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:	Volcano Flower LLC	**License Number:**	13615		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	VOLCANO FLOWER LLC				
Physical Address:	41253 Volcano View Ct.				
City:	Homer	**State:**	AK	**Zip Code:**	99603
Designated Licensee:	Timothy E Hamilton				
Email Address:	volcano@alaska.net				

Section 2 – Attached Items

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

Attached Items:	
2	3 pages total MJ-07

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

Received by AMCO 02/27/18

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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 marijuana establishment license application, an applicant must give notice of the application to the public by posting a true copy of the application 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 new or transfer 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:	Volcano Flower LLC	**License Number:**	13615		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Volcano Flower LLC				
Premises Address:	41253 Volcano View Ct.				
City:	Homer	**State:**	AK	**ZIP:**	99603

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: 02-09-18 End Date: 02-25-18

Other conspicuous location: Two Sisters Bakery, 233 E. Bunnell Ave., Homer, AK

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

Signature of licensee

Timothy E. Hamilton

Printed name of licensee

NOTARY PUBLIC STATE OF ALASKA DOUGLAS L. BOWEN

Notary Public in and for the State of Alaska

My commission expires: 10-19-19

Subscribed and sworn to before me this 27 day of February, 2018.

Received by AMCO 02/27/18

Public Notice

Application for Marijuana Establishment License

License Number: 13615
License Status: Initiated
License Type: Limited Marijuana Cultivation Facility
Doing Business As: VOLCANO FLOWER LLC
Business License Number: 1066744
Email Address: volcano@alaska.net
Latitude, Longitude: 59.675814, -151.655955
Physical Address: 41253 Volcano View Ct.
Homer, AK 99603
UNITED STATES

Licensee #1

Type: Entity
Alaska Entity Number: 10077523
Alaska Entity Name: Volcano Flower LLC
Phone Number: 907-399-3276
Email Address: volcano@alaska.net
Mailing Address: P. O. Box 2118
Homer, AK 99603
UNITED STATES

Entity Official #2

Type: Individual
Name: Anne Hamilton
Phone Number: 907-299-0058
Email Address: volcano@alaska.net
Mailing Address: P.O. Box 2118
Homer, AK 99603
UNITED STATES

Entity Official #1

Type: Individual
Name: Timothy E Hamilton
Phone Number: 907-399-3276
Email Address: volcano@alaska.net
Mailing Address: P. O. Box 2118
Homer, AK 99603
UNITED STATES

Note: *No affiliates entered for this license.*

Interested persons may object to the application by submitting a written statement of reasons for the objection to their local government, the applicant, and the Alcohol & Marijuana Control Office (AMCO) not later than 30 days after the director has determined the application to be complete and has given written notice to the local government. Once an application is determined to be complete, the objection deadline and a copy of the application will be posted on AMCO's website at https://www.commerce.alaska.gov/web/amco. Objections should be sent to AMCO at marijuana.licensing@alaska.gov or to 550 W 7th Ave, Suite 1600, Anchorage, AK 99501.

POSTING DATE February 9, 2018

Received by AMCO 02/27/18