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:	Alaska Growth, LLC	**License Number:**		13257	
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	ALASKA GROWTH				
Physical Address:	49787 Island Lake Road				
City:	Nikiski	**State:**	AK	**Zip Code:**	99635
Designated Licensee:	Jon A. Tuttle				
Email Address:	jon.tuttle@ch2m.com				

Section 2 – Attached Items

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

Attached Items:	MJ-00 MJ-01 MJ-02 MJ-04 MJ-07 MJ-08 MJ-09 Entity Documents POPPP Publisher's Affidavit (Fingerprint card and fees to be hand delivered by JDW Counsel)

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

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:	Alaska Growth, LLC	**License Number:**		13257	
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	ALASKA GROWTH				
Physical Address:	49787 Island Lake Road				
City:	Nikiski	**State:**	AK	**Zip Code:**	99635
Designated Licensee:	Jon A. Tuttle				
Email Address:	jon.tuttle@ch2m.com				

Section 2 – Attached Items

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

Attached Items:	MJ-00 MJ-01 MJ-02 MJ-04 MJ-07 MJ-08 MJ-09 Entity Documents POPPP Publisher's Affidavit (Fingerprint card and fees to be hand delivered by JDW Counsel)

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

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:	Alaska Growth, LLC	**License Number:**		13257	
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	ALASKA GROWTH				
Physical Address:	49787 Island Lake Road				
City:	Nikiski	**State:**	AK	**Zip Code:**	99635
Designated Licensee:	Jon A. Tuttle				
Email Address:	jon.tuttle@ch2m.com				

Section 2 – Attached Items

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

Attached Items:	MJ-00 MJ-01 MJ-02 MJ-04 MJ-07 MJ-08 MJ-09 Entity Documents POPPP Publisher's Affidavit (Fingerprint card and fees to be hand delivered by JDW Counsel)

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