Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Proof of Possession – Lease From Owner

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Form MJ-09: Statement of Financial Interest - Karoline Horton

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MJ-09 Statement of Financial Interest - Sharon Thompson

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MJ-08 : Local Government Notice Affidavit

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MJ-07 Public Notice Posting Affidavit

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Affidavit of Publication - Copy

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MJ-00: Application Certifications - Karoline Horton

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MJ-00: Application Certifications - Sharon Thompson

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MJ-01; Marijuana Establishment Operating Plan

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MJ-02: Premises Diagram

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	lot 3, block 1, Moosehollow Sub., 16756 east Moosehollow ave				
City:	talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MS-04', Marijuana Cultivation Facility - Operating Plan Supplemental

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

RECEIVED
MAY 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	16756 E Moose Hollow Avenue				
City:	Talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Corrected MJ-01, pages 2, 4, and 8

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

AMCO Received 11/14/2018

Alcohol & 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

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SHARON I THOMPSON	**License Number:**	15768		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	AURORA BOREALIS CANNABIS COMPANY				
Physical Address:	16756 E Moose Hollow Avenue				
City:	Talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	SHARON I THOMPSON				
Email Address:	snowshakeak@hotmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Corrected MJ-02 Premises Diagrams, Diagrams 1 - (pages 1-3), 3, and 5

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

AMCO Received 11/14/2018