MJ-14 in case is needed. MJ-14 is currently in the review process at AMCO.

Alcohol and 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

Form MJ-14: Licensed Premises Diagram Change

What is this form?

This licensed premises diagram change form is required for all marijuana establishment licensees seeking to alter the functional floor plan or reduce or expand the area of the establishment's existing licensed premises, under 3 AAC 306.100 and 3 AAC 306.705. **The required $250 change fee may be made by check, cashier's check, or money order.**

This form must be signed by the licensee and by the local government having jurisdiction over the location of the premises before it is submitted to AMCO staff for review.

This form must be completed and submitted to AMCO's main office prior to altering the existing floor plan. The licensed premises may not be altered unless and until the AMCO director has given written approval on this form. Please note that licensees seeking to change licensed premises diagrams for multiple licenses must submit a separate completed copy of this form for each license.

Section 1 – Establishment Information

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

Licensee:	BLACK BEAR ENTERPRISES LLC	**MJ License #:**		14073	
License Type:	CULTIVATION				
Doing Business As:	BLACK BEAR NURSERY				
Premises Address:	6209 MIKE ST STE 2C				
City:	ANCHORAGE	**State:**	Alaska	**ZIP:**	99518

Section 2 – Required Information

For your security, do not include locations of security cameras, motion detectors, panic buttons, and other security devices.

The following details must be included:

- [x] License number and DBA
- [x] Legend or key
- [x] Color coding
- [x] Dimensions
- [x] Labels
- [x] True north arrow
- [x] Surveillance room
- [x] Licensed premises boundary
- [x] Restricted access areas
- [x] Storage areas
- [x] Entrances, exits, and windows
- [x] Walls, partitions, and counters
- [x] Any other areas that must be labeled for specific license types

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STATE OF ALASKA

Received by AMCO 3.14.18

Alaska Marijuana Control Board

Form MJ-14: Licensed Premises Diagram Change

Section 3 – Summary of Changes

Provide a summary of the changes for which you are requesting approval.

THE ORIGINAL APPLICATION PREMISES DIAGRAM SHOWED GROW TENTS IN THE CULTIVATION AREA. THIS METHOD WAS NOT PERMITTED BY THE MOA, AND WAS ADJUSTED TO FRAMED GROW ROOMS. THE PLANS ARE APPROVED BY THE MOA REFLECTING THIS PREMISES DIAGRAM CHANGE.

Section 4 – Declarations and Approvals

Read each statement below, and then sign your initials in the corresponding box to the right: Initials

If a local building permit is required, I have attached a copy of it to this form. E.L.

The proposed changes conform to all applicable public health, fire, and safety laws. E.L.

As a marijuana establishment licensee, I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

ELI LEHRMANN

Printed name of licensee

Notary Public
J. ARANETA
State of Alaska
My Commission Expires Dec. 1, 2020

Notary Public in and for the State of Alaska.

My commission expires: Dec 1, 2020

Subscribed and sworn to before me this 13th day of February, 2018.

Local Government Review (to be completed by an appropriate local government official):

	Yes	No	Pending
The proposed changes shown on this form conform to all local restrictions and laws.	☒	☐	☐
A local building permit is required for the proposed changes.	☒	☐	

Signature of local government official

C17-1971
Building Permit #

2/2/18
Date

Wayne Bolen
Printed name of local government official

Plan Review Engineer
Title

AMCO Review:

		Approved	Disapproved
Signature of AMCO Enforcement Supervisor	Signature of Director	☐	☐
Printed name of AMCO Enforcement Supervisor	Printed name of Director	Date	

AMCO Comments:

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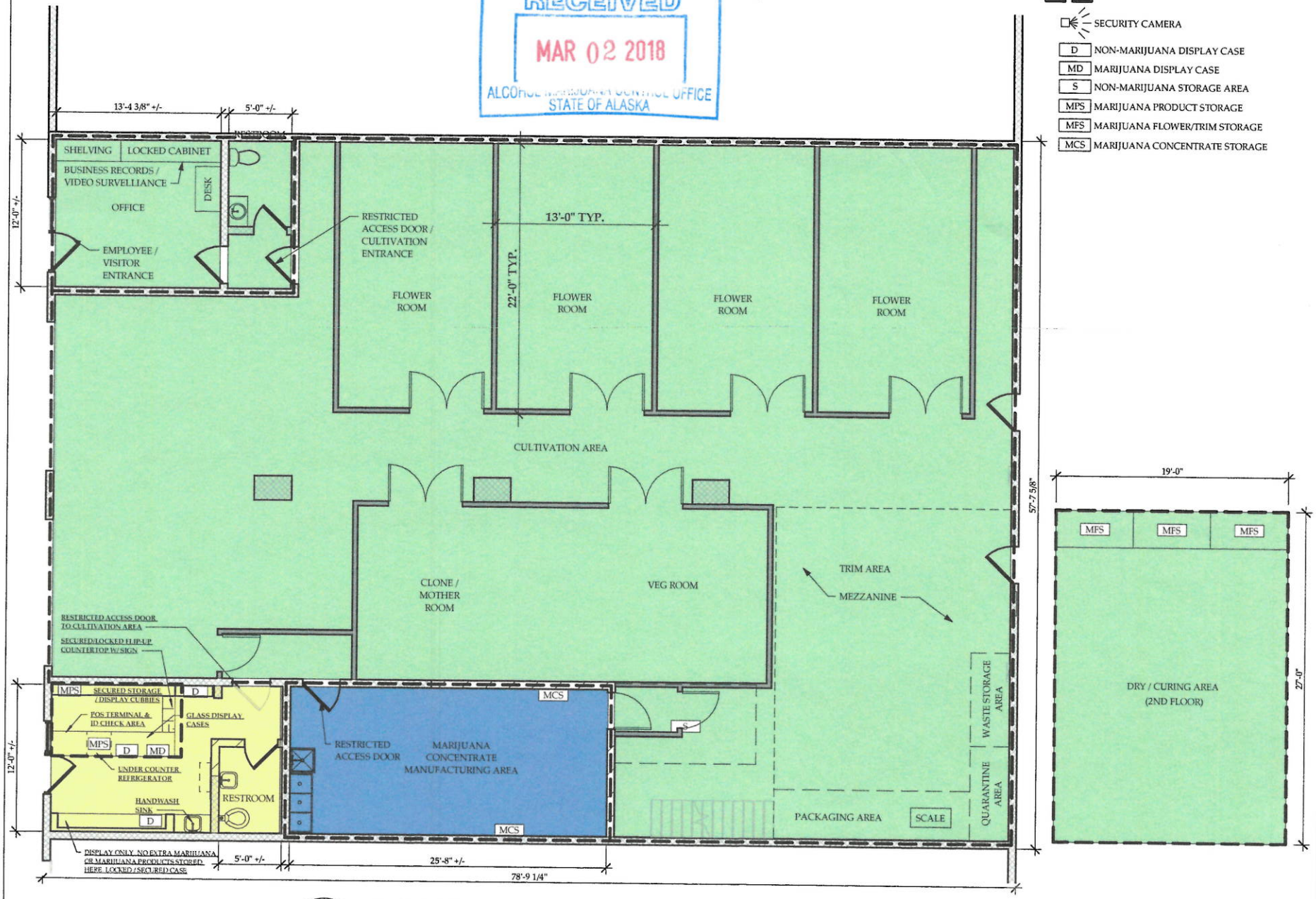
STATE OF ALASKA

