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-00: Application Certifications

What is this form?

This application certifications form is required for all marijuana establishment license applications. Each person signing an application for a marijuana establishment license must declare that he/she has read and is familiar with AS 17.38 and 3 AAC 306.

This form must be completed and submitted to AMCO's main office by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) before any 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:	Arctic Bakery, LLC	**License Number:**	16006		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Robert G. Parr
Title:	Owner

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☐	☒

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

Received by AMCO 6.13.18

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Alaska Marijuana Control Board

Form MJ-00: Application Certifications

Section 4 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement: Initials

I certify that I have not been convicted of a felony in any state or the United States, including a suspended imposition of sentence, for which less than five years have elapsed from the time of the conviction to the date of this application. RGP

I certify that I am not currently on felony probation or felony parole. RGP

I certify that I have not been found guilty of selling alcohol without a license in violation of AS 04.11.010. RGP

I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052. RGP

I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application. RGP

I certify that I have not been convicted of a class A misdemeanor relating to selling, furnishing, or distributing marijuana or operating an establishment where marijuana is consumed within the two years preceding this application. RGP

I certify that my proposed premises is not within 500 feet of a school ground, recreation or youth center, a building in which religious services are regularly conducted, or a correctional facility, as set forth in 3 AAC 306.010(a). RGP

I certify that my proposed premises is not located in a liquor licensed premises. RGP

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the calendar year in which I am initiating this application. RGP

I certify that all proposed licensees (as defined in 3 AAC 306.020(b)(2)) and affiliates (as defined in 3 AAC 306.990(a)(1)) have been listed on my online marijuana establishment license application. Additionally, if applicable, all proposed licensees have been listed on my application with the Division of Corporations. RGP

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by AMCO is grounds for denial of my application. RGP

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I certify and understand that I must operate in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees. RGP

I certify and understand that I must operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of this state and the local government in which my premises is located. RGP

Read each line below, and then sign your initials in the box to the right of only the applicable statement: Initials

Only initial next to the following statement if this form is accompanying an application for a marijuana testing facility license:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a retail marijuana store, a marijuana cultivation facility, or a marijuana products manufacturing facility.

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All marijuana establishment license applicants:

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that the online application and this form, including all accompanying schedules and statements, is true, correct, and complete.

Robert G Parr
Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

S. Quintana
Notary Public in and for the State of Alaska

Robert G. Parr
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 5 day of February, 2018.

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	David C. Lanning
Title:	Owner

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☐	☑

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Form MJ-00: Application Certifications

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I certify that I am not currently on felony probation or felony parole. dcl

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I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052. dcl

I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application. dcl

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I certify that my proposed premises is not located in a liquor licensed premises. dcl

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David C. Lanning
Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Notary Public in and for the State of Alaska

David C. Lanning
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 1 day of February, 20 18.

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Sandra M. Lanning
Title:	Owner

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☐	☒

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

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I certify that my proposed premises is not located in a liquor licensed premises. SL

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All marijuana establishment license applicants:

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Sandra M Lanning
Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

S. Quintana
Notary Public in and for the State of Alaska

Sandra M Lanning
~~David C. Lanning~~
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 1 day of February, 2018.

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Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Arctic Bakery, LLC	**License Number:**	16006		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Morgan H. Evans
Title:	Owner

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☐	☑

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

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Form MJ-00: Application Certifications

Section 4 – Certifications

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Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Notary Public in and for the State of Alaska

Morgan H. Evans
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 5 day of February, 2018.

Received by AMCO 6.13.18

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Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Shawn C. Evans
Title:	Owner

Section 3 – Other Licenses

Ownership and financial interest in other licenses:	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☐	☒

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

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Form MJ-00: Application Certifications

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NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Notary Public in and for the State of Alaska

Shawn C. Evans
Printed name of licensee

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Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brian L. Simpson
Title:	Owner

Section 3 – Other Licenses

Ownership and financial interest in other licenses:	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☐	☑

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Section 4 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement: Initials

I certify that I have not been convicted of a felony in any state or the United States, including a suspended imposition of sentence, for which less than five years have elapsed from the time of the conviction to the date of this application. BS

I certify that I am not currently on felony probation or felony parole. BS

I certify that I have not been found guilty of selling alcohol without a license in violation of AS 04.11.010. BS

I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052. BS

I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application. BS

I certify that I have not been convicted of a class A misdemeanor relating to selling, furnishing, or distributing marijuana or operating an establishment where marijuana is consumed within the two years preceding this application. BS

