



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:		License Number:	
License Type:			
Doing Business As:			
Premises Address:			
City:		State:	
		ZIP:	

Section 2 – Individual Information

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

Name:	
Title:	

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).

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:



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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

Printed name of licensee

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.