



ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

RE:

TO: Marijuana Control Board

DATE: December 20, 2018

FROM: Erika McConnell, Director

Dream Green Farms,#10080, Standard Cultivation Facility

The application for this license was originally approved by the board in June of 2016. The license was issued and became effective in August of 2016.

The licensed entity, DGF Enterprises, Inc., is owned by the following individuals:

Justin Roland - 49% Kenneth Knight - 47% Lucinda Mahoney - 4%

Ms. Mahoney did not apply for a permanent fund dividend for 2017 and submitted an MJ-18 as part of the renewal application for this license. As explained in the attached memo from Investigator Rukes, AMCO has determined that Lucinda Mahoney was not a resident of the state as defined by 3 AAC 306.015(e)(2) in 2017. Ms. Mahoney was present in Alaska only about 63 days in 2017.

Attachments: Report of Investigator Rukes Renewal application





ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

TO: Erika McConnell

DATE: Thursday, December 13, 2018

FROM: Inv. Rukes

RE: Lucinda Mahoney

Lucinda Mahoney's residency came into question. Mahoney provided a MJ-18 to AMCO on July 12. After reviewing the MJ-18 I called and spoke to Mahoney. She stated that she had been out of state a lot during the qualifying year of 2017 because she has a business in Nevada but she could not for sure tell me how much she had been absent. I requested a copy of her flights for 2017. Mahoney did not provide a list of her flights until August. After reviewing her flights it looked as though she was only in state for about 63 days. She stated that the reason that she took so long to provide the information is because she had been diagnosed and treated for cancer. PFD does not include running a business in another state as an allowable absence. She stated that she had not taken any other airlines to and from Alaska.

Allowable Absences

Permanent Fund Dividend laws allow persons to be absent from Alaska for more than 180 days total in a qualifying year if they are absent for one or more of the following reasons. Additional rules may apply to each type of absence. For additional information refer to <u>PFD Statutes and</u> <u>Regulations</u> (PDF).

- 1. receiving secondary or post-secondary education on a full-time basis;
- 2. receiving vocational, professional, or other specific education on a full-time basis for which, as determined by the Alaska Commission on Postsecondary Education, a comparable program is not reasonably available in the state;

Rukes Memo Re Mahoney December 13, 2018 Page 2

- 3. serving on active duty as a member of the armed forces of the United States or accompanying, as that individual's spouse, minor dependent, or disabled dependent, an individual who is
 - 1. serving on active duty as a member of the armed forces of the United States; and
 - 2. eligible for a current year dividend.
- 4. serving under foreign or coastal articles of employment aboard an oceangoing vessel of the U.S. merchant marine;
- 5. receiving continuous medical treatment recommended by a licensed physician or convalescing as recommended by the physician who treated the illness if the treatment or convalescence is not based on a need for climatic change;
- 6. providing care for your parent, spouse, sibling, child, or stepchild with a critical lifethreatening illness whose treatment plan as recommended by the attending physician, requires travel outside the state for treatment at a medical specialty complex;
- 7. providing care for your terminally ill family member;
- 8. settling the estate of your deceased parent, spouse, sibling, child or stepchild provided the absence does not exceed 220 cumulative days;
- 9. serving as a member of the United States Congress;
- 10. serving on the staff of a member from this state of the United States Congress;
- 11. serving as an employee of the state in a field office or other location;
- 12. accompanying a minor who is absent under reason (5) above;
- 13. accompanying another eligible resident who is absent for reasons (1), (2), (5)-(12) as the spouse, minor dependent, or disabled dependent of the eligible resident;
- 14. serving as a volunteer in the federal peace corps program;
- 15. training or competing as a member of the United States Olympic Team;
- 16. participating for educational purposes in a student fellowship sponsored by the United States Department of Education or by the United States Department of State.

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This port was report on 8/3/18



Alaska Marijuana Control Board

Form MJ-20: Renewal Application Certifications

What is this form?

This renewal application certifications form is required for all marijuana establishment license renewal 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. A person other than a licensee may not have direct or indirect financial interest (as defined in 3 AAC 306.015(e)(1)) in the business for which a marijuana establishment license is issued, per 3 AAC 306.015(a).

