

Alcohol & Marijuana Control Office

Initiating License Application

6/11/2018 11:02:34 AM

License Number: 10837**License Status:** Active-Operating**License Type:** Retail Marijuana Store**Doing Business As:** HILLSIDE NATURAL WELLNESS**Business License Number:** 1040029**Designated Licensee:** John Grissom**Email Address:** cannaceuticals.ak@gmail.com**Local Government:** Anchorage (Municipality of)**Community Council:** Abbott Loop**Latitude, Longitude:** 61.083000, -149.503000**Physical Address:** 8639 Toloff St.
Suite 1
Anchorage, AK 99507
UNITED STATES**Licensee #1****Type:** Entity**Alaska Entity Number:** 10040045**Alaska Entity Name:** Hillside Natural Wellness, LLC**Phone Number:** 907-868-8639**Email Address:** cannaceuticals.ak@gmail.com**Mailing Address:** PO Box 872468
Wasilla, AK 99687
UNITED STATES**Entity Official #1****Type:** Individual**Name:** John Grissom**Phone Number:** 907-868-8639**Email Address:** cannaceuticals.ak@gmail.com**Mailing Address:** PO Box 872468
Wasilla, AK 99687
UNITED STATES**Entity Official #2****Type:** Individual**Name:** Matthew Peterson**Phone Number:** 907-868-8639**Email Address:** shkalula@mac.com**Mailing Address:** PO Box 872468
Wasilla, AK 99687
UNITED STATES**Entity Official #3****Type:** Individual**Name:** Adam Boyd**Phone Number:** 907-868-8639**Email Address:** cannaceuticals.ak@gmail.com**Mailing Address:** PO Box 846
Palmer, AK 99645
UNITED STATES**Entity Official #4****Type:** Entity**Alaska Entity Number:** 10036287**Alaska Entity Name:** Cannaceuticals Enterprises, Inc.**Phone Number:** 907-868-8639**Email Address:** shkalula@mac.com**Mailing Address:** PO Box 872468
Wasilla, AK 99687
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:	Hillside Natural Wellness, LLC	License Number:	10837		
License Type:	Retail Marijuana Store				
Doing Business As:	HILLSIDE NATURAL WELLNESS				
Premises Address:	8639 Toloff Street, Suite 1				
City:	Anchorage	State:	AK	ZIP:	99507

Section 2 – Individual Information

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

Name:	John Grissom
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:

--



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:

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

Initials



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.



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



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.



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.

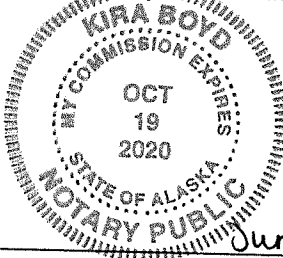


As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide 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

John Grissom

Printed name of licensee



Notary Public in and for the State of Alaska

My commission expires: 10/19/20

Subscribed and sworn to before me this 6 day of June, 2018.



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:	Hillside Natural Wellness, LLC	License Number:	10837		
License Type:	Retail Marijuana Store				
Doing Business As:	HILLSIDE NATURAL WELLNESS				
Premises Address:	8639 Toloff Street, Suite 1				
City:	Anchorage	State:	AK	ZIP:	99507

Section 2 – Individual Information

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

Name:	Adam Boyd
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:



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:

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

Initials

AB

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.

AB

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

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).

AB

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.

AB

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

AB

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

AB

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

AB

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.

AB

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.

AB

As an applicant for a marijuana establishment license renewal, I declare under penalty of perjury 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

Adam Boyd

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 3/31/21

Subscribed and sworn to before me this 6 day of June, 2018.



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:	Hillside Natural Wellness, LLC	License Number:	10837		
License Type:	Retail Marijuana Store				
Doing Business As:	HILLSIDE NATURAL WELLNESS				
Premises Address:	8639 Toloff Street, Suite 1				
City:	Anchorage	State:	AK	ZIP:	99507

Section 2 – Individual Information

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

Name:	Matthew Peterson
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:

--

**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

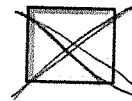
I certify that I have **not** been convicted of any criminal charge in the previous two calendar years.



