Alcohol and 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

# Form MJ-08: Local Government Notice Affidavit

**What is this form?**

A local government notice affidavit is required for all marijuana establishment license applications with a proposed premises that is located within a local government, per 3 AAC 306.025(b)(3). As soon as practical after initiating a new marijuana establishment license application, an applicant must give notice of the application to the public by submitting a copy of the application to the local government and any community council in the area of the proposed licensed premises. For purposes of this notification, the document that must be submitted is the application document produced by the online application system titled "Public Notice".

**This form must be completed and submitted to AMCO's main office before any 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:** | winter greens llc | **License Number:** | 15061 | | |
| **License Type:** | retail marijuana store | | | | |
| **Doing Business As:** | winter greens llc | | | | |
| **Premises Address:** | 75 beach road | | | | |
| **City:** | haines | **State:** | ak | **ZIP:** | 99827 |

## Section 2 – Certification

I certify that I have met the local government notice requirement set forth under 3 AAC 306.025(b)(3) by submitting a copy of my application to the following local government official and community council (if applicable):

Local Government: Haines Borough  Name of Official: Julie Cozzi

Title of Official: Borough Clerk  Date Submitted: 9/27/17

Community Council: _____  Date Submitted: _____
(Municipality of Anchorage and Matanuska-Susitna Borough only)

I declare under penalty of perjury that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

William Adams
Signature of licensee

william adams
Printed name of licensee

TINA OLSEN NOTARY PUBLIC STATE OF ALASKA

Tina Olsen
Notary Public in and for the State of Alaska

My commission expires: 6/15/19

Subscribed and sworn to before me this 27th day of September, 2017.



Received by AMCO 4.16.18