

## Municipality of Anchorage

PO. Box 196650 • Anchorage, Alaska 99519-6650 • Telephone: (907) 343-4316 • Fax: (907) 249-7533 http://www.muni.org/assembly/license

September 11, 2019

## Office of the Municipal Clerk Licensing

Marijuana Control Board c/o Erika McConnell, Director Alcohol & Marijuana Control Office 550 West 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

RE: Anchorage Assembly Action on Marijuana Licenses

Dear Ms. McConnell:

The Anchorage Municipal Assembly at its regular meeting on **September 10**, **2019** took the following final actions:

#### WAIVE OF PROTEST

Renewal Marijuana License - AR 2019-305

- Cultivation
   GREAT NORTHERN CULTIVATION, #M10747
   DREAM GREEN FARMS, #M10080
   R.C. TINDERBOX, #M10299
- Manufacturing EINSTEIN LABS, #M10082 R.C. TINDERBOX, #M10301 GLACIER EXTRACTS, #M10828
- <u>Retail</u>
   AK JOINT, #M11614
   GREAT NORTHERN CANNABIS, #M11966
   HOLLYWEED 907, #M11303
   HILLSIDE NATURAL WELLENSS, #M10837

#### Renewal Marijuana License – AR 2019-291

Retail

THE GREEN ROOM AK, #M10646 GREAT NORTHERN CANNABIS, #M16610 DENALI DISPENSARIES, #M11411

Renewal Marijuana License – AR 2019-292

Cultivation

**TUNDRA JANE, #M12808** 

Renewal Marijuana License – AR 2019-293

 Manufacturing GREAT NORTHERN MANUFACTURING, #M17336 HOLLYWEED 907, #M11304

### **PROTEST**

Renewal Marijuana License - AR 2019-295

Retail

#### CATALYST CANNABIS COMPANY, #M11638

Pending certification from the Planning Department for a revised parking plan. -Per 3 AAC 306.060(a) a conditional protest was approved at the September 10, 2019 Assembly Meeting.

Any prior conditions placed on any license are to continue until specifically removed or amended. If you require additional information or if I can be of any assistance please call me.

Cordially,

Mandy Honest \\_

**Business License Official** 

CC: Ryan Yelle, Current Planning

Broken Dirt, LLC

## **Alcohol & Marijuana Control Office**

License Number: 11638

License Status: Active-Operating

License Type: Retail Marijuana Store

Doing Business As: CATALYST CANNABIS COMPANY

**Business License Number: 1032027** 

Designated Licensee: William Schneider

Email Address: will@catalystcannabisco.com

Local Government: Anchorage (Municipality of)

Community Council: Bayshore/Klatt

Latitude, Longitude: 61.131020, -149.865027

Physical Address: 9900 Old Seward Highway, #4

Anchorage, AK 99515 UNITED STATES

#### Licensee #1

Type: Entity

Alaska Entity Number: 10034020

Alaska Entity Name: Broken Dirt LLC
Phone Number: 907-205-1181

Email Address: will@catalystcannabisco.com

Mailing Address: 6967 Laser Dr.

Anchorage, AK 99515 UNITED STATES

#### **Entity Official #1**

Type: Individual

Name: Chad Reed



Phone Number: 907-720-1106

Email Address: alaskan.reed907@gmail.com

Mailing Address: 2221 Muldoon Rd, #589

Anchorage, AK 99504 UNITED STATES

#### **Entity Official #2**

Type: Individual

Name: Mark Ha

Phone Number: 907-632-7366

Email Address: ha.mark@gmail.com

Mailing Address: 5001 Eagle St

Anchorage, AK 99503 UNITED STATES

## Entity Official #3

Type: Individual

Name: Samuel Miller

Phone Number: 907-632-1497

Filone Number: 907-032-1497

Email Address: sammiller012@gmail.com

Mailing Address: 171 Shelly Marie Cir.

Anchorage, AK 99515 UNITED STATES

#### **Entity Official #4**

Type: Individual

Name: Andre Stoiber

Phone Number: 907-317-3779

Email Address: dre1268@yahoo.com

Mailing Address: 8120 Harvest Circle

Anchorage, AK 99502

Anchorage, AK 99502 UNITED STATES

#### **Entity Official #5**

Type: Individual

Name: William Schneider

Phone Number: 907-205-1181

Email Address: will@catalystcannabisco.com

Mailing Address: 6967 Laser Dr.

Anchorage, AK 99504 UNITED STATES

#### **Entity Official #6**

Type: Individual

Name: Keith Lopez



Phone Number: 907-903-5432

Email Address: klopez5360@yahoo.com

Mailing Address: 6800 Macbeth Dr.

Anchorage, AK 99516 UNITED STATES

#### **Entity Official #8**

Type: Individual

Name: Larry Greenstein



Phone Number: 907-243-3667

Email Address: Igreenstein@hilcorp.com
Mailing Address: 3709 W 63rd Avenue

Anchorage, AK 99502 UNITED STATES

#### **Entity Official #10**

Type: Individual

Name: John Connolly



Phone Number: 907-382-7998

Email Address: connollynorth@gmail.com

Mailing Address: 12115 Heritage Circle

Anchorage, AK 99516 UNITED STATES

#### **Entity Official #12**

**Type:** Individual **Name:** Kyler Dunford



Phone Number: 907-726-7052

Email Address: kcalvind@gmail.com

Mailing Address: 15943 Bridgeview Drive

Anchorage, AK 99516 UNITED STATES

#### **Entity Official #7**

Type: Individual

Name: Babette Miller



Phone Number: 907-359-4626

Email Address: ramanch@msn.com

Mailing Address: 401 Egavik Dr.

Anchorage, AK 99503 UNITED STATES

#### **Entity Official #9**

Type: Individual

Name: Joe Edward Kaiser



Phone Number: 907-952-8897

Email Address: joe.e.kaiser@gmail.com

Mailing Address: 950 Bounty Drive

Anchorage, AK 99515 UNITED STATES

#### **Entity Official #11**

Type: Individual

Name: Kathleen Lawrence



Phone Number: 907-231-2528
Email Address: rs@ak.net

Mailing Address: 7638 Camino Place

Unit 1

Anchorage, AK 99507 UNITED STATES

#### **Entity Official #13**

Type: Individual

Name: Ann Roberts



Phone Number: 907-952-6306

Email Address: agarciaroberts@gmail.com

Mailing Address: 2442 McKenzie Drive

Anchorage, AK 99517 UNITED STATES

## **Entity Official #14**

Type: Individual

Name: Jonathan Hughes

Phone Number: 512-366-2382

Email Address: jonalanhughes@yahoo.com

Mailing Address: 16240 Headlands Circle Anchorage, AK 99516

UNITED STATES

Note: No affiliates entered for this license.



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

marijuana.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

## 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.

3 AAC 306.020(b)(2)) b	efore any license renewal application will be con	sidered con	nplete.			
	Section 1 - Establishment I	Informat	ion			
Enter information for the	licensed establishment, as identified on the license app	plication.				
Licensee:	Broken Dirt, LLC	License	Number:	3a-11	638	
License Type:	Retail Marijuana Store				300 400 411	
Doing Business As:	Catalyst Cannabis Co.	-				
Premises Address:	9900 Old Seward, Unit 4					
City:	Anchorage	State:	AK	ZIP:	99515	
		4.5				
Foton information for the	Section 2 – Individual Inf	ormatioi	n			
Name:	individual licensee who is completing this form.					
Title:	William Schneides Member - Meneger		· · · · · · · · · · · · · · · · · · ·			
	1 tempe = 1 chase					
	Section 3 – Violations &	Charges				
Read each line below, an	d then sign your initials in the box to the right of any a				Initi	ials
	een convicted of any criminal charge in the previous two				Tu	9
I certify that I have <b>not</b> co	nmmitted any civil violation of AS 04, AS 17.38, or 3 AAC				ears.	P
I certify that a notice of vi	olation has <b>not</b> been issued for this license.	3	JUN 252	U19	Ex.	/
*o the fo	ollowing statement <u>only if you are unable to certify on</u>	e or more of	the above s	tatements	: Initi	ials
	n explanation for why I cannot certify one or more of the fense, as required under 3 AAC 306.035(b).	he above sta	tements, whi	ich include	25	



[Form MJ-20] (rev 4/24/2019)

## Alaska Marijuana Control Board

## 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.	Us
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.	WA
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	lus
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	艺术
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	W
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.	ES
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.	M
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read familiar 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 ur that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.	correct,
lest En Kayloh the	
Signature of licensee Notary Public in and for the State of Alas	ka
William Schneider My commission expires: 5/24/2	23
Printed name of licensee	
Subscribed and sworn to before me this 5 day of 000 2019	<u>L</u> .
AMCO	
UUN 25 2019	
TE OF ALESTY	

License # 3a-11638

Page 2 of 2



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

marijuana.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

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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.

Licensee:	Broken Dirt, LLC	License	Number:	3a-11	1638
License Type:	Retail Marijuana Store			1	***
Doing Business As:	Catalyst Cannabis Co.			, ,	
Premises Address:	9900 Old Seward, Unit 4				
City:	Anchorage	State:	AK	ZIP:	99515
nter information for the	Section 2 – Individual individual licensee who is completing this form.	Information	n		
Name:	MARIC HA				
Title:	M - 1				
	Vilmpe	i i contra esta esta esta esta esta esta esta est		000174.30	
tead each line below, and	Section 3 – Violations d then sign your initials in the box to the right of				Initia
~		any applicable sta	atements:		Initia
certify that I have <b>not</b> be	d then sign your initials in the box to the right of	any applicable sta	ears.	calendar y	Initia /ears.
certify that I have <b>not</b> be certify that I have <b>not</b> co	d then sign your initials in the box to the right of	any applicable sta	ears.	calendar y AMCO	vears.
certify that I have <b>not</b> be certify that I have <b>not</b> co certify that a notice of vi	d then sign your initials in the box to the right of the convicted of any criminal charge in the previous mmitted any civil violation of AS 04, AS 17.38, or	any applicable standar years	revious two	AMCO V 25 20	/ears.

rev 4/24/2019) Page 1 of 2



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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.	ic
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.	a
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 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 may result in additional fees or expiration of this license.  Signature of licensee  My commission expires:  My commission expires:	e, correct, understand
Subscribed and sworn to before me this day of	<u></u>
STATE OF ALASKA NOTARY PUBLIC Elvie D. Mapote My Commission Expires: June 17, 2021	



Alcohol and Manijuana Control Office 550 W 7" Avenue, Suite 1600 Anchorage, As 95001 manijuana licensina Brisska sov https://www.commerce.aigska.sov/web/ansco Phone: 907.269.0350

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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.

ter information for the	licensed establishment, as identified on the	Ilcense application			No State of the last
Licensee:	Broken Dirt, LLC	License	Number:	3a-1	1638
License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Co.				
Premises Address:	9900 Old Seward, Unit 4				
City:	Anchorage	State:	AK	ZIP:	99515
	Section 2 - Individ	tual Information	•		
nter information for the	Individual licensee who is completing this fo	prm			
Name:	John connolly				
Title:	Member				
	Section 3 - Violat			minutes:	
	Section 2 - Aidiar	ions & Charges			
Read each line below, as	nd then sign your initials in the box to the ri				Initial
		ight of any applicable sta	tementy:		Initia
certify that I have not b	nd then sign your initials in the box to the ri	ight of any applicable sta previous two calendar ye	atements:	calendar	10
certify that I have not b	nd then sign your initials in the box to the ri	ight of any applicable sta previous two calendar ye 38, or 3 AAC 306 in the p	atements:	calendar	He
certify that I have not be certify that I have not certify that a notice of	nd then sign your initials in the box to the ri- een convicted of any criminal charge in the so- committed any civil violation of AS 04, AS 17.	ight of any applicable sta previous two calendar ye 38, or 3 AAC 306 in the p	atements: urs. revious two		years &
certify that I have not o certify that I have not o certify that a notice of Sign your initials to the I have attached a writte	een convicted of any criminal charge in the pommitted any civil violation of AS 04, AS 17.	ight of any applicable sta previous two calendar ye 38, or 3 AAC 306 in the p to certify one or more of or more of the above sta	revious two	statement	years K