This form must be completed and submitted to AMCO's main office <u>by each licensee</u> (as defined in 3 AAC 306.020(b)(2)) before any license renewal application will be considered complete.

Section 1 – Establishment Information

Enter information for the licensed establishment, as identified on the license application.

Licensee:	DGF Enterprises, Inc. License Number:				0	
License Type:	Standard Marijuana Cultivation Facility					
Doing Business As:	Dream Green Farms					
Premises Address:	2939 Porcupine Dr. Ste A					
City:	Anchorage	State:	AK	ZIP:	99501	

Section 2 – Individual Information

Enter information for the individual licensee who is completing this form.

Name:	Justin Roland	
Title:	Designated Licensee, President	

Section 3 - Changes to Licensed Marijuana Establishment

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

Initials

I certify that <u>no changes have been made</u>, except for those that have been previously reported or requested on a form prescribed by the Board, to this licensed establishment's business name, ownership, licensed premises diagram, or operating plan, and (for marijuana product manufacturers) that I do not wish to request Board approval for production of any new proposed marijuana products.

I certify that a change has been or will be made to one or more of the items listed above for this establish	ment, and	
I understand that an additional form(s) and fee(s) must be submitted to AMCO before any renewal application	tion for this	
license can be considered complete.	L	
If you have selected the second certification, please list any and all of the types of changes that need to be	RECEIVED	
N/A	JUN 22 2018	

CTATE OF ALASKA



Read each line below, and then sign your initials in the box to the right of any applicable statements:

I certify that I have not been convicted of any criminal charge in the previous two calendar years.

Section 4 – Certifications

Initials

I certify that I have not committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calendar years.	R
I certify that a notice of violation has not been issued for this license.	R
Sign your initials to the following statement only if you are unable to certify one or more of the above statements:	Initials
I have attached a written explanation for why I cannot certify one or more of the above statements, which includes the type of violation or offense, as required under 3 AAC 306.035(b).	
Read each line below, and then sign your initials in the box to the right of each statement:	Initials
I certify that no person other than a licensee listed on my marijuana establishment license renewal application has a direct or indirect financial interest, as defined in 3 AAC 306.015(e)(1), in the business for which the marijuana establishment license has been issued.	P
I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the 2018 calendar year.	Z
l certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	R
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	P
I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board.	Z
I certify that I understand that providing a false statement on this form, the online application, or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.	F
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have refamiliar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and that failure to do so by any deadline given to me by AMCO staff. The Marijuana Control Board in support of this application and that failure to do so by any deadline given to me by AMCO staff. The Marijuana Control Board in support of this license. Signature of licensee Justin Roland Printed name of licensee Subscribed and sworn to before me this 22 th day of day of 20_18.	e, correct, inderstand aska <u>26/9</u>
[Form MJ-20] (rev 05/03/2018) License #_/00 80 ALCOHOL MARIJUANA CONTROL STATE OF ALASKA	189 2 of 2



Alaska Marijuana Control Board

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This form must be completed and submitted to AMCO's main office <u>by each licensee</u> (as defined in 3 AAC 306.020(b)(2)) before any license renewal application will be considered complete.

Section 1 – Establishment Information

Enter information for the licensed establishment, as identified on the license application.

Licensee:	DGF Enterprises, Inc. License Number:		10080			
License Type:	Standard Marijuana Cultivation Facility					
Doing Business As:	Dream Green Farms					
Premises Address:	2939 Porcupine Dr. Ste A					
City:	Anchorage	State:	AK	ZIP:	99501	

Section 2 – Individual Information

Enter information for the individual licensee who is completing this form.

Name:	Lucinda Mahoney
Title:	Licensee, Shareholder

Section 3 – Changes to Licensed Marijuana Establishment

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

I certify that <u>no changes have been made</u>, except for those that have been previously reported or requested on a form prescribed by the Board, to this licensed establishment's business name, ownership, licensed premises diagram, or operating plan, and (for marijuana product manufacturers) that I do not wish to request Board approval for production of any new proposed marijuana products.

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N/A

ALCOHOL MARIDORA CONTROL OFFICE

[Form MJ-20] (rev 05/03/2018)

license can be considered complete.



