THE STATE of ALASKA
GOVERNOR BILL WALKER

**Department of Commerce, Community, and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

March 19, 2018

**Department of Environmental Conservation**
Attn: Permitting Division
Via email: dec.fsspermit@alaska.gov
Jessica.davison@alaska.gov
**State Fire Marshal**
Attn: Michelle Wagner, michelle.wagner@matsugov.us
Lloyd Nakano, Lloyd.nakano@alaska.gov
Pam Bowden, pam.bowden@alaska.gov

| | |
|---|---|
| **License Number:** | 10273 |
| **License Type:** | Retail Marijuana Store |
| **Physical Address:** | 36130 Pine Street<br>Soldotna, AK 99669 |

| | |
|---|---|
| **Transferor:** | Croy's Enterprises, LLC |
| **Doing Business As:** | Pine Street Cannabis Company |
| **Phone Number:** | 907-260-3330 |
| **Email Address:** | pinestcannabis@gmail.com |

| | |
|---|---|
| **Transferee:** | Croy's Enterprises, LLC |
| **Doing Business As:** | Pine Street Cannabis Company |
| **Phone Number:** | 907-260-3330 |
| **Email Address:** | pinestcannabis@gmail.com |

☐ **Transfer of Ownership Application** ☒ **Transfer of Controlling Interest**

3 AAC 306.300(a)(2)(B), 3 AAC 306.400(b)(2)(B), 3 AAC 306.500(b)(2)(B), and 3 AAC 306.605(b)(2)(B) require that an applicant for a marijuana establishment license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local government in which the applicant's proposed licensed premises are located. This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (see attached application documents for more information). **Please complete and return this form to the AMCO office at the email below**.

REVIEWER: Andrew Lanz ☑ DEC ☐ Fire Marshal

DATE: 03/19/2018 PHONE: 907-269-6289 ☑ Compliant ☐ Non-compliant

COMMENTS: Permit has been approved to operate as an FM-1 MJ Convenience with MJ (retail sale of edibles). Permit issued 01/19/2018 and will expire 12/31/2018.

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Erika McConnell, Director

THE STATE of ALASKA
GOVERNOR BILL WALKER

# Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

March 19, 2018

**Department of Revenue**
**Department of Labor, Employment Security**
**Department of Labor, Workers' Compensation**
Via email: theresa.mitchell@alaska.gov
patricia.reimer@alaska.gov
velma.thomas@alaska.gov
andrea.mogil@alaska.gov
dor.tax.collections@alaska.gov

| | |
|---|---|
| **License Number:** | 10273 |
| **License Type:** | Retail Marijuana Store |
| **Physical Address:** | 36130 Pine Street<br>Soldotna, AK 99669 |

| | |
|---|---|
| **Transferor:** | Croy's Enterprises, LLC |
| **Doing Business As:** | Pine Street Cannabis Company |
| **Phone Number:** | 907-260-3330 |
| **Email Address:** | pinestcannabis@gmail.com |
| **EIN:** | 81-1642401 |

| | |
|---|---|
| **Transferee:** | Croy's Enterprises, LLC |
| **Doing Business As:** | Pine Street Cannabis Company |
| **Phone Number:** | 907-260-3330 |
| **Email Address:** | pinestcannabis@gmail.com |

☐ **Transfer of Ownership Application** ☒ **Transfer of Controlling Interest**

3 AAC 306.300(a)(2)(B), 3 AAC 306.400(b)(2)(B), 3 AAC 306.500(b)(2)(B), and 3 AAC 306.605(b)(2)(B) require that an applicant for a marijuana establishment license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local government in which the applicant's proposed licensed premises are located. This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (see attached application documents for more information). **Please complete and return this form to the AMCO office at the email below**.

REVIEWER: _____ ☐ DOR
☐ Employment Security
DATE: _____ PHONE: _____ ☐ Workers' Compensation

COMMENTS: _____ ☐ Compliant ☐ Non-compliant

If you have any questions, please send them to marijuana.licensing@alaska.gov
.

Sincerely,

Erika McConnell, Director