I certify that my proposed premises is not within 500 feet of a school ground, recreation or youth center, a building in which religious services are regularly conducted, or a correctional facility, as set forth in 3 AAC 306.010(a). BS

I certify that my proposed premises is not located in a liquor licensed premises. BS

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the calendar year in which I am initiating this application. BS

I certify that all proposed licensees (as defined in 3 AAC 306.020(b)(2)) and affiliates (as defined in 3 AAC 306.990(a)(1)) have been listed on my online marijuana establishment license application. Additionally, if applicable, all proposed licensees have been listed on my application with the Division of Corporations. BS

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by AMCO is grounds for denial of my application. BS

Received by AMCO 6.13.18

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-00: Application Certifications

Read each line below, and then sign your initials in the box to the right of each statement: Initials

I certify and understand that I must operate in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees. BS

I certify and understand that I must operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of this state and the local government in which my premises is located. BS

Read each line below, and then sign your initials in the box to the right of only the applicable statement: Initials

Only initial next to the following statement if this form is accompanying an application for a marijuana testing facility license:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a retail marijuana store, a marijuana cultivation facility, or a marijuana products manufacturing facility.

Only initial next to the following statement if this form is accompanying an application for a retail marijuana store, a marijuana cultivation facility, or a marijuana products manufacturing facility license:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a marijuana testing facility license. BS

All marijuana establishment license applicants:

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that the online application and this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Notary Public in and for the State of Alaska

Brian L. Simpson
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 2 day of February, 2018.

Received by AMCO 6.13.18

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Alaska Marijuana Control Board

Form MJ-00: Application Certifications

What is this form?

This application certifications form is required for all marijuana establishment license applications. Each person signing an application for a marijuana establishment license must declare that he/she has read and is familiar with AS 17.38 and 3 AAC 306.

This form must be completed and submitted to AMCO's main office by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) before any 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:	Arctic Bakery, LLC	**License Number:**	16006		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Nellie C. Scott
Title:	Owner

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☐	☑

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

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Phone: 907.269.0350

Alaska Marijuana Control Board

Form MJ-00: Application Certifications

Section 4 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement: Initials

I certify that I have not been convicted of a felony in any state or the United States, including a suspended imposition of sentence, for which less than five years have elapsed from the time of the conviction to the date of this application. nS

I certify that I am not currently on felony probation or felony parole. nS

I certify that I have not been found guilty of selling alcohol without a license in violation of AS 04.11.010. nS

I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052. nS

I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application. nS

I certify that I have not been convicted of a class A misdemeanor relating to selling, furnishing, or distributing marijuana or operating an establishment where marijuana is consumed within the two years preceding this application. nS

I certify that my proposed premises is not within 500 feet of a school ground, recreation or youth center, a building in which religious services are regularly conducted, or a correctional facility, as set forth in 3 AAC 306.010(a). nS

I certify that my proposed premises is not located in a liquor licensed premises. nS

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the calendar year in which I am initiating this application. nS

I certify that all proposed licensees (as defined in 3 AAC 306.020(b)(2)) and affiliates (as defined in 3 AAC 306.990(a)(1)) have been listed on my online marijuana establishment license application. Additionally, if applicable, all proposed licensees have been listed on my application with the Division of Corporations. nS

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by AMCO is grounds for denial of my application. nS

Received by AMCO 6.13.18

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Alaska Marijuana Control Board

Form MJ-00: Application Certifications

Read each line below, and then sign your initials in the box to the right of each statement: Initials

I certify and understand that I must operate in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees. NS

I certify and understand that I must operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of this state and the local government in which my premises is located. NS

Read each line below, and then sign your initials in the box to the right of <u>only the applicable statement</u>: Initials

Only initial next to the following statement if this form is accompanying an application for a <u>marijuana testing facility</u> license:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a retail marijuana store, a marijuana cultivation facility, or a marijuana products manufacturing facility.

Only initial next to the following statement if this form is accompanying an application for a <u>retail marijuana store</u>, a <u>marijuana cultivation facility</u>, or a <u>marijuana products manufacturing facility</u> license:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a marijuana testing facility license. NS

All marijuana establishment license applicants:

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that the online application and this form, including all accompanying schedules and statements, is true, correct, and complete.