Section 4 – Certifications Read each line below, and then sign your initials in the box to the right of any applicable statements: Initials I certify that I have **not** been convicted of any criminal charge in the previous two calendar years. I certify that I have not committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calendar years. I certify that a notice of violation has not been issued for this license. Sign your initials to the following statement only if you are unable to certify one or more of the above statements: Initials I have attached a written explanation for why I cannot certify one or more of the above statements, which includes the type of violation or offense, as required under 3 AAC 306.035(b). Initials Read each line below, and then sign your initials in the box to the right of each statement: I certify that no person other than a licensee listed on my marijuana establishment license renewal application has a direct or indirect financial interest, as defined in 3 AAC 306.015(e)(1), in the business for which the marijuana establishment license has been issued. I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the 2018 calendar year. I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state. I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and W requirements pertaining to employees. I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board. I certify that I understand that providing a false statement on this form, the online application, or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.

As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.

Signature of licensee	States A L. CHAPTER	Notary Public in ar	O. Charles Ind for the State of Alaska
Lucinda Mahoney	SO NOTARY ??	My commission ex	pires: <u>11-05-2019</u>
Printed name of licensee	AUBLIC		
Subscribed and sworn to before me this day of	JUDE OF AL.	_, 20_18	RECEIVED
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[Form MJ-20] (rev 05/03/2018)	icense # 100 80		Page 2 of 2

STATE OF ALASKA



Alaska Marijuana Control Board

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Section 1 – Establishment Information

Enter information for the licensed establishment, as identified on the license application.

Licensee:	DGF Enterprises, Inc. License Number:			10080		
License Type:	Standard Marijuana Cultivation Facility					
Doing Business As:	Dream Green Farms					
Premises Address:	2939 Porcupine Dr. Ste A					
City:	Anchorage	State:	AK	ZIP:	99501	

Section 2 – Individual Information

Enter information for the individual licensee who is completing this form.

Name:	Kenneth Knight	
Title:	Licensee, Shareholder	

Section 3 – Changes to Licensed Marijuana Establishment

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

Initials

I certify that <u>no changes have been made</u>, except for those that have been previously reported or requested on a form prescribed by the Board, to this licensed establishment's business name, ownership, licensed premises diagram, or operating plan, and (for marijuana product manufacturers) that I do not wish to request Board approval for production of any new proposed marijuana products.



I certify that <u>a change has been or will be made</u> to one or more of the items listed above for this establishment, and I understand that an additional form(s) and fee(s) must be submitted to AMCO before any renewal application for this license can be considered complete.



If you have selected the second certification, please list any and all of the types of changes that need to be re	ported/requested:
N/A	A STRATEGY AND A STRATEGY AND A MINISTRATION



Section 4 – Certifications

Read each line below, and then sign your initials in the box to the right of <u>any applicable statements</u> :	Initials
certify that I have not been convicted of any criminal charge in the previous two calendar years.	KK
certify that I have not committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calendar years.	KK
certify that a notice of violation has not been issued for this license.	KK
Sign your initials to the following statement <u>only if you are unable to certify one or more of the above statements</u> :	Initials
have attached a written explanation for why I cannot certify one or more of the above statements, which includes the type of violation or offense, as required under 3 AAC 306.035(b).	
Read each line below, and then sign your initials in the box to the right of each statement:	Initials

I certify that no person other than a licensee listed on my marijuana establishment license renewal application has a direct or indirect financial interest, as defined in 3 AAC 306.015(e)(1), in the business for which the marijuana establishment license has been issued.

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the 2018 calendar year.

I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.

I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board.

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.

As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.

Kennett Kou	At	XIIM /	Kinssel
Signature of licensee	STATE OF ALASKA	Notary Public in and	d for the State of Alaska
Kenneth Knight	NOTARY PUBLIC	My commission exp	pires: 12/15/2018
Printed name of licensee	Karen L. Cassel		DECEMPER
Subscribed and sworn to before me this	day of <u>CUNC</u>	_, 20/8	JUN 22 2018
[Form MJ-20] (rev 05/03/2018)			ALCOHOL MARIJUANA Pase 2 of 2 FICE





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