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.



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



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.



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.

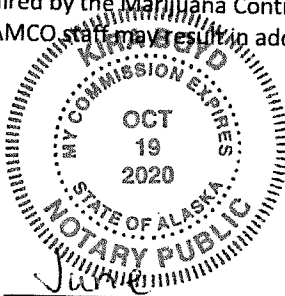


As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide 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 may result in additional fees or expiration of this license.

Signature of licensee

Matthew Peterson

Printed name of licensee



Notary Public in and for the State of Alaska

My commission expires: 10/19/18Subscribed and sworn to before me this 6 day of June, 2018.

Notice of Violation

(3AAC 306.805)

This form, all information provided and responses are public documents per Alaska Public Records Act AS 40.25

Date: 5-2-18

License #/Type: #10837 Retail Marijuana Store

Designated Licensee: John Grissom

AMCO Case#: AB18000505

DBA: Hillside Natural Wellness

Premises Address: 8639 Toloff St., Suite 1

Mailing Address: PO Box 872468 Wasilla, AK 99687

This is a notice to you as licensee that an alleged violation has occurred. If the Marijuana Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

On 5-2-18, AMCO Investigators were notified of an ADN news story regarding marijuana taxes and the article featured a photograph of a bud tender working at Hillside Natural Wellness. In the photograph there were a couple dozen trays on the counter top, unsecured, that appeared to be filled with packaged marijuana.

On 5-2-18 at approximately 1100 hours, Investigators Bankowski and Hoelscher contacted Director of Operations, Ashley Taborsky at Hillside Natural Wellness and verified that there was approximately 24 trays containing various amount of pre-packaged marijuana on the counter-top and that it was unsecured. We informed her that this was a violation of their operating plan and also violated 3 AAC 306.710(a). by having unrestricted access to the pre-packaged marijuana on the counter-top.

Your attention is directed to:

AS 17.38.070

AS 17.38.190

3 AAC 306.020(c)

3 AAC 306.316(2)

3 AAC 306.710(a)

3 AAC 306.805 provides that upon receipt of a Notice of Violation, a licensee may request to appear before the board and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice. A licensee may respond, either orally or in writing, to the Notice.

IT IS RECOMMENDED THAT YOU RESPOND IN WRITING TO DOCUMENT YOUR RESPONSE FOR THE MARIJUANA CONTROL BOARD.

***Please send your response to the address below and include your Marijuana Establishment License Number in your response.**

Alcohol & Marijuana Control Office

ATTN: Enforcement

550 W. 7th Ave, Suite 1600

Anchorage, Alaska 99501

amco.enforcement@alaska.gov

Issuing Investigator: J. Hoelscher

Received by:

SIGNATURE:

SIGNATURE:

Delivered VIA: Email

Date:

Received by AMCO 6.21.18



Alaska Marijuana Control Board
**Operating Plan Supplemental
Form MJ-03: Retail Marijuana Store**

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

Section 3 – On-site Consumption

Yes No

Do you plan to request approval of the board with your initial application to permit consumption of marijuana or marijuana product in a designated area on the proposed premises?

