



## MEMORANDUM

TO: Marijuana Control Board                      DATE: November 13, 2019

FROM: Erika McConnell, Director              RE: Bodhi Tree Wellness, #14178, Limited  
Cultivation Facility

Bodhi Tree Wellness is a limited cultivation facility license held by Bodhi's Homestead, LLC, a limited liability company in good standing owned 100% by Travis Webb. At Tab 42, there is an application for transfer of controlling interest from Travis Webb to his father, Robert Webb.

Mr. Webb's application for a PFD for 2018 was denied. Mr. Webb submitted a residency exception affidavit (MJ-20a), stating that he has moved out of state—no particular date is given but he indicates he started work in another state on May 1, 2019. He asserts that he intends the move out of state to be temporary, but he does not know when he might return to Alaska.

3 AAC 306.035(h) states

(h) The board may renew a license where a licensee is not considered a resident of the state as defined at 3 AAC 306.015(e)(2), if, as part of the renewal application, the licensee submits documentation to the board's satisfaction that

- (1) the licensee's primary residence is in the state;
- (2) the licensee has good cause for not meeting the requirements to be a resident of the state as defined at 3 AAC 306.015(e)(2); and
- (3) the cause of not meeting the requirements to be a resident of the state as defined at 3 AAC 306.015(e)(2) is temporary.

Mr. Webb does not qualify for this exception because he does not meet all three criteria. His MJ-20a application indicates that his primary residence is not in Alaska.



Alaska Marijuana Control Board

## Form MJ-20a: Residency Exception Affidavit

### What is this form?

This residency exception affidavit may be submitted with a marijuana establishment renewal application for each licensee whose residency status has changed so that the licensee is no longer considered a resident of the state as defined at 3 AAC 306.015(e)(2).

### Section 1 – Establishment Information

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

Licensee:	Bodhi's Homesead LLC	License Number:	14178
License Type:	Limited Cultivation		
Doing Business As:	Bodhi Tree Wellness		
Premises Address:	6514 N. Farm Loop Rd		
City:	Palmer	State:	AK
		ZIP:	99645

### Section 2 – Individual Information

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

Name:	Travis Webb
Title:	Owner/President

### Section 3 – Changes to Residency

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

Initials

I certify that my primary residence is in Alaska.

☐

I certify that I have good cause, as stated below, for not meeting the requirements to be a resident of the state as defined at 3 AAC 306.015(e)(2).

☒

My 2019 PFD Application was submitted on Time Feb 20th. As the year progressed the state of Alaska had me fill out the "New Filer Application" in which at this point in time it is not in my immediate plan to return back to Alaska This year. I recently took a contract job in the State of Texas. Thus because The most recent request from the state asked me if I had planned to "return to the state" I answered NO . Thus my PFD was Denied for this calendar year. As it stands today I am a Resident of the State of Alaska, I carried a w-2 in Alaska throughout the entire Calendar year of 2018 and into 2019. May 1st, 2019 I took a contract position in the state of Texas. I am not sure the length of time of my employment . My assets and most of my belongings remain in Alaska on my property( The above premise address). My vehicle is still registered in alaska and I still hold a valid AKDL. Because I am not sure of my duration of being out of State I have transfered the ownership of the above mentioned buisness into my Fathers name to satisfy State Business requirements.

I certify that the cause of not meeting the requirements to be a resident of the state as defined at 3 AAC 306.015.(e)(2) is temporary.

☒

I anticipate being able to meet the requirements to be a resident of the state as defined at 3 AAC 306.015(e)(2) at the following time:

I have taken an open ended contract position in Texas. My Wife and I 100% plan to move back to Alaska upon the completion of this project but the timeline is currently unclear.



# Form MJ-20a: Residency Exception Affidavit

## Section 4 – Certifications

Read the statement below, and then sign your initials in the box to the right:

Initials

I certify that I understand that providing a false statement on this form 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 a marijuana establishment licensee, I declare under penalty of unsworn falsification that this form is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this form and understand that failure to do so by any deadline given to me by AMCO staff may result in action upon the license by the Board.

Signature of licensee

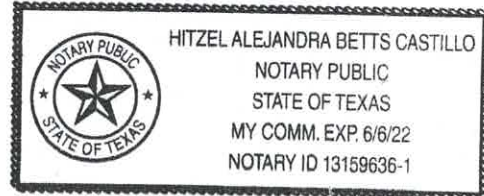
Notary Public in and for the State of Alaska Texas

Travis Webb Aug 15<sup>th</sup> 2019

Printed name of licensee

My commission expires: 6/6/22

Subscribed and sworn to before me this 15 day of August, 2019.



# Alcohol & Marijuana Control Office

**License Number:** 14178

**License Status:** Active-Operating

**License Type:** Limited Marijuana Cultivation Facility

**Doing Business As:** BODHI TREE WELLNESS

**Business License Number:** 1057927

**Designated Licensee:** Travis Webb

**Email Address:** traviswebbprime@gmail.com

**Local Government:** Matanuska-Susitna Borough

**Community Council:** None

**Latitude, Longitude:** 61.385100, -149.713500

**Physical Address:** 6514 N. Farm Loop Road  
Palmer, AK 99645  
UNITED STATES

## Licensee #1

**Type:** Entity

**Alaska Entity Number:** 10064567

**Alaska Entity Name:** Bodhi's Homestead, LLC

**Phone Number:** 907-521-6319

**Email Address:** traviswebbprime@gmail.com

**Mailing Address:** PO Box 873672  
Wasilla, AK 99687  
UNITED STATES

## Entity Official #1

**Type:** Individual

**Name:** Travis Webb

**Phone Number:** 907-521-6319

**Email Address:** traviswebbprime@gmail.com

**Mailing Address:** PO Box 873672  
Wasilla, AK 99687  
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:	Bodhi's Homestead, LLC	License Number:	14178		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Bodhi Tree Wellness				
Premises Address:	6514 N. Farm Loop Road				
City:	Palmer	State:	Alaska	ZIP:	99645

### Section 2 – Individual Information

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

Name:	Travis Webb
Title:	Manager, 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.

TW
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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.

TW
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I certify that a notice of violation has **not** been issued for this license.

TW
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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).

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**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.

TW

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.

TW

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

TW

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

TW

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

TW

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.

TW

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.

TW

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

**Travis Webb**

Printed name of licensee

  
Notary Public in and for the State of ~~Alaska~~ TexasMy commission expires: April 15, 2021Subscribed and sworn to before me this 24<sup>th</sup> day of June, 2019.