Received by AMCO 3.14.18

CULTIVATION: #14073 BLACK BEAR BURSERY
MANUFACTURING: #14619 BROWN BEAR LABS
RETAIL: #14083 ALASKA WEEDS

RECEIVED
MAR 02 2018
ALCOHOL & MARIJUANA CONTROL OFFICE
STATE OF ALASKA

RETAIL LICENSED PREMISES, SUITE 2A
MANUFACTURING LICENSED PREMISES, SUITE 2B
CULTIVATION LICENSED PREMISES, SUITE 2C
RESTRICTED ACCESS AREA
SECURITY CAMERA
D NON-MARIJUANA DISPLAY CASE
MD MARIJUANA DISPLAY CASE
S NON-MARIJUANA STORAGE AREA
MPS MARIJUANA PRODUCT STORAGE
MFS MARIJUANA FLOWER/TRIM STORAGE
MCS MARIJUANA CONCENTRATE STORAGE



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LAYOUT PLAN - FIRST FLOOR & MEZANINE

3/32" = 1'-0"

CDT DESIGN

PROPOSED MARIJUANA FACILITY

6209 MIKE STREET ANCHORAGE, AK 99518

CULTIVATION - BLACK BEAR NURSERY PROCESSING - BROWN BEAR LABS RETAIL - ALASKA WEEDS

No.	Date

Date 01.20.2018

Drawn By C. TEAFOE

CURRENT

CULTIVATION: #14073 BLACK BEAR BURSERY
MANUFACTURING: #14619 BROWN BEAR LABS
RETAIL: #14083 ALASKA WEEDS

RECEIVED
MAR 02 2018
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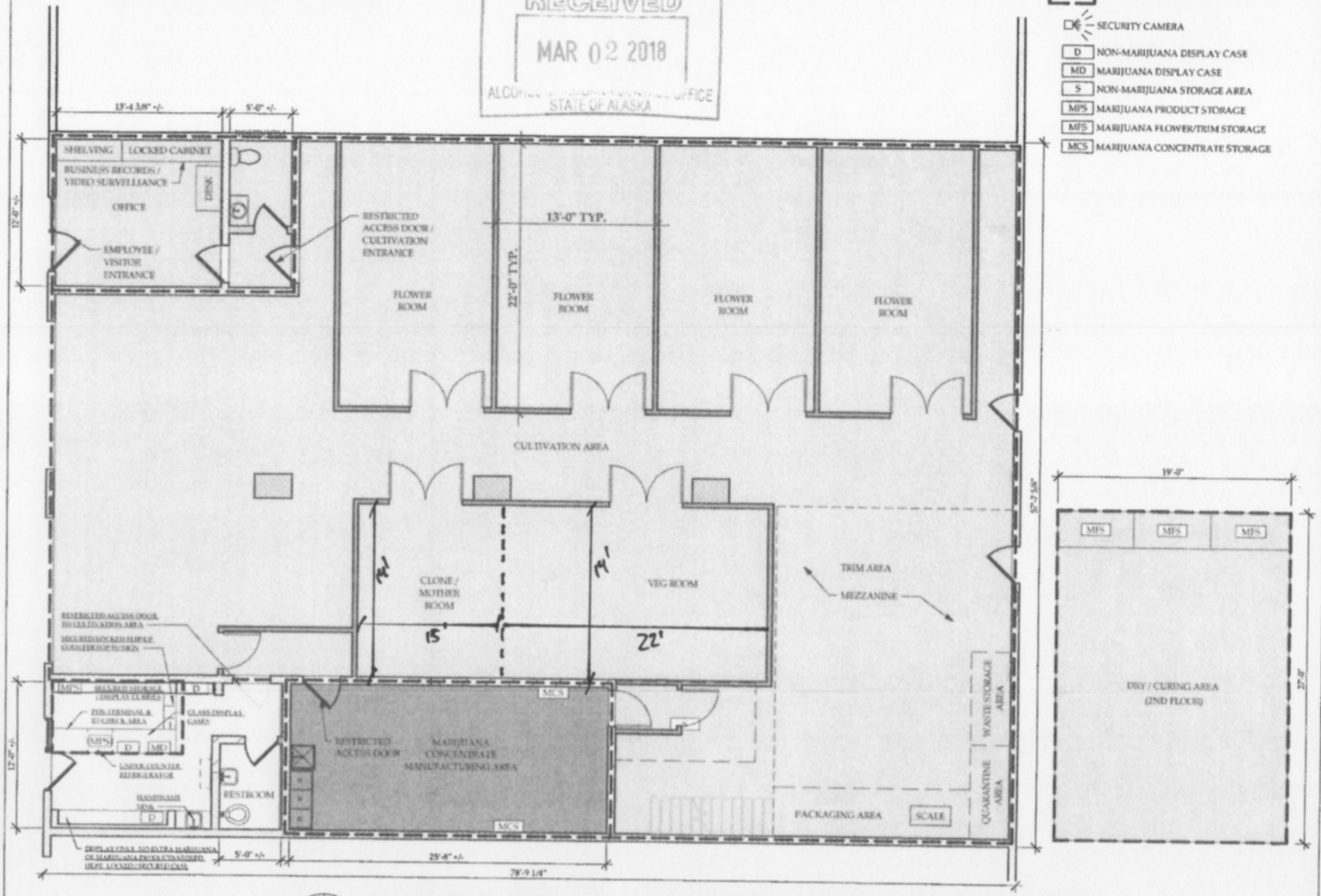

