# **Notice of Violation**

(3AAC 306.805)

This form, all information provided and responses are public documents per Alaska Public Records Act AS 40.25

Date:	License #/Type:	
esignated Licensee: AMCO Case#:		
DBA:		
Premises Address:		
Mailing Address:		
This is a notice to you as licensee that an alleged vilicense, under the provisions of AS 44.62.330 - AS Notice of your right to an Administrative Hearing.	iolation has occurred. If the Marijuana Control Board decides to act against your 44.62.630 (Administrative Procedures Act) you will receive an Accusation and	
Note: This is not an accusation or a criminal complaint.		
2 AAC 206 905 provides that upon receipt of a Nation of	f Violation, a licensee may request to appear before the board and be heard regarding the	
Notice of Violation. The request must be made within to the Notice.	en days after receipt of the Notice. A licensee may respond, either orally or in writing, to	
IT IS RECOMMENDED THAT YOU RESPOND IN WRITIN	NG TO DOCUMENT YOUR RESPONSE FOR THE MARIJUANA CONTROL BOARD.	
*Please send your response to the address by your response.	pelow and include your Marijuana Establishment License Number in	
Alcohol & Marijuana Control Office		
ATTN: Enforcement		
550 W. 7 <sup>th</sup> Ave, Suite 1600 Anchorage, Alaska 99501		
amco.enforcement@alaska.gov		
Issuing Investigator:	Received by:	
SIGNATURE:	SIGNATURE:	

Date:

Delivered VIA:

8-30-19

Amco,

Un June of 2019 we were issued a NOV from the IRS for Unpayed taxes.

Mis issue has since been resolved.

Marke you

Ranke w Mewant

# 12616

FRISSON Favins LLC
5060 Hayotack Dr
Taiv banks Ak 99712

# **Alcohol & Marijuana Control Office**

License Number: 12616

License Status: Active-Operating

License Type: Standard Marijuana Cultivation Facility

Doing Business As: FRISSON FARMS, LLC.

**Business License Number: 1051682** 

Designated Licensee: Daniel Stewart

Email Address: dankaressa639@gmail.com
Local Government: Fairbanks North Star Borough

**Community Council:** 

Latitude, Longitude: 65.086587, -147.724164

Physical Address: 5060 Haystack Drive

Fairbanks, AK 99712 UNITED STATES

Licensee #1 Entity Official #1

Type: Entity Type: Individual

Alaska Entity Number: 10055193 Name: Daniel Stewart

Alaska Entity Name: FRISSON FARMS, LLC.

Phone Number: 907-590-9980

Date of Birth:

Email Address: dankaressa639@gmail.com Phone Number: 907-590-9980

Mailing Address: 5060 Haystack Drive Email Address: dankaressa639@gmail.com

Fairbanks, AK 99712

UNITED STATES

Mailing Address: 5060 Haystack Drive
Fairbanks, AK 99712
UNITED STATES

UNITED STATES

Note: No affiliates entered for this license.



Alaska Marijuana Control Board

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

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

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).

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 l	icensed establishment, as ic	dentified on the license appli	cation.		
Licensee:	FRISSON	Farms UC	License Number:	12616	
License Type:	Standard	Cultivation	Facult	4	
Doing Business As:	FRESCON	Farms ,	LC		
Premises Address:	5060 Hay	Stack Dr			
City:	Fairbank	S	State: AU	ZIP: 99-	712
	Section :	2 – Individual Info	rmation		
Enter information for the in	dividual licensee who is co	mpleting this form.			
Name:	Dune 1	N Stewar	+		
Title:	Owner				
	Section	3 - Violations & C	Charges		
ead each line below, and	then sign your initials in th	e box to the right of any ag	oplicable statements:		Initial
certify that I have <b>not</b> beer	convicted of any criminal	charge in the previous two	calendar years.		D
ertify that I have <b>not</b> com	nitted any civil violation of	f AS 04, AS 17.38, or 3 AAC	306 in the previous two	calendar years.	De
ertify that a notice of viola	tion has <b>not</b> been issued f	or this license.			
n your initials to the follo	wing statement only if yo	u are unable to certify one	or more of the above	statements:	Initia
ave attached a written ex	planation for why I cannot	ot certify one or more of th	e above statements, w	which includes	

Page 1 of 2



# Form MJ-20: Renewal Application Certifications

#### **Section 4 - Certifications**

Pond onch line heleur, and then sign your initials in the hearts the violates for all attended					
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.	<b>B</b>				
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.	18				
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	S				
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	DS				
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	S				
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.	DS				
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.	B				
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					
Daniel W Stewart  Printed name of licensee  My commission expires: Sept. 12	,2020				
Subscribed and sworn to before me this 29 day of May, 2019	<u>4</u> .				

NOTARY PUBLIC ANTONINA MCDONNELL STATE OF ALASKA COMMISSION EXPIRES SEPT. 12, 2020

**AMCO**