[Form MJ-20] (rev 4/24/2019)

#### Alaska Marijuana Control Board

#### 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: 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 cortify that I meet the residency requirement under AS 43.23 or I have submitted a residency exception affidavit 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 marguana establishment license renewal, I declare under penalty of unsworn falufication 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. If 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. Sept 10, 2022 Subscribed and sworm to before me this 18 day of Juna OFFICIAL STAMP PEGGY SUE TOFTUM NOTARY PUBLIC ONEGON COMMISSION NO. 978963 AMISSION EXPRESSIPTEMBER 16.7027

Ucerse # 3a-11638

DUN 25 2010

Page 2 of 2



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

Retail Marijuana Store

Catalyst Cannabis Co.

Broken Dirt, LLC

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

marijuana.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

3a-11638

Phone: 907.269.0350

## Form MJ-20: Renewal Application Certifications

#### What is this form?

Licensee:

License Type:

Doing Business As:

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

License Number:

Premises Address:	9900 Old Seward, Unit 4		<del></del>		
City:	Anchorage	State:	AK	ZIP:	99515
with the second	Section 2 – Individua	Information	î		
Enter information for the i	ndividual licensee who is completing this form.				
Name:	Jonathan Hughes				
Title:	Investor				
I certify that I have <b>not</b> bee	Section 3 – Violation then sign your initials in the box to the right of the convicted of any criminal charge in the previous inmitted any civil violation of AS 04, AS 17.38, or lation has not been issued for this license.	fany applicable sta ous two calendar year	tements:	.0	Initials  9H ears.  9H
Sign your initials to the following	lowing statement <u>only if you are unable to cer</u> t	ify one or more of	the above s	statements:	Initials
t have attached a written of the type of violation or offe	explanation for why I cannot certify one or morense, as required under 3 AAC 306.035(b).	e of the above stat	ements, wł	nich includes	s
[Form MJ-20] (rev 4/24/201	9)				Page 1 of 2



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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.	914
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.	24
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	94
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	9H
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	94
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.	914
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.	914
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have reafamiliar 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 uthat failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.	, correct,
	-
Signature of licensee Notary Publicial and for the State of Ala	ska
Jonathan Hugles Printed name of licensee  My commission expires: 7/22	12027
Subscribed and sworn to before me this LLM day of	2
AMCO	
ATE OF AUTON	



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

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	Section 1 – Establishm	ent intormat	ion			
	licensed establishment, as identified on the lice	nse application.				
Licensee:	Broken Dirt, LLC License Number: 3a-11638					
License Type:	Retail Marijuana Store					
Doing Business As:	Catalyst Cannabis Co.					
Premises Address:	9900 Old Seward, Unit 4					
City:	Anchorage	State:	AK	ZIP:	99515	
	Section 2 – Individua	l Information	1			
nter information for the	individual licensee who is completing this form.					
Name:	Samuel Miller	-				
Title:	OWNEC					
ead each line below, and	Section 3 – Violation			199	Init	
certify that I have <b>not</b> be	en convicted of any criminal charge in the previ	ous two calendar ye	ars.		G	
				alendar ve	1	
certify that I have <b>not</b> co	mmitted any civil violation of AS 04, AS 17.38, o	r 3 AAC 306 in the p	evious two o		ars.	
	mmitted any civil violation of AS 04, AS 17.38, o				ars.	
certify that a notice of vio		ļ	AMCO JUN 252	019	ars.	



