Alcohol and Marijuana Control Office
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Anchorage, AK 99501
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https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

Form MJ-17d: Unaltered Operating Plan and/or Premises Diagram Affidavit

What is this form?

An operating plan and/or diagram affidavit is required to be submitted by the transferee for any marijuana establishment transfer license application where the transferee is not making changes to the operating plan and/or premises diagram approved by the Marijuana Control Board, in the course of the transfer application, per 3 AAC 306.045(e). By completing this form you are certifying that no changes will be made to the operating plan and/or premises diagram that have been previously submitted and approved for this license. This form replaces the information required by regulations 3 AAC 306.020(b)(8), 3 AAC 306.020(c), 3 AAC 306.315(2), 3 AAC 306.420, 3 AAC 306.520(2) and (3), and 3 AAC 306.615 if no changes are being made to your operating plan or diagram during the transfer.

Section 1 – Establishment Information

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

New Licensee:	MOOSE GARDEN, LLC.	**License Number:**	10025		
License Type:	STANDARD MARIJUANA CULTIVATION				
Doing Business As:	MOOSE GARDEN, LLC.				
Premises Address:	32273 OLD NASH Rd.				
City:	SEWARD	**State:**	AK.	**ZIP:**	99664

Section 2 – Certification

You must be able to certify at least one of the statements below. Read the following and then sign your initials in the applicable box(es) to the right:

Initials

I certify that there will be no changes to the operating plan for this license.
If the above statement is certified you will not be required to submit forms MJ-01 and MJ-03, MJ-04, MJ-05 or MJ-06. [AY]

I certify that there will be no changes to the premises diagram for this license.
If the above statement is certified, you will not be required to submit form MJ-02. [AY]

I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of transferee

ANGELA YINH

Printed name of transferee

LANCE C. WELLS NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 6.18.21

Subscribed and sworn to before me this 28 day of MARCH, 2019.

AMCO
APR 11 2019