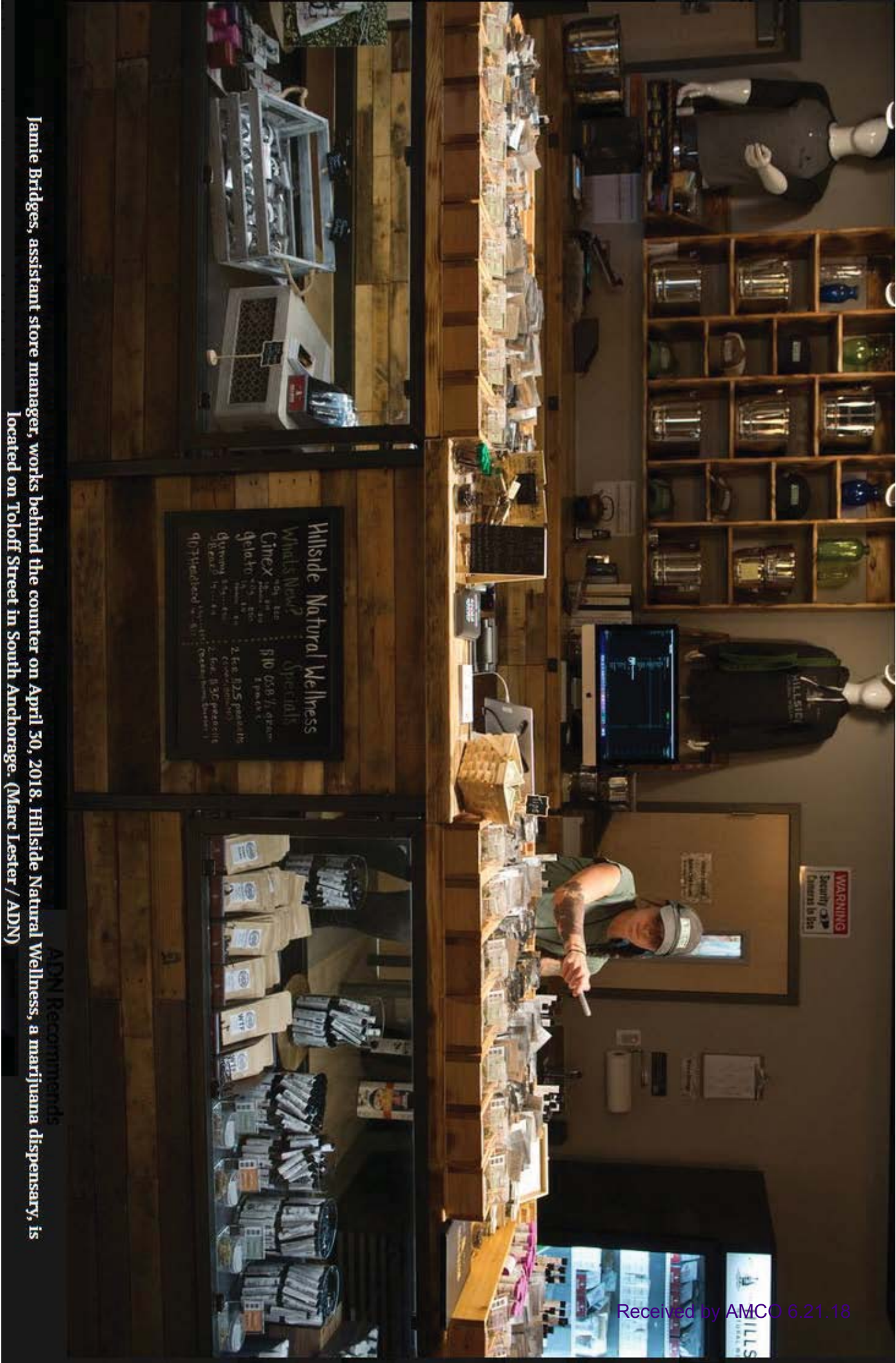
☐☒

If “Yes”, describe how you ensure that only marijuana or marijuana products that were purchased at your proposed premises are being consumed, per 3 AAC 306.305(a)(4):

Section 4 – Displays and Sales

Describe how marijuana and marijuana products at the retail marijuana store will be displayed and sold:

