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:	KRC LLC	**License Number:**	17808		
License Type:	Retail Marijuana Store				
Doing Business As:	KENAI RIVER CANNABIS				
Physical Address:	14429 Kenai Spur Highway				
City:	Kenai	**State:**	AK	**Zip Code:**	99611
Designated Licensee:	Clint Pickarsky				
Email Address:	kenairivercannabis@yahoo.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-07: Public Notice Posting Affidavit

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MAY 3 1 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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

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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:	KRC LLC	**License Number:**	17808		
License Type:	Retail Marijuana Store				
Doing Business As:	KENAI RIVER CANNABIS				
Premises Address:	14429 Kenai Spur Highway				
City:	Kenai	**State:**	AK	**ZIP:**	99611

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: 04/21/2018 End Date: 05/02/2018

Other conspicuous location: US Post Office bulletin board, Kenai AK.

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

Signature of licensee

Clint Pickarsky

Printed name of licensee

Notary Public
SHAUNTEALA GRAHAM
State of Alaska
My Commission Expires April 10, 2022

Notary Public in and for the State of Alaska

My commission expires: 4/10/22

Subscribed and sworn to before me this 29 day of May, 2018.

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MAY 31 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Public Notice

Application for Marijuana Establishment License

License Number: 17808
License Status: Initiated
License Type: Retail Marijuana Store
Doing Business As: KENAI RIVER CANNABIS
Business License Number: 1069832
Email Address: kenairivercannabis@yahoo.com
Latitude, Longitude: 60.579850, -151.320238
Physical Address: 14429 Kenai Spur Highway
Kenai, AK 99611
UNITED STATES

Licensee #1

Type: Entity
Alaska Entity Number: 10081943
Alaska Entity Name: KRC LLC
Phone Number: 907-953-1985
Email Address: kenairivercannabis@yahoo.com
Mailing Address: PO Box 1016
Soldotna, AK 99669
UNITED STATES

Entity Official #1

Type: Individual
Name: Clint Pickarsky
Phone Number: 907-953-1985
Email Address: kenairivercannabis@yahoo.com
Mailing Address: PO Box 1016
Soldotna, AK 99669
UNITED STATES

Affiliate #1

Type: Individual
Name: Clint Pickarsky
Phone Number: 907-953-1985
Email Address: kenairivercannabis@yahoo.com
Mailing Address: PO Box 1016
Soldotna, AK 99669
UNITED STATES

Interested persons may object to the application by submitting a written statement of reasons for the objection to their local government, the applicant, and the Alcohol & Marijuana Control Office (AMCO) not later than 30 days after the director has determined the application to be complete and has given written notice to the local government. Once an application is determined to be complete, the objection deadline and a copy of the application will be posted on AMCO's website at https://www.commerce.alaska.gov/web/amco. Objections should be sent to AMCO at marijuana.licensing@alaska.gov or to 550 W 7th Ave, Suite 1600, Anchorage, AK 99501.

POSTING DATE 4/21/2018

RECEIVED
MAY 3 1 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA