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:	Smoking Joe's Terps Co.	**License Number:**	14579		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.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

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:	Smoking Joe's Terps Co.	**License Number:**	14579		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-09 Statement of Financial Interest

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

Received by AMCO 10/22/17

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:	Smoking Joe's Terps Co.	**License Number:**	14579		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Publishers Affidavit

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

Received by AMCO 10/22/17

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:	Smoking Joe's Terps Co.	**License Number:**		14579	
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As :	SMOKING JOE'S TERPS CO.				
Physical Address :	24276 Moraine Vista ST				
City:	Kasilof	**State :**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address :	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-08 Local Government Notice Affidavit

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

Received by AMCO 10/22/17

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 :	Smoking Joe's Terps Co.	**License Number:**		14579	
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State :**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address :	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-07 Public Notice Posting Affidavit

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

Received by AMCO 10/22/17

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:	Smoking Joe's Terps Co.	**License Number:**	14579		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-00 Application Certifications

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

Received by AMCO 10/22/17

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:	Smoking Joe's Terps Co.	**License Number:**	14579		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-01 Operating Plan

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

Received by AMCO 1.18.18

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

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:	Smoking Joe's Terps Co.	**License Number:**		14579	
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-04 Marijuana Cultivation Facility

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

Received by AMCO 1.18.18

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

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:	Smoking Joe's Terps Co.	**License Number:**	14579		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	MJ-00-BN MJ-00-JT page 1 Lease page 1 MJ-01 page 1, 3, 11, 15 MJ-02 premises Diagraim Level 1, 2 MJ-04 Page 1, 2, 3 Sample Label MJ-07 MJ-08 MJ-09 JT Page 1 + BN page 1 Aerial View Smoking Joe's Terps, Smoking Joe's Terps site plan Bylaws Fire Marshal permit

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

Received by AMCO 04/04/18

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

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:	Smoking Joe's Terps Co.	**License Number:**		14579	
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	MJ-00-BN MJ-00-JT page 1 Lease page 1 MJ-01 page 1, 3, 11, 15 MJ-02 premises Diagraim Level 1, 2 MJ-04 Page 1, 2, 3 Sample Label MJ-07 MJ-08 MJ-09 JT Page 1 + BN page 1 Aerial View Smoking Joe's Terps, Smoking Joe's Terps site plan Bylaws Fire Marshal permit Lease page 1

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

Received by AMCO 04/04/18

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

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:	Smoking Joe's Terps Co.	**License Number:**	14579		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-02 Premises Diagram

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

Received by AMCO 1.18.18

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

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:	Smoking Joe's Terps Co.	**License Number:**	14579		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	MJ-00 Page 1 MJ-00B Page 1 MJ-00 Page 3 MJ-02 Floor 1 + 2 Lease

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:	Smoking Joe's Terps Co.	**License Number:**	14579		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Premises Diagram level 1

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:	Smoking Joe's Terps Co.	**License Number:**	14579		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	SMOKING JOE'S TERPS CO.				
Physical Address:	24276 Moraine Vista ST				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610
Designated Licensee:	Jacob Thom				
Email Address:	smokingjoesterps@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Entity Documents

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