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:	MATANUSKA CANNABIS COMPANY, LLC.	**License Number:**	14200		
License Type:	Retail Marijuana Store				
Doing Business As:	MATANUSKA CANNABIS COMPANY, LLC.				
Physical Address:	3550 S. Old Glenn Highway				
City:	Palmer	**State:**	AK	**Zip Code:**	99645
Designated Licensee:	Chad Ragsdale				
Email Address:	tokawear@outlook.com				

Section 2 – Attached Items

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

Attached Items:	Please find for filing: - cover letter - corrected MJ-02 Thx ☺

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

Received by AMCO 3/16/18

LANCE CHRISTIAN WELLS
Law Offices of Lance Christian Wells, LLC.
733 W. 4th Avenue, Suite 308
Anchorage, AK. 99501
www.LanceCWells.com

Phone 907-274-9696 **Fax 907-277-9859**

March 16, 2018

Ms. Jacqlene Drulis
Occupational Licensing Examiner
Alcohol & Marijuana Control Office
550 West 7th Avenue, Suite 1600
Anchorage, Alaska 99501

RE: Your Email of 3/15/2018
Matanuska Cannabis Company, LLC.
License Number 14200
Completed Corrections

Dear Ms. Drulis:

Thank you for your Email of 3/15/2018. Attached are the completed corrections requested by you. Please make sure this makes the April 2018 meeting, as today is the final day to submit corrections.

MJ-02: See attached corrections.

Should you have any questions, please do not hesitate to contact me at the above number or address.

Law Offices of Lance C. Wells, LLC.

By: _____
Lance C. Wells, Atty.

Enclosure

Received by AMCO 3/16/18

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

RECEIVED
SEP 21 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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:	MATANUSKA CANNABIS COMPANY, LLC.	**License Number:**	14200		
License Type:	Retail Marijuana Store				
Doing Business As:	MATANUSKA CANNABIS COMPANY, LLC.				
Physical Address:	3550 S. Old Glenn Highway				
City:	Palmer	**State:**	AK	**Zip Code:**	99645
Designated Licensee:	Chad Ragsdale				
Email Address:	tokawear@outlook.com				

Section 2 – Attached Items

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

Attached Items:	+ Proof of possession for proposed premises for filing. Thx

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:	MATANUSKA CANNABIS COMPANY, LLC.	**License Number:**	14200		
License Type:	Retail Marijuana Store				
Doing Business As:	MATANUSKA CANNABIS COMPANY, LLC.				
Physical Address:	3550 S. Old Glenn Highway				
City:	Palmer	**State:**	AK	**Zip Code:**	99645
Designated Licensee:	Chad Ragsdale				
Email Address:	tokawear@outlook.com				

Section 2 – Attached Items

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

Attached Items:	Please find for filing: - MJ-01; - MJ-03; - Entity Doc's. This completes all filings please advise when can pay fees. Thx

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

RECEIVED
OCT 09 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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

RECEIVED
SEP 20 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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:	MATANUSKA CANNABIS COMPANY, LLC.	**License Number:**	14200		
License Type:	Retail Marijuana Store				
Doing Business As:	MATANUSKA CANNABIS COMPANY, LLC.				
Physical Address:	3550 S. Old Glenn Highway				
City:	Palmer	**State:**	AK	**Zip Code:**	99645
Designated Licensee:	Chad Ragsdale				
Email Address:	tokawear@outlook.com				

Section 2 – Attached Items

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

Attached Items:	- Food safety Permit application with received stamps. See Attached. 2 pages. Thank you.

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:	MATANUSKA CANNABIS COMPANY, LLC.	**License Number:**	14200		
License Type:	Retail Marijuana Store				
Doing Business As:	MATANUSKA CANNABIS COMPANY, LLC.				
Physical Address:	3550 S. Old Glenn Highway				
City:	Palmer	**State:**	AK	**Zip Code:**	99645
Designated Licensee:	Chad Ragsdale				
Email Address:	tokawear@outlook.com				

Section 2 – Attached Items

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

Attached Items:	Please find for filing: - Cover letter; - Corrected MJ-00; - Corrected MJ-01; - Corrected MJ-02; - Corrected MJ-03; - Corrected MJ-07; - Corrected MJ-08; - Affidavit of publication; - Corrected entity document. Thank you.

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

RECEIVED
MAR 12 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

LANCE CHRISTIAN WELLS
Law Offices of Lance Christian Wells, LLC.
733 West 4th Avenue, Suite 308
Anchorage, AK. 99501
www.LanceCWells.com
lwells@gci.net

Phone 907-274-9696 **Fax 907-277-9859**

03/09/2018 **Hand Courier Delivery**

Ms. Jacqlene Drulis
Occupational Licensing Examiner
Alcohol and Marijuana Control Office
550 W. 7th, Suite 1600
Anchorage, AK. 99501

RE: Matanuska Cannabis Company, LLC.
Retail Marijuana Store
License No. 14200
Your Email Letter Dated 02/22/2018

Dear Ms. Drulis:

Thank you for your E-mail letter dated 02/22/2018. Enclosed please find all corrections and materials responsive to your requests as follows:

-Online Application: Corrected per your request.

-MJ-00:
-P. 3. See attached.

-MJ-01:
P. 5. First box. See attached.
P. 7, First box. See attached.
P.7. Second box. See attached.
P. 11. See attached.
P.15. First box. See attached.

-MJ-02:
-Google image that is zoomed in reflecting an aerial view map of the building with streets, buildings etc. See attached.
-Other diagram changes. See attached per your letter.

RECEIVED
MAR 12 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

-MJ-03:

-P. 3. Second Box: See attached.

-MJ-07: See attached.

-MJ-08: See attached.

-Publisher's affidavit: See attached.

-Entity documents: See attached signed operating agreement page with all member's signatures.

This should complete all documents requested and changes made pursuant to your E-mail. Thank you for your time and attention to this matter as I know you are very busy. We look forward to the upcoming AMCO Meeting.

Sincerely yours,
Law Offices of Lance C. Wells, LLC.

Lance C. Wells, Esq.

cc: Client

Enclosure

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:	MATANUSKA CANNABIS COMPANY, LLC.	**License Number:**	14200		
License Type:	Retail Marijuana Store				
Doing Business As:	MATANUSKA CANNABIS COMPANY, LLC.				
Physical Address:	3550 S. Old Glenn Highway				
City:	Palmer	**State:**	AK	**Zip Code:**	99645
Designated Licensee:	Chad Ragsdale				
Email Address:	tokawear@outlook.com				

Section 2 – Attached Items

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

Attached Items:	Please find for filing: MJ-00; MJ-07; MJ-08; MJ-09. Thank you,

RECEIVED
SEP 14 2017
ALCOHOL & MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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:	MATANUSKA CANNABIS COMPANY, LLC.	**License Number:**	14200		
License Type:	Retail Marijuana Store				
Doing Business As:	MATANUSKA CANNABIS COMPANY, LLC.				
Physical Address:	3550 S. Old Glenn Highway				
City:	Palmer	**State:**	AK	**Zip Code:**	99645
Designated Licensee:	Chad Ragsdale				
Email Address:	tokawear@outlook.com				

Section 2 – Attached Items

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

Attached Items:	Please find for filing: - Affidavit of publication; - (3X) fingerprint cards; - (3X) checks for fingerprints. Thx

RECEIVED
AUG 30 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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