## Form MJ-20: Renewal Application Certifications

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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.	SM
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	SN
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	SM
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	SM
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.	sm
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.	SA
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have re familiar 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 may result in additional fees or expiration of this license.	e, correct,
Sur Shorson	<u> </u>
Signature of licensee  Notary Public in and for the State of Ale  Sanuel Mille  Printed name of licensee  Notary Public in and for the State of Ale  My commission expires: 10/05/	
Subscribed and sworn to before me this	19.
"Official Seal" Notary Public J. Johnson State Of Alaska Commission #120302 Expires 10/5/19	



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

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Phone: 907.269.0350

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	efore any license renewal application will be o			iea in	
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Enter information for the	licensed establishment, as identified on the license	application.			
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License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Co.				
Premises Address:	9900 Old Seward, Unit 4				
City:	Anchorage	State:	AK	ZIP:	99515
Enter information for the i Name: Title:	section 2 – Individual III	nformation	n		
	Section 3 – Violations	& Charges			
Read each line below, and	I then sign your initials in the box to the right of <u>ar</u>	y applicable sta	tements:		Initials
I certify that I have <b>not</b> bee	en convicted of any criminal charge in the previous	two calendar ye	ars.		AS
I certify that I have <b>not</b> con	nmitted any civil violation of AS 04, AS 17.38, or 3 A	AC 306 in the pr	revious two o	calendar ye	ears.
I certify that a notice of vio	lation has <b>not</b> been issued for this license.	U	UN 25 20	119	K
Sign your initials to the fol	lowing statement only if you are unable to certify	one or more of	the above st	atements	Initials

I have attached a written explanation for why I cannot certify one or more of the above statements, which includes

[Form MJ-20] (rev 4/24/2019)

the type of violation or offense, as required under 3 AAC 306.035(b).



## Form MJ-20: Renewal Application 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.	A
l 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.	AS
l certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	A
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	A
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	AS
l 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.	AS
l 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
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have rea familiar 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 ut 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 Alasteria My commission expires:  My commission expires:	correct, nderstand
Subscribed and sworn to before me this Oday of Oune 20 ON 25 200 OUN 25 200 O	<u>1</u> .



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

## 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:	Broken Dirt, LLC	License Nu	mber:	3a-11	1638
License Type:	Retail Marijuana Store			1	0/200
Doing Business As:	Catalyst Cannabis Co.				
Premises Address:	9900 Old Seward, Unit 4			****	
City:	Anchorage	State: Al	K	ZIP:	99515

#### Section 2 - Individual Information

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

Name:	Babette E. Miller
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).

DEMINOR.	COMME	months.
		- 1
		- 1
		- 8



## 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.	Bry
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.	BN
l certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	Sy
certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	Ry
certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	Sy
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.	By
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.	Shy
as an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have reamiliar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is truind complete. I agree to provide all information required by the Marijuana Control Board in support of this application and nat failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.  NOTARY  PUBLIC  PUBLIC  My commission expires:	e, correct, understand
Subscribed and sworn to before me this 11 day of 10 ne . 20 \	a

SUN 25 2019



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https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

## 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 – Establishme	nt Informat	ion		
Enter information for the	licensed establishment, as identified on the licens	e application.			
Licensee:	Broken Dirt, LLC	License	Number:	3a-11	1638
License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Co.				
Premises Address:	9900 Old Seward, Unit 4				
City:	Anchorage	State:	AK	ZIP:	99515
	Section 2 – Individual	Information	1		
Enter information for the	individual licensee who is completing this form.				
Name:	Kyler Dunford Owner				
Title:	Owner				
Read each line below, and	Section 3 – Violations d then sign your initials in the box to the right of				Initials
I certify that I have <b>not</b> be	en convicted of any criminal charge in the previou	ıs two calendar ye	ars.		KCD
I certify that I have <b>not</b> co	mmitted any civil violation of AS 04, AS 17.38, or 3	3 AAC 306 in the p	revious two	calendar y	rears. KCD
I certify that a notice of vi	plation has <b>not</b> been issued for this license.		UN	AMCO	KCD
Sign your initials to the fo	llowing statement <u>only if you are unable to certi</u>	fy one or more of	the above s	tatement	s: Initials
	<b>explanation</b> for why I cannot certify one or more fense, as required under 3 AAC 306.035(b).	e of the above sta	tements, wh	ich includ	es
Form MJ-201 (rev 4/24/20	19)				Page 1 of 2



