



# MATANUSKA-SUSITNA BOROUGH

## Planning and Land Use Department

### Development Services Division

350 E. Dahlia Avenue, Palmer, AK 99645  
Phone (907) 861-7822 | Fax (907) 861-8158

E-mail: [permitcenter@matsugov.us](mailto:permitcenter@matsugov.us)

September 13, 2019

Alcohol & Marijuana Control Office  
550 W. 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501

SUBJECT: TLG Garden, LLC # 13344  
9193W Margin Way  
Renewal – Limited Cultivation Facility

A review of the files relating to the subject business and license application, as they relate to Matanuska-Susitna Borough Code, has been completed. Based on that review, the Matanuska-Susitna Borough hereby takes the following action:

- ☐ WAIVE THE RIGHT TO PROTEST
- ☒ PROTEST the issuance of the license for the following reason(s):
  - ☒ Delinquent Real Property Taxes owed: **\$792.92**
  - ☐ Other debts owed:
  - ☐ The required Conditional Use Permit has not been issued:
  - ☐ There is a violation of the Conditional Use Permit:
  - ☐ There is a resident objection to the facility on file:
  - ☐ Other:

***Upon curing all of the above referenced deficiencies the Matanuska-Susitna Borough will rescind any protest. It is the applicant's responsibility to notify the Development Services Division that any debts or taxes owed have been paid in full.***

The applicant(s) has been sent a copy of this letter by certified mail or via email, only if a protest has been issued. Should you have any questions, please feel free to contact my office.

Sincerely,

Adam Bradway, Planner II  
Development Services Division  
Matanuska-Susitna Borough

# Alcohol & Marijuana Control Office

Initiating License Application

6/14/2019 12:24:15 PM

**License Number:** 13344**License Status:** Active-Operating**License Type:** Limited Marijuana Cultivation Facility**Doing Business As:** TLG GARDEN LLC**Business License Number:** 1055076**Designated Licensee:** Terry Goosen**Email Address:** alaskanartist@mtaonline.net**Local Government:** Matanuska-Susitna Borough**Community Council:** Meadow Lakes**Latitude, Longitude:** 61.569900, -149.682500**Physical Address:** 9193 W Margin Way  
Wasilla, AK 99623-4194  
UNITED STATES**Licensee #1****Type:** Entity**Alaska Entity Number:** 10059991**Alaska Entity Name:** TLG Garden LLC**Phone Number:** 907-892-4435**Email Address:** alaskanartist@mtaonline.net**Mailing Address:** 9193 W Margin Way  
Wasilla, AK 99623-4194  
UNITED STATES**Entity Official #1****Type:** Individual**Name:** Gerard Johnson**SSN:** [REDACTED]**Date of Birth:** [REDACTED]**Phone Number:** 907-349-5104**Email Address:** gerard473@gmail.com**Mailing Address:** 601 Cedar Park Circle  
Anchorage, AK 99515  
UNITED STATES**Entity Official #2****Type:** Individual**Name:** Terry Goosen**SSN:** [REDACTED]**Date of Birth:** [REDACTED]**Phone Number:** 907-892-4435**Email Address:** alaskanartist@mtaonline.net**Mailing Address:** 9193 W Margin Way  
Wasilla, AK 99623-4194  
UNITED STATES**Note:** No affiliates entered for this license.



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 by each licensee (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:	TLG Garden, LLC	License Number:	13344		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	TLG Garden, LLC				
Premises Address:	9193 W Margin Way				
City:	Wasilla	State:	Alaska	ZIP:	99623

### Section 2 – Individual Information

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

Name:	Gerard Johnson
Title:	Member

### Section 3 – Violations & Charges

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).



# Form MJ-20: Renewal 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 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.

*[Handwritten initials]*

I certify that I meet the residency requirement under AS 43.23 or I have submitted a residency exception affidavit (MJ-20a) along with this application.

*[Handwritten initials]*

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

*[Handwritten initials]*

I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.

*[Handwritten initials]*

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

*[Handwritten initials]*

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.

*[Handwritten initials]*

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.

*[Handwritten initials]*

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.

*[Handwritten signature: Gerard Johnson]*

Signature of licensee

*[Handwritten signature: Katie Merritt]*

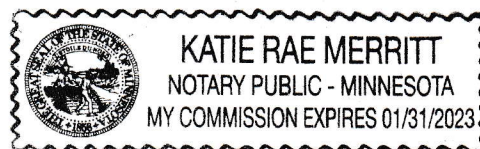
Notary Public in and for the State of Alaska

**Gerard Johnson**

Printed name of licensee

My commission expires: 01/31/2023

Subscribed and sworn to before me this 17<sup>th</sup> day of JUNE, 2019.





Alaska Marijuana Control Board

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**This form must be completed and submitted to AMCO's main office by each licensee (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:	TLG Garden, LLC	License Number:	13344		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	TLG Garden, LLC				
Premises Address:	9193 W Margin Way				
City:	Wasilla	State:	Alaska	ZIP:	99623

### Section 2 – Individual Information

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

Name:	Terry Goosen
Title:	Member, Manager

### Section 3 – Violations & Charges

**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.

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.

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).

**Form MJ-20: Renewal 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 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 or I have submitted a residency exception affidavit (MJ-20a) along with this application.

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 the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.

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

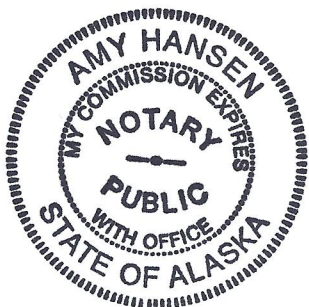
I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board.

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.

  
Signature of licensee  
Notary Public in and for the State of Alaska**Terry Goosen**

Printed name of licensee

My commission expires: with officeSubscribed and sworn to before me this 17<sup>th</sup> day of June, 2019.