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

Alaska Marijuana Control Board

Form MJ-00: Application Certifications

What is this form?

This application certifications form is required for all marijuana establishment license 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.

This form must be completed and submitted to AMCO's main office by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) before any license application will be considered complete.

Section 1 – Establishment Information

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

Licensee:	Great Northern Retail Stores, Inc.	**License Number:**	20366		
License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	2600 E. Tudor Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99507-1134

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Aileen Vang
Title:	Great Northern Cannabis, Inc. Shareholder

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	[X]	[ ]

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

Retail Marijuana Store License(s): 11966;16610
Standard Marijuana Cultivation Facility License(s): 10747; 17346
Marijuana Product Manufacturing Facility License(s): 17336

AMCO
JUL 22 2019

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Form MJ-00: Application Certifications

Section 4 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement: Initials

I certify that I have not been convicted of a felony in any state or the United States, including a suspended imposition of sentence, for which less than five years have elapsed from the time of the conviction to the date of this application. AV

I certify that I am not currently on felony probation or felony parole. AV

I certify that I have not been found guilty of selling alcohol without a license in violation of AS 04.11.010. AV

I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052. AV

I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application. AV

I certify that I have not been convicted of a class A misdemeanor relating to selling, furnishing, or distributing marijuana or operating an establishment where marijuana is consumed within the two years preceding this application. AV

I certify that my proposed premises is not within 500 feet of a school ground, recreation or youth center, a building in which religious services are regularly conducted, or a correctional facility, as set forth in 3 AAC 306.010(a). AV

I certify that my proposed premises is not located in a liquor licensed premises. AV

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the calendar year in which I am initiating this application. AV

I certify that all proposed licensees (as defined in 3 AAC 306.020(b)(2)) have been listed on my online marijuana establishment license application. Additionally, if applicable, all proposed licensees have been listed on my application with the Division of Corporations. AV

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by AMCO is grounds for denial of my application. AV

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ALCOHOL & MARIJUANA AMCO CONTROL OFFICE

Alaska Marijuana Control Board

Form MJ-00: Application Certifications

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I certify and understand that I must operate in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees. [AV]

I certify and understand that I must operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of this state and the local government in which my premises is located. [AV]

Read each line below, and then sign your initials in the box to the right of only the applicable statement: Initials

Only initial next to the following statement if this form is accompanying an application for a marijuana testing facility license:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a retail marijuana store, a marijuana cultivation facility, or a marijuana products manufacturing facility. [ ]

Only initial next to the following statement if this form is accompanying an application for a retail marijuana store, a marijuana cultivation facility, or a marijuana products manufacturing facility license:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a marijuana testing facility license. [AV]

All marijuana establishment license applicants:

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that the online application and this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Aileen Vang
Printed name of licensee

MEGAN KAMP NOTARY PUBLIC STATE OF ALASKA My Comm. Exp. April 15, 2022 Comm. No. 180815016

Notary Public in and for the State of Alaska

My commission expires: 04/15/22

Subscribed and sworn to before me this 17 day of January, 2019.

AMCO
JUL 22 2019

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	2600 E. Tudor Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99507-1134

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Lawrence J. Wissing
Title:	Great Northern Cannabis, Inc. Shareholder

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☒	☐

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

Retail Marijuana Store License(s): 11966;16610
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Form MJ-00: Application Certifications

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ALCOHOL & MARIJUANA AMCO CONTROL OFFICE

Alaska Marijuana Control Board

Form MJ-00: Application Certifications

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All marijuana establishment license applicants:

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that the online application and this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Lawrence J. Wissing
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 11/19/2022

Subscribed and sworn to before me this 4th day of February, 2019.

STATE OF ALASKA
NOTARY PUBLIC
Michael Cassel
My Commission Expires November 19, 2022

AMCO
JUL 22 2019

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	2600 E. Tudor Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99507-1134

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Great Northern Cannabis, Inc.
Title:	100% Shareholder of Great Northern Retail Stores, Inc.

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☑	☐

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

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Form MJ-00: Application Certifications

Section 4 – Certifications

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I certify that I am not currently on felony probation or felony parole.	SB
I certify that I have not been found guilty of selling alcohol without a license in violation of AS 04.11.010.	SB
I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052.	SB
I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application.	SB
I certify that I have not been convicted of a class A misdemeanor relating to selling, furnishing, or distributing marijuana or operating an establishment where marijuana is consumed within the two years preceding this application.	SB
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JUL 22 2019

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Stephen W. Brashear
Signature of licensee

Stephen W. Brashear
Printed name of licensee

"Official Seal"
Notary Public
Linda Costa
State Of Alaska
Commission #170110001 Expires 04/10/2021

Linda Costa
Notary Public in and for the State of Alaska

My commission expires: 04/10/2021

Subscribed and sworn to before me this 22 day of January, 2019.

AMCO
JUL 22 2019

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	2600 E. Tudor Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99507-1134

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Janica Liland
Title:	Sole Member and Manager of Birch Clearing Holdings, LLC

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☑	☐

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

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Form MJ-00: Application Certifications

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Signature of licensee

Notary Public in and for the State of Alaska

Janica Liland

Printed name of licensee

My commission expires: 1/31/2021

Subscribed and sworn to before me this 23rd day of January, 20 19

AMCO
JUL 22 2019

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City:	Anchorage	**State:**	AK	**ZIP:**	99507-1134

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Aaron P. Morse
Title:	Sole Member and Manager of Morse Capital, LLC

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☑	☐

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AMCO

CONTROL OFFICE

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Form MJ-00: Application Certifications

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AMCO
JUL 22 2019

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Signature of licensee

OFFICIAL SEAL
THE STATE OF ALASKA
NOTARY PUBLIC
Mary Anne B. Enriquez
Comm. Number 1602170
Comm. Expires Feb. 17, 2020

Notary Public in and for the State of Alaska

Aaron P. Morse
Printed name of licensee

My commission expires: February 17, 20

Subscribed and sworn to before me this 20th day of February, 2019.

AMCO
JUL 22 2019

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City:	Anchorage	**State:**	AK	**ZIP:**	99507-1134

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Stephen W. Brashear
Title:	Sole Member and Manager of Big Sky Holdings, LLC

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☑	☐

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

Retail Marijuana Store License(s): 11966;16610
Standard Marijuana Cultivation Facility License(s): 10747; 17346
Marijuana Product Manufacturing Facility License(s): 17336

AMCO
JUL 22 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

Alaska Marijuana Control Board

Form MJ-00: Application Certifications

Section 4 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement: Initials

I certify that I have not been convicted of a felony in any state or the United States, including a suspended imposition of sentence, for which less than five years have elapsed from the time of the conviction to the date of this application. SB

I certify that I am not currently on felony probation or felony parole. SB

I certify that I have not been found guilty of selling alcohol without a license in violation of AS 04.11.010. SB

I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052. SB

I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application. SB

I certify that I have not been convicted of a class A misdemeanor relating to selling, furnishing, or distributing marijuana or operating an establishment where marijuana is consumed within the two years preceding this application. SB

I certify that my proposed premises is not within 500 feet of a school ground, recreation or youth center, a building in which religious services are regularly conducted, or a correctional facility, as set forth in 3 AAC 306.010(a). SB

I certify that my proposed premises is not located in a liquor licensed premises. SB

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the calendar year in which I am initiating this application. SB

I certify that all proposed licensees (as defined in 3 AAC 306.020(b)(2)) have been listed on my online marijuana establishment license application. Additionally, if applicable, all proposed licensees have been listed on my application with the Division of Corporations. SB

I certify that I understand that providing a false statement on this form, the online application, or any other form provided by AMCO is grounds for denial of my application. SB

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Form MJ-00: Application Certifications

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I certify and understand that I must operate in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees. SB

I certify and understand that I must operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of this state and the local government in which my premises is located. SB

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All marijuana establishment license applicants:

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that the online application and this form, including all accompanying schedules and statements, is true, correct, and complete.

Stephen W. Brashear
Signature of licensee

"Official Seal"
Notary Public
Linda Costa
State Of Alaska
Commission #170410001 Expires 04/10/2021

Linda Costa
Notary Public in and for the State of Alaska

Stephen W. Brashear
Printed name of licensee

My commission expires: 04/10/2021

Subscribed and sworn to before me this 22 day of January, 2019.

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Form MJ-00: Application Certifications

What is this form?

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This form must be completed and submitted to AMCO's main office by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) before any license application will be considered complete.

Section 1 – Establishment Information

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

Licensee:	Great Northern Retail Stores, Inc.	**License Number:**	20366		
License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	2600 E. Tudor Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99507-1134

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Big Sky Holdings, LLC
Title:	Great Northern Cannabis, Inc. Shareholder

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☑	☐

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

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Doing Business As:	Great Northern Cannabis				
Premises Address:	2600 E. Tudor Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