## Form MJ-20: Renewal Application 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.	KCD
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.	KOD
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	KCD
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	KCD
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	KCÞ
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.	KCD
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.	KCD
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 may result in additional fees or expiration of this license.  Signature of licensee  My commission expires: Allela My commission expires	e, correct, understand aska
A. J. Vanderpool  My Commission Expires: 07 (10) 22	



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marijuana.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

#### Phone: 907.269.0350

# 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.

nter information for the	licensed establishment, as identified on the licen	se application.	Ni wakani	3a-11	1629
Licensee:	Broken Dirt, LLC	License	Number:	3a-1	1030
License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Co.				
Premises Address:	9900 Old Seward, Unit 4				T
City:	Anchorage	State:	AK	ZIP:	99515
	Section 2 – Individua	I Informatio	n		
nter information for the	individual licensee who is completing this form.				
Name:	, ,	enstein			
Title:					
	Member				
	Member				
	Section 3 - Violation	ns & Charge	S		
	Section 3 – Violation				Initi
Read each line below, an		of any applicable st	atements:		Initi
lead each line below, and certify that I have not be	Section 3 – Violation d then sign your initials in the box to the right of	of <u>any applicable st</u> ous two calendar y	ears.	o calendar	LP.
certify that I have <b>not</b> be certify that I have <b>not</b> be	Section 3 – Violation d then sign your initials in the box to the right of the convicted of any criminal charge in the previous convicted of any criminal charge in the convicted of any criminal charge in the previous convicted of any criminal charge in the convicted of any criminal charge in t	of <u>any applicable st</u> ous two calendar y	ears.	-0	LP.
certify that I have <b>not</b> be certify that I have <b>not</b> co	Section 3 – Violation d then sign your initials in the box to the right of the convicted of any criminal charge in the previous minitted any civil violation of AS 04, AS 17.38, or	of <u>any applicable stoods</u> fous two calendar y or 3 AAC 306 in the	ears.  previous two AMO	2019	years.
certify that I have not be certify that I have not co certify that I have not co certify that a notice of viign your initials to the followed attached a writter	Section 3 – Violation d then sign your initials in the box to the right of the convicted of any criminal charge in the previous mitted any civil violation of AS 04, AS 17.38, of the collision has not been issued for this license.	of any applicable store of any applicable store store store and a store	ears.  previous two  AMO  OUN 25  of the above	2019 statemen	years.  All the second of the



## Form MJ-20: Renewal Application 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.	APX!
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.	RPSI
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	PPS
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	LP21
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	8P21
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.	LPS.
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.	SAS
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have reafamiliar 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 uthat failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.	e, correct,
Signature of licensee  Augustian  Notary Public in and for the State of Ala	eska
Lary P. Greenstein  Printed name of licensee  My commission expires: 9-6-2	020
Subscribed and sworn to before me this	<u>¶</u> .
STATE OF ALASKA	AMCO



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

<u>marijuana.licensing@alaska.gov</u> <u>https://www.commerce.alaska.gov/web/amco</u>

Phone: 907.269.0350

## 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).

Section 1 - Establishment Information

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.

