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OCT 17 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

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:	Wishful Things, LLC	**License Number:**	11175		
License Type:	Retail Marijuana Store				
Doing Business As:	WISHFUL THINGS, LLC				
Physical Address:	3505 Airport Way				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99709 - 4761
Designated Licensee:	James Simpson				
Email Address:	jamsimpson@msn.com				

Submitted docs for 13149

Section 2 – Attached Items

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

Attached Items:	On-line application with number fingerprint card application for food establishment permit w/letter attached Fairbanks North Star Borough-Dept. of Community Planning-Zoning permit17844 resubdivision Plat-Block 5, Fairwest subdivision Radius 500ft diagram Articles of Organization--certificate of Organization Notice of change of officials- signed and dated Notice of change of officials Supplement- signed and dated contact informantion License Details--Tabacco Endorsement MJ-00 MJ-08 License Fee- 5ea 1000.00 Western union MJ-01 MJ-09 Application Fee--1ea 1000.00 western union MJ-02 Fingerprint card fee-1ea 47.00 western union MJ-03 Dendi Escrow Services MJ-07-affidavit of publication, Proof of possession-Realeste agreement Settlement Statement OMB No. 25020205

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