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:	GOOD BUDS LLC	**License Number:**	16529		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD BUDS LLC				
Physical Address:	11770 Seward highway				
City:	Seward	**State:**	AK	**Zip Code:**	99664 - 1463
Designated Licensee:	Jared Wallace				
Email Address:	good.buds.907@gmail.com				

Section 2 – Attached Items

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

Attached Items:	MJ-07

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

Received by AMCO 3.16.18

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ALCOHOL & MARIJUANA AMCO CONTROL OFFICE

Alaska Marijuana Control Board

Form MJ-07: Public Notice Posting Affidavit

What is this form?

A public notice posting affidavit is required for all marijuana establishment license applications, per 3 AAC 306.020(b)(10). As soon as practical after initiating a marijuana establishment license application, an applicant must give notice of the application to the public by posting a true copy of the application for ten (10) days at the location of the proposed licensed premises and one other conspicuous location in the area of the proposed premises, per 3 AAC 306.025(b)(1).

This form must be completed and submitted to AMCO's main office before any new or transfer 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:	Good Buds LLC	**License Number:**	16529		
License Type:	Retail Marijuana Store				
Doing Business As:	Good Buds LLC				
Premises Address:	11770 Seward Highway				
City:	Seward	**State:**	AK	**ZIP:**	99664

Section 2 – Certification

I certify that I have met the public notice requirement set forth under 3 AAC 306.025(b)(1) by posting a copy of my application for the following 10-day period at the location of the proposed licensed premises and at the following conspicuous location in the area of the proposed premises:

Start Date: 01/22/2018 End Date: 02/05/2018

Other conspicuous location: Seward Post Office; 507 Madison Street, Seward, AK 99664

I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Good Buds LLC/Jared Wallace

Printed name of licensee

MELINDA MADDOX NOTARY PUBLIC MY COMM. EXPIRES JANUARY 03, 2021 STATE OF ALASKA

Melinda Maddox

Notary Public in and for the State of Alaska

My commission expires: 01/03/2021

Subscribed and sworn to before me this 13 day of March, 2018.

Received by AMCO 3.16.18