Enter information for the	licensed establishment, as identified on the licen	se application.			
Licensee:	Broken Dirt, LLC License Number: 3a-11638			1638	
License Type:	Retail Marijuana Store	·			
Doing Business As:	Catalyst Cannabis Co.				
Premises Address:	9900 Old Seward, Unit 4				
City:	Anchorage	State:	AK	ZIP:	99515
	Section 2 – Individual	Information	1		
Enter information for the	individual licensee who is completing this form.				
Name:	JOE EDWARD KAKE	R			
Title:	MEMBER				
	Section 3 - Violations	& Charges			
Read each line below, and	then sign your initials in the box to the right of	any applicable sta	tements:		Initials
certify that I have <b>not</b> bed	en convicted of any criminal charge in the previou	s two calendar yea	ars.		T.
certify that I have <b>not</b> cor	nmitted any civil violation of AS 04, AS 17.38, or 3				ears.
	lation has <b>not</b> been issued for this license.	l	AMCC TUN 25 21	) Na	
ign your initials to the fol	lowing statement <u>only if you are unable to certif</u>	y one or more of t	he above sta	tements:	Initials
have attached a written on the type of violation or offer	explanation for why I cannot certify one or more ense, as required under 3 AAC 306.035(b).	of the above state	ements, whic	h includes	5
[Form MJ-20] (rev 4/24/201	9)				Page 1 of 2



## 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.	K
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.	X
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.	F
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 reafamiliar 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 uthat failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.	correct
Signature of licensee Notary Public in and for the State of Ala:	ska
Toz E. Karisar Printed name of licensee  My commission expires: 9-6-20	020
Subscribed and sworn to before me this _54 day of	
STATE OF ALASKA NOTARY PUBLIC CODY T. TERRELL	

MY COMMISSION EXPIRES SEP 6, 2020



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## 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. 3a-11638 Licensee: Broken Dirt, LLC License Number: Retail Marijuana Store **License Type:** Catalyst Cannabis Co. **Doing Business As: Premises Address:** 9900 Old Seward, Unit 4 AK 99515 City: Anchorage State: ZIP: Section 2 - Individual Information Enter information for the individual licensee who is completing this form. athleen Lawrence Name: Title: **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

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.	K.L
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.	K.L.
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	KIL
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	Kr
l certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	K.L.
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.	KL.
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.	大し、
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have reafamiliar 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 unchat failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.  Notary Public in a diffor the State of Alastonian decomposition of the State of Alastonian decomposition decomposition of the State of Alastonian decomposition decompositi	, correct, nderstand
Subscribed and sworn to before me this 5th day of	<u>L</u> .
AMCO	
QUN 2 5 2019	



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

Keith Lapez

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

marijuana.licensing@alaska.gov

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### Phone: 907.269.0350

## Form MJ-20: Renewal Application Certifications

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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.

#### Enter information for the licensed establishment, as identified on the license application. Licensee: Broken Dirt, LLC License Number: 3a-11638 License Type: Retail Marijuana Store **Doing Business As:** Catalyst Cannabis Co. **Premises Address:** 9900 Old Seward, Unit 4 City: Anchorage State: AK ZIP: 99515

Section 1 – Establishment Information

#### Section 2 - Individual Information

Title:	Member, Broken Dirt LLC	
	Section 3 – Violations & Charges	ES DESIGN
Read each line bel	low, and then sign your initials in the box to the right of any applicable statements:	Initials
I certify that I have	e not been convicted of any criminal charge in the previous two calendar years.	34
I certify that I have	e not committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calen	dar years.
l certify that a notion	ce of violation has <b>not</b> been issued for this license.	19
Sign your initials to	o the following statement only if you are unable to certify one or more of the above staten	nents: Initials
I have attached a v	written explanation for why I cannot certify one or more of the above statements, which in	

Name:



## Form MJ-20: Renewal Application 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.	My
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.	24
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation other law in the state.	, or <u>AL</u>
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	1/6
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws ar requirements pertaining to employees.	nd As
I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not loperated in violation of a condition or restriction imposed by the Marijuana Control Board.	been /
I certify that I understand that providing a false statement on this form, the online application, or any other form prov by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.	rided 1/3
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I h familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this licenters.	, is true, correct, n and understand
Their Lagger	
Signature of licensee Notary Public in and for the Stat	e of Alaska
Printed name of licensee  My commission expires:	25-22-0
Subscribed and sworn to before me this day of J v ~ £	_, 2019
CURTIS L. SPARKS  Notary Public  State of Alaska  My Commission Expires Oct 12, 2022	



