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:	Cut Above LLC	**License Number:**		16815	
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	CUT ABOVE LLC				
Physical Address:	1520 Raven Lake Street				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99709
Designated Licensee:	Conrad Schwartz				
Email Address:	cutaboveak@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Email 1 out of 7: MJ-00(1) ZC.PDF, MJ-00(2) DR.pdf, MJ-00(3) LN.pdf, MJ-00(4) SF.PDF, MJ-00(5) MS.PDF, MJ-00 CS.pdf Email 2 out of 7: MJ-01 16815.PDF Email 3 out of 7: MJ-02-16815.pdf, MJ-02 DIAGRAM 1-16815.pdf MJ-02 DIAGRAM 3-16815.pdf, MJ-02 DIAGRAM 4-16815.pdf Email 4 out of 7: MJ-04-16815.pdf Email 5 out of 7: MJ-07-16815, Publishers Affidavit-16815.PDF Email 6 out of 7: MJ-09(01) CS-16815.pdf, MJ-09(02) DR-16815.pdf, MJ-09(03) LN-16815.pdf MJ-09(4) ZC-16815.pdf, MJ-09(05) SF-16815.pdf, MJ-09(06) MS-16815.pdf EMAIL 7 out of 7: EMPLOYEEID sample.pdf, cut-logo.pdf, sampleLabel.pdf, FINGERPRINTS.pdf

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

Received by AMCO 6.21.18

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Attached Items:	Finger Prints - 16815.pdf Proof of Possession - 16815.pdf CUT-LOGO.pdf Employee Badge 1.pdf VISITOR ID BADGE.pdf

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

Received by AMCO 6.27.18

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Designated Licensee:	Conrad Schwartz				
Email Address:	cutaboveak@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Certificat of organization - CUT ABOVE LLC.pdf Initial Biennial Report - CUT ABOVE LLC.pdf MS-OB-16815.pdf

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

Received by AMCO 6.28.18