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:	Cold Creek Extracts LLC	**License Number:**		15594	
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	COLD CREEK EXTRACTS				
Physical Address:	7801 Schoon St Unit L				
City:	Anchorage	**State:**	AK	**Zip Code:**	99518
Designated Licensee:	Cade Inscho				
Email Address:	cade@coldcreekextracts.com				

Section 2 – Attached Items

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

Attached Items:	Revised MJ-01 MJ-02 MJ-05 MJ-08 Proof of Possession of property.

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

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City:	Anchorage	**State:**	AK	**Zip Code:**	99518
Designated Licensee:	Cade Inscho				
Email Address:	cinscho@icloud.com				

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

Attached Items:	MJ-05 MJ-07 MJ-08

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Designated Licensee:	Cade Inscho				
Email Address:	cinscho@icloud.com				

Section 2 – Attached Items

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

Attached Items:	MJ-09 Cade Inscho MJ-09 Steven Johnson Publishers Affidavit Lease Agreement

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Designated Licensee:	Cade Inscho				
Email Address:	cinscho@icloud.com				

Section 2 – Attached Items

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

Attached Items:	DEC Food Permit Plan Review Operating Agreement

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

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