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CDT DESIGN

PROPOSED MARIJUANA FACILITY
6209 MIKE STREET ANCHORAGE, AK 99518

No.	Date

Date 01.20.2018

Drawn By C. TEAFOE

2/6

Municipality of Anchorage
Community Development Department
Development Services Division
P.O. Box 196650 - Anchorage, Alaska 99519-6650 - 4700 Elmore Road
Phone: (907) 343-8211 Fax (907) 343-8214 http://www.muni.org

THIS PERMIT MUST BE POSTED IN A CONSPICUOUS PLACE AT THE ADDRESS OF WORK UNTIL WORK IS COMPLETED AND APPROVED

CB

COMMERCIAL BUILDING PERMIT

Issue Date: 12/18/2017

PERMIT NO: C17-1971 **PM:** pwrwp Expiration Date:
ALASKA WEEDS

Address of Project	**Parcel:**
6209 MIKE ST, Anchorage	01201214000
Legal:	**Subdivision:**
WESTGATE PARK BLK 3 LT 8 G:2030	WESTGATE PARK

Description of Work:

Change of use from S-1 to F-1 to include P/M/E - BWP

Cannabis grow and retail facility

ELEC PERMIT REQUIRES FIRE REVIEW/APPROVAL PRIOR TO PERMIT ISSUE - RED 11/7/2017 (PER DAVID A.)

Permittee:	**Address:**	
PRATER'S QUALITY CONSTRUCTION^	4046 W KERTULLA CT , WASILLA AK	
Permit Type:	**Existing Use:**	**Proposed Use:**
CHANGEUSE	S-1	F-1
Owner:	**Address:**	
ABERCROMBIES LLC	PO BOX 92480 ANCHORAGE, AK 995092480	

All work in strict conformance with plan check requirements as per job prints. Field inspection required.

Inspection required of foundation excavation prior to placing any classified fill.

Contact the utility for approval of service equipment and location prior to installation. Service changes must be scheduled in advance with the utility company and the Building Safety Inspection section.

I HAVE READ THE ABOVE APPLICATION AND KNOW THE CONTENTS THEREOF: THE SAME IS TRUE AND CORRECT. I FURTHER AGREE THE ABOVE WORK WILL BE DONE IN ACCORDANCE WITH ALL STATE AND MUNICIPAL LAWS AND ORDINANCES.

PERMIT EXPIRES IN 360 DAYS IF WORK IS NOT COMMENCED AND NO INSPECTIONS PERFORMED.

Signature of Permittee or Agent: _____

Printed Name: ELI LEHEMANN