All marijuana products will be displayed in locked and secured display cases and cabinets which require employee assistance to access. Product displays will be in full view of a working video surveillance camera at all times that marijuana or marijuana product is stored in the display. Marijuana products will be placed in the secured displays at opening, and will only be on display during business hours. All marijuana will be stored in the secure marijuana sales room #107, that will be secured by a retractable security grill at the end of each business day to eliminate the need to shuffle product daily. Marijuana and marijuana products will be secured in a locked case at all times where customers may be present on the premises. Only marijuana that is packaged and labeled in accordance with all state and municipal laws and regulations, and in accordance with Hillside Natural Wellness policies, will be placed in product displays and accessed for sale to the public. All employees will be trained and regularly monitored to ensure compliance with the display and closing policies, and that all product is secured and accounted for at all times. All sell-able edibles, concentrates, and flowers will be stored behind the check-out counter. All products on the shopping floor will be non-cannabis containing products, like accessories and clothing. Cashiers will take the customer order and fulfill them from behind the counter. Concentrates and edibles will all be prepackaged and labeled. Other options will be “Deli” style. Large glass jars with batch labeled strains will be on display. If a customer wants that strain, the agent will weigh flower at the check-out counter using a certified scale. Once weighed to the desired amount, the agent will register the purchase in the POS system, seal the product into a child-proof container, and print the packaging label. The prepackaged products will be in secured bins on the shelves in the marijuana sales room #107, or on hooks against the back wall behind the counter, well out of the reach of the customers. Any edibles will be stored in a refrigerator, also securely placed behind the counter out of reach of the customers. Any non-marijuana inventory will be stored in bins on the shelves, on hooks against the back wall, or out on the shopping floor in a separate display case.



Received by AMCO 6.21.18

Jamie Bridges, assistant store manager, works behind the counter on April 30, 2018. Hillside Natural Wellness, a marijuana dispensary, is located on Toloff Street in South Anchorage. (Marc Lester / ADN)

ADN Recommends

From: Ashley Taborsky
To: [Hoelscher, James C \(CED\)](#)
Cc: [Adam Boyd](#)
Subject: Hillside Natural Wellness - Counter Display Corrected
Date: Wednesday, May 02, 2018 10:10:12 PM
Attachments: [IMG_3685.jpg](#)
[IMG_3689.jpg](#)
[IMG_3691.jpg](#)

