



MEMORANDUM

TO: Marijuana Control Board DATE: August 15, 2018

FROM: Erika McConnell, Director RE: Alaskan Blooms, #10073,
Standard Cultivation Facility

The Department of Revenue has notified AMCO that this licensee is delinquent on their taxes.

3 AAC 306.080(b) states "After review of the application and all relevant information, the board will deny an application for renewal of a marijuana establishment license if the board finds

- (1) any cause listed in (a) of this section;
- (2) that the license has been revoked for any cause;
- (3) that the license has been operated in violation of a condition or restriction the board previously imposed; or
- (4) that the applicant is delinquent in the payment of taxes due in whole or in part from operation of the licensed business."

I recommend that the board deny the renewal with a 30-day abeyance. If the Department of Revenue informs us that the licensee is no longer delinquent within the 30-day abeyance period, the license would be renewed. Otherwise, at the end of the 30-day period, the license would be expired.



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Revenue

TAX DIVISION

Robert B. Atwood Building
550 West 7th Avenue, Suite 500
Anchorage, Alaska 99501-3566
Main: 907.269.6620
Fax: 907.269.6644

August 2, 2018

Marijuana Control Board
Alcohol & Marijuana Control Office
Attn: Erika McConnell, Director
550 W. 7th Avenue, Suite 1600
Anchorage, AK 99501

Re: Failure to pay taxes under AS 43.61.010 by licensed marijuana cultivation facilities

Dear Ms. McConnell:

Pursuant to Alaska Statutes and Regulations, AS 43.61.030 and 15 AAC 61.020, the Department of Revenue will inform the Marijuana Control Board of licensed cultivators that have failed to pay tax due as required by law.

As of August 2, 2018, there are six licensed cultivation facilities that have failed to pay marijuana excise taxes as required under AS 43.61.010 for a period of **no less than 100 days** from the payment due date. The six delinquent accounts are as follows:

- #10066 DBA Green Leaf
- #10073 DBA Alaskan Blooms, LLC
- #10147 DBA Permafrost Distributors
- #10237 DBA AlaskaSense, LLC
- #10291 DBA Lazy Mountain Harvest, LLC
- #11519 DBA Permafrost Distributors

Please don't hesitate to contact me with questions by phone at (907) 269-1018 or by email at kelly.mazzei@alaska.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kelly Mazzei".

Kelly Mazzei, Excise Tax Supervisor
Department of Revenue – Tax Division

Alcohol & Marijuana Control Office

Initiating License Application

6/11/2018 1:28:26 PM

License Number: 10073**License Status:** Active-Operating**License Type:** Standard Marijuana Cultivation Facility**Doing Business As:** ALASKAN BLOOMS, LLC**Business License Number:** 1030620**Designated Licensee:** Linden Anson**Email Address:** alaskanblossoms@gmail.com**Local Government:** Fairbanks North Star Borough**Community Council:****Latitude, Longitude:** 68.484200, -147.464800**Physical Address:** 2448 Arvilla St.
Building A & B
Fairbanks, AK 99709
UNITED STATES**Licensee #1****Type:** Entity**Alaska Entity Number:** 10034485**Alaska Entity Name:** Alaskan Blossoms, LLC**Phone Number:** 907-987-1010**Email Address:** alaskanblossoms@gmail.com**Mailing Address:** 2448 Arvilla St.
Fairbanks, AK 99709
UNITED STATES**Entity Official #1****Type:** Individual**Name:** Gene Bloom**Phone Number:** 907-322-5830**Email Address:** alaskanblossoms@gmail.com**Mailing Address:** 1162 Park Dr.
Fairbanks, AK 99709
UNITED STATES**Entity Official #2****Type:** Individual**Name:** Linden Anson**Phone Number:** 907-888-5777**Email Address:** alaskanblossoms@gmail.com**Mailing Address:** 2406 Statehood St.
North Pole, AK 99705
UNITED STATES**Entity Official #3****Type:** Individual**Name:** Karen Lowry**Phone Number:** 907-987-1010**Email Address:** alaskanblossoms@gmail.com**Mailing Address:** 2448 Arvilla Street
Fairbanks, AK 99709
UNITED STATES**Note:** No affiliates entered for this license.



Alaska Marijuana Control Board

Form MJ-20: Renewal Application Certifications

What is this form?

This renewal application certifications form is required for all marijuana establishment license renewal applications. Each person signing an application for a marijuana establishment license must declare that he/she has read and is familiar with AS 17.38 and 3 AAC 306. A person other than a licensee may not have direct or indirect financial interest (as defined in 3 AAC 306.015(e)(1)) in the business for which a marijuana establishment license is issued, per 3 AAC 306.015(a).

This form must be completed and submitted to AMCO's main office by each licensee (as defined in 3 AAC 306.020(b)(2)) before any license renewal application will be considered complete.

Section 1 – Establishment Information

Enter information for the licensed establishment, as identified on the license application.

Licensee:	Alaskan Blooms, LLC	License Number:	10073		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	ALASKAN BLOOMS, LLC				
Premises Address:	2448 Arvilla St. Building A & B				
City:	Fairbanks	State:	AK	ZIP:	99709

Section 2 – Individual Information

Enter information for the individual licensee who is completing this form.

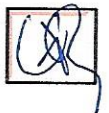
Name:	Gene Bloom
Title:	Member

Section 3 – Changes to Licensed Marijuana Establishment

Read each line below, and then sign your initials in the box to the right of only the applicable statement:

Initials

I certify that **no changes have been made**, except for those that have been previously reported or requested on a form prescribed by the Board, to this licensed establishment's business name, ownership, licensed premises diagram, or operating plan, and (for marijuana product manufacturers) that I do not wish to request Board approval for production of any new proposed marijuana products.



I certify that **a change has been or will be made** to one or more of the items listed above for this establishment, and I understand that an additional form(s) and fee(s) must be submitted to AMCO before any renewal application for this license can be considered complete.



If you have selected the second certification, please list any and all of the types of changes that need to be reported/requested:

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**Form MJ-20: Renewal Application Certifications****Section 4 – Certifications****Read each line below, and then sign your initials in the box to the right of any applicable statements:**

Initials

I certify that I have **not** been convicted of any criminal charge in the previous two calendar years.

GB

I certify that I have **not** committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calendar years.

GB

I certify that a notice of violation has **not** been issued for this license.

GB

Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

I have attached a written explanation for why I cannot certify one or more of the above statements, which includes the type of violation or offense, as required under 3 AAC 306.035(b).

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that no person other than a licensee listed on my marijuana establishment license renewal application has a direct or indirect financial interest, as defined in 3 AAC 306.015(e)(1), in the business for which the marijuana establishment license has been issued.

GB

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the 2018 calendar year.

GB

I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.

GB

I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.

GB

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board.

GB

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.

GB

As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.

Signature of licensee

Gene Bloom

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: May 16, 2021

Subscribed and sworn to before me this 25th day of June, 2019.

SUSAN R LAVANWAY
Notary Public, State of Alaska
Commission # 170516003
My Commission Expires
May 16, 2021



Alaska Marijuana Control Board

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License Type:	Standard Marijuana Cultivation Facility		
Doing Business As:	ALASKAN BLOOMS, LLC		
Premises Address:	2448 Arvilla St. Building A & B		
City:	Fairbanks	State:	AK
		ZIP:	99709

Section 2 – Individual Information

Enter information for the individual licensee who is completing this form.

Name:	Karen Lowry
Title:	Member

Section 3 – Changes to Licensed Marijuana Establishment

Read each line below, and then sign your initials in the box to the right of only the applicable statement:

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I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the 2018 calendar year.

☐

I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.

☐

I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.

☐

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board.

☐

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.

☐

As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.

Signature of licensee

Karen Lowry

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: May 16, 2021

Subscribed and sworn to before me this 25 day of June, 2018.



Alaska Marijuana Control Board

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Name:	Linden Anson
Title:	Member

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LA,

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LA

I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.

LA

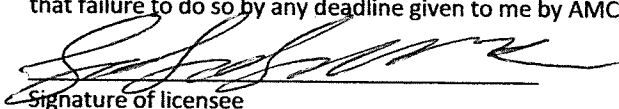
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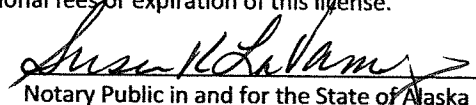
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Signature of licensee

Linden Anson

Printed name of licensee


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