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

Alaska Marijuana Control Board

Form MJ-08: Local Government Notice Affidavit

What is this form?

A local government notice affidavit is required for all marijuana establishment license applications with a proposed premises that is located within a local government, per 3 AAC 306.025(b)(3). As soon as practical after initiating a marijuana establishment license application, an applicant must give notice of the application to the public by submitting a copy of the application to each local government and any community council in the area of the proposed licensed premises. For an establishment located inside the boundaries of city that is within a borough, both the city and the borough must be notified.

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:	HERBAL DREAMS, LLC.	**License Number:**	16170		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Herbal Dreams, LLC.				
Premises Address:	12825 W. Big Lake Road				
City:	Wasilla	**State:**	AK.	**ZIP:**	99654

Section 2 – Certification

I certify that I have met the local government notice requirement set forth under 3 AAC 306.025(b)(3) by submitting a copy of my application to the following local government (LG) official(s) and community council (if applicable):

Local Government(s): Mat-Su Borough Date Submitted: 10/8/18

Name/Title of LG Official 1: Alex Strawn Develoment Services Mgr. Name/Title of LG Official 2: Mark Whisenhunt, Planner II

Community Council: Big Lake Community Council Date Submitted: 10/8/18
(Municipality of Anchorage and Matanuska-Susitna Borough only)

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

Thomas Russell
Signature of licensee

Notary Public in and for the State of Alaska

Thomas Russell
Printed name of licensee

My commission expires: 8-19

Subscribed and sworn to before me this 15th day of Oct., 2018.

NANCE C. WELLS NOTARY PUBLIC STATE OF ALASKA

AMCO Received 10/16/2018