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:** | AlasKind LLC | **License Number:** | 13881 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | ALASKIND LLC | | | | |
| **Physical Address:** | 278 East Bias Drive | | | | |
| **City:** | Fairbanks | **State:** | AK | **Zip Code:** | 99712 - 2501 |
| **Designated Licensee:** | Aaron Heath | | | | |
| **Email Address:** | Ajhworkman@gmail.com | | | | |

## Section 2 – Attached Items

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

| | |
|---|---|
| **Attached Items:** | Operating Agreement |

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|---|---|---|---|---|---|
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## Section 2 – Attached Items

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

| | |
|---|---|
| **Attached Items:** | MJ-04 (Second revision to satisfy incomplete letter) |

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| | |
|---|---|
| **Attached Items:** | MJ-01 (Second revision to satisfy incomplete letter) |

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## Section 2 – Attached Items

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

| | |
|---|---|
| **Attached Items:** | Entity Documents |

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Received by AMCO 10/08/17

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## Section 2 – Attached Items

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| | |
|---|---|
| **Attached Items:** | MJ-02 (Third revision to satisfy incomplete letter) |

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## Section 2 – Attached Items

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| | |
|---|---|
| **Attached Items:** | AlasKind Lease (Revised to satisfy incomplete letter) |

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|---|---|---|---|---|---|
| Received Date: | | Payment Submitted Y/N: | | Transaction #: | |

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