Nellie Scott
Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

S. Quintana
Notary Public in and for the State of Alaska

Nellie C. Scott
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 5 day of February, 2018.

Received by AMCO 6.13.18

Public Notice

Application for Marijuana Establishment License

License Number: 16006
License Status: Initiated
License Type: Marijuana Product Manufacturing Facility
Doing Business As: ARCTIC BAKERY, LLC
Business License Number: 1061979
Email Address: noainc@mosquitonet.com
Latitude, Longitude: 64.849340, -147.733720
Physical Address: 1409 Well Street
Fairbanks, AK 99701-2822
UNITED STATES

Licensee #1

Type: Entity
Alaska Entity Number: 10071254
Alaska Entity Name: Arctic Bakery, LLC
Phone Number: 907-322-9841
Email Address: noainc@mosquitonet.com
Mailing Address: P.O. Box 61210
Fairbanks, AK 99706-1210
UNITED STATES

Entity Official #1

Type: Individual
Name: Brian Simpson
Phone Number: 907-322-9841
Email Address: noainc@mosquitonet.com
Mailing Address: P.O. Box 61210
Fairbanks, AK 99706-1210
UNITED STATES

Entity Official #2

Type: Individual
Name: Nellie Scott
Phone Number: 907-322-9831
Email Address: nellie.flossie@gmail.com
Mailing Address: P.O. Box 61210
Fairbanks, AK 99706-1210
UNITED STATES

Entity Official #3

Type: Individual
Name: David Lanning
Phone Number: 907-479-7711
Email Address: lanningak@acsalaska.net
Mailing Address: P.O. Box 470
Ester, AK 99725-0470
UNITED STATES

Entity Official #4

Type: Individual
Name: Sandra Lanning
Phone Number: 907-479-7711
Email Address: lanningak@acsalaska.net
Mailing Address: P.O. Box 470
Ester, AK 99725-0470
UNITED STATES

Entity Official #5

Type: Individual
Name: Robert Parr
Phone Number: 907-378-7142
Email Address: hnddrm.bobp@gmail.com
Mailing Address: P.O. Box 10326
Fairbanks, AK 99710-0326
UNITED STATES

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Entity Official #6

Type: Individual

Name: Morgan Evans

Phone Number: 907-452-1441

Email Address: morganevans40@gmail.com

Mailing Address: 3550 Airport Way
Suite 203
Fairbanks, AK 99709-4772
UNITED STATES

Entity Official #7

Type: Individual

Name: Shawn Evans

Phone Number: 907-378-4791

Email Address: fbx.evans@gmail.com

Mailing Address: 346 Crystal Road
Fairbanks, AK 99712-1251
UNITED STATES

Affiliate #1

Type: Individual

Name: Brian Simpson

Phone Number: 907-322-9841

Email Address: noainc@mosquitonet.com

Mailing Address: P.O. Box 61210
Fairbanks, AK 99706-1210
UNITED STATES

Affiliate #2

Type: Individual

Name: Nellie Scott

Phone Number: 907-322-9831

Email Address: nellie.flossie@gmail.com

Mailing Address: P.O. Box 61210
Fairbanks, AK 99706-1210
UNITED STATES

Affiliate #3

Type: Individual

Name: Sandra Lanning

Phone Number: 907-479-7711

Email Address: lanningak@acsalaska.net

Mailing Address: P.O. Box 470
Ester, AK 99725-0470
UNITED STATES

Affiliate #4

Type: Individual

Name: David Lanning

Phone Number: 907-479-7711

Email Address: lanningak@acsalaska.net

Mailing Address: P.O. Box 470
Ester, AK 99725-0470
UNITED STATES

Affiliate #5

Type: Individual

Name: Robert Parr

Phone Number: 907-378-7142

Email Address: hnddrm.bobp@gmail.com

Mailing Address: P.O. Box 10326
Fairbanks, AK 99710-0326
UNITED STATES

Affiliate #6

Type: Individual

Name: Morgan Evans

Phone Number: 907-452-1441

Email Address: morganevans40@gmail.com

Mailing Address: 3550 Airport Way
Suite# 203
Fairbanks, AK 99709-4772
UNITED STATES

Affiliate #7

Type: Individual

Name: Shawn Evans

Phone Number: 907-378-4791

Email Address: fbx.evans@gmail.com

Mailing Address: 346 Crystal Road
Fairbanks, AK 99712-1251
UNITED STATES

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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 02/02/2018

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