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:	Matanuska Bud, LLC	**License Number:**	18931		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	MATANUSKA BUD, LLC				
Physical Address:	5540 N Bonnie Dr.				
City:	Palmer	**State:**	AK	**Zip Code:**	99645
Designated Licensee:	James Hole				
Email Address:	jimhole@msn.com				

Section 2 – Attached Items

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

Attached Items:	Please find attached and file: Entity Docs; Fingerprint Card and check for $47; MJ-00; MJ-07; MJ-08; MJ-09; ~~Publisher's Affidavit.~~ L.a. Thank You, Lance

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

RECEIVED
AUG 29 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Section 2 – Attached Items

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

Attached Items:	- Publisher's Affidavit & Copy of Ad & - Entity Doc's

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

RECEIVED
SEP 21 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Email Address:	jimhole@msn.com				

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Attached Items:	Please find for filing the following documents: -MJ-01; -MJ-02; -MJ-04; -Proof of possession for proposed premises -Check for $2,000.00 dollars This now completes all filing in this matter. Thank you, /s/ Lance C. Wells, Atty.

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

Received by AMCO 10.24.18