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

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Phone: 907.269.0350

## Form MJ-20: Renewal Application Certifications

#### What is this form?

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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 - Establishm	nent Inforn	nation			
Enter information for the I	icensed establishment, as identified on the lic	ense application.				
Licensee:	Broken Dirt, LLC	Lice	nse Number:	39-1	1638	
License Type:	Retail Marijuana	Stone			. 300	
Doing Business As:	Catalyst Carnotis	Co,				
Premises Address:	9900 Old Seward	, Uvit 4				
City:	Anchorage	Stat	e: AK	ZIP: C	9515	
	Section 2 – Individual Information					
Enter information for the ir	ndividual licensee who is completing this form	l.				
Name:	Chad Reed					
Title:	Member, Broken Dirt LLC					
Read each line below, and	Section 3 – Violation then sign your initials in the box to the right				Initials	
I certify that I have <b>not</b> beer	n convicted of any criminal charge in the previ	ious two calendar	years.		CR	
I certify that I have <b>not</b> com	mitted any civil violation of AS 04, AS 17.38, o	r 3 AAC 306 in the			CR	
	ation has <b>not</b> been issued for this license.		JUN 2	2019	CE	
Sign your initials to the follo	owing statement <u>only if you are unable to ce</u>	rtify one or more	of the above sta	tements:	Initials	
have attached a written extends the type of violation or offer	<b>oplanation</b> for why I cannot certify one or monse, as required under 3 AAC 306.035(b).	ore of the above s	tatements, which	includes		
[Form MJ-20] (rev 4/24/2019)					Page 1 of 2	



## Form MJ-20: Renewal Application 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.	CK
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.	CR
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	CE
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	CR
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	CR
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.	CR
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.	R
As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have rea familiar 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 ur that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.	correct
Signature of licensee  Notary Public in and for the State of Alas	ska
Chad Reed Printed name of licensee  My commission expires: 11/00/6	<del>9690</del>
Subscribed and sworn to before me this 24 day of June 20 1/2	<u> 7</u> .
"Official Seal" Notary Public Eliza Flores State Of Alaska Commission #161706008 Expires 11/06/2020  JUN 2 5 2019	



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

Anchorage, AK 99501

marijuana.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

## 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).

Section 1 - Establishment Information

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.

Licensee:	Broken Dirt, LLC	License Number:		3a-11638		
License Type:	Retail Marijuana Store					
Doing Business As:	Catalyst Cannabis Co.				***************************************	
Premises Address:	9900 Old Seward, Unit 4					
City:	Anchorage	State:	AK	ZIP:	99515	
Enter information for the i	Section 2 – Individual Info	rmatio	n			
Name:	ANN M Roberts Member, Broken Dirt LLC					
Title:	Member, Broken Dirt LLC					
	Section 3 – Violations & C  I then sign your initials in the box to the right of any appear convicted of any criminal charge in the previous two convicted of the previous two convicte	olicable sta	tements:		Initials	
I certify that I have <b>not</b> con	nmitted any civil violation of AS 04, AS 17.38, or 3 AAC 30	06 in the pi	revious two c	alendar y	ears.	
I certify that a notice of vio	lation has <b>not</b> been issued for this license.		AN	ICO	AR	
Sign your initials to the fol	lowing statement only if you are unable to certify one of	or more of	the above st	atements	Initials	
	<b>explanation</b> for why I cannot certify one or more of the ense, as required under 3 AAC 306.035(b).	above stat	ements, whi	ch include	25	



## 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

Printed name of licensee

My commission expires:

112/2022

Subscribed and sworn to before me this 17 day of June

<u>,</u> 20<u>/9</u>

AMCO QUN 2 5 2019