James -

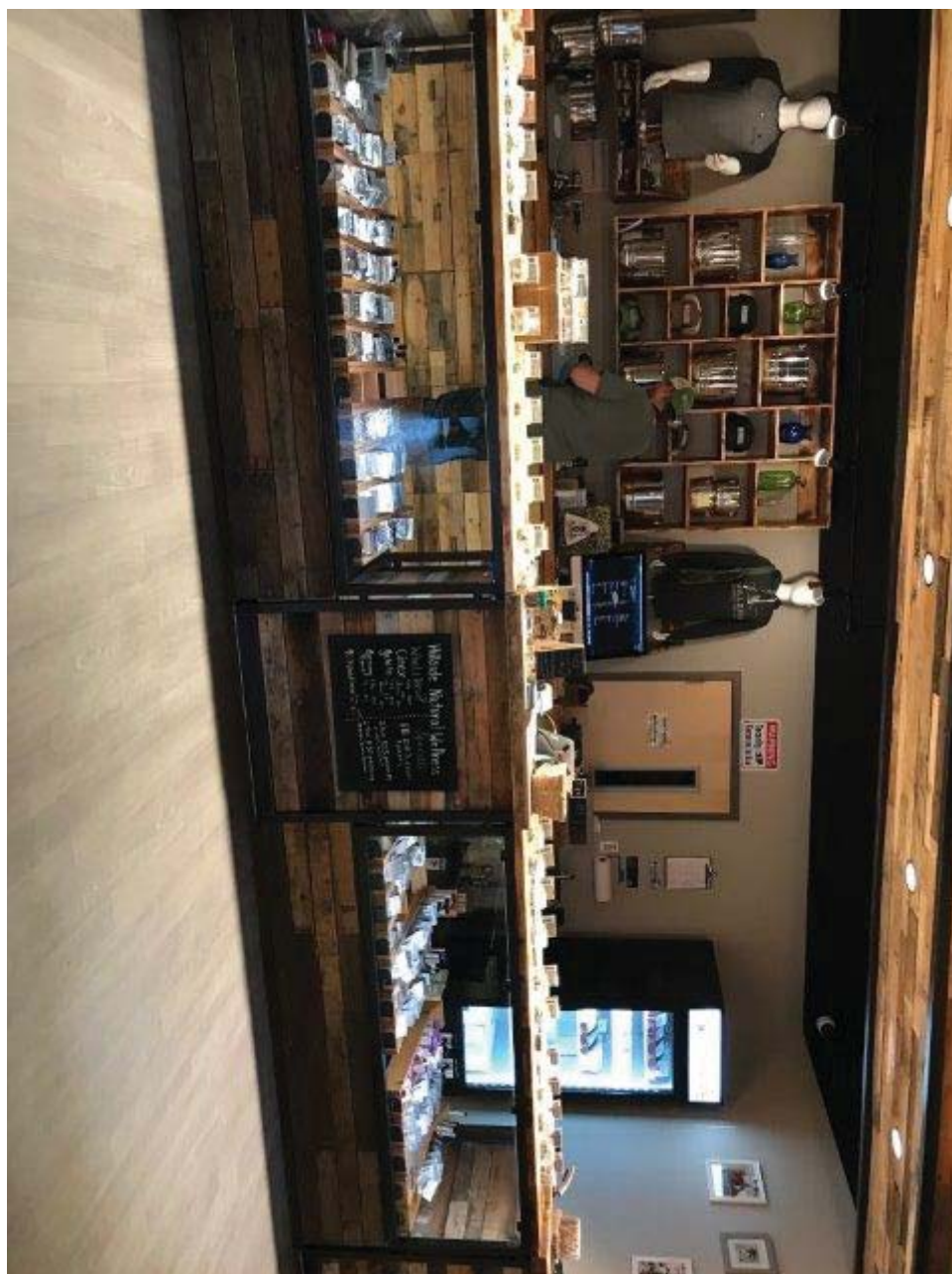
Since your drop by this morning, all of the marijuana product that was previously displayed on the counters have now been moved to within the glass display case.

I appreciated the explanation and cited operations plan, and made sure my staff & I expedited correcting this.

Photos attached of the new display.

Thank you.

Ashley Taborsky
Director of Operations
(907) 947-0980 cell



From: Ashley Taborsky
To: [Hoelscher, James C \(CED\)](#)
Cc: cannaceuticals.ak@gmail.com; [Bankowski, Joe \(CED\)](#); [Davies, Jason M \(CED\)](#); [CED AMCO Enforcement \(CED sponsored\)](#); [McConnell, Erika B \(CED\)](#); [Marijuana Licensing \(CED sponsored\)](#); [Matthew Peterson](#); [Jana Weltzin](#); [Christina Thibodeaux](#); [Adam Boyd](#); [John Grissom](#); [Kira Boyd](#); [Cindy Peterson](#)
Subject: Re: Hillside NOV AB18000505
Date: Friday, May 04, 2018 2:57:05 PM
Attachments: [image001.png](#)
[Hillside NOV May AB18000505.pdf](#)

Received.

Within several hours of Mr. Hoelscher & Mr. Bankowski's visit and bringing this to my attention, it was immediately corrected. Updated store photos, attached.

- - - - -

Ashley Taborsky
Director of Operations
(907) 947-0980 cell

On Fri, May 4, 2018 at 2:10 PM, Hoelscher, James C (CED) <james.hoelscher@alaska.gov> wrote:

Ms. Taborsky,

Please confirm receipt of this NOV.

Thank you,

James



James Hoelscher
Special Investigator II

Enforcement Supervisor
Alcohol & Marijuana Control Office
550 W. 7th Ave, Suite 1600

Anchorage, AK 99501
Office (907) 269-0353

Received by AMCO 6.21.18