO Box 4354
Palmer, AK 99645
UNITED STATES

Affiliate #1

Type: Individual

Name: Craig Reich JR

Phone Number: 907-775-3337

Email Address: chrissy1907@gmail.com

Mailing Address: PO Box 4354
Palmer, AK 99645
UNITED STATES

Interested persons should submit written comment or objection to their local government, the applicant, *and to the Alcohol & Marijuana Control Office at 550 W 7th Ave, Suite 1600, Anchorage, AK 99501 or to* marijuana.licensing@alaska.gov not later than 30 days after this notice of application.

POSTING DATE 6-1-17