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:	The Fairbanks Cut, LLC	**License Number:**		18187	
License Type:	Retail Marijuana Store				
Doing Business As:	THE FAIRBANKS CUT, LLC				
Physical Address:	188 Bentley Trust Rd.				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99701 - 3182
Designated Licensee:	Lily Bosshart				
Email Address:	lbosshart@dankorage.com				

Section 2 – Attached Items

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

Attached Items:	Email 1 -MJ-00 -MJ-01

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

Received by AMCO 6.15.18

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Email Address:	lbosshart@dankorage.com				

Section 2 – Attached Items

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

Attached Items:	Email 2 -MJ-02 -Diagrams -MJ-03

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Designated Licensee:	Lily Bosshart				
Email Address:	lbosshart@dankorage.com				

Section 2 – Attached Items

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

Attached Items:	Email 3 -MJ-07 -MJ-08 -Pubilshers Affidavit -MJ-09

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Email Address:	lbosshart@dankorage.com				

Section 2 – Attached Items

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

Attached Items:	Email 4 - Proof of Possession - Food Safety Permit - Fingerprint Cards

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Received Date:		Payment Submitted Y/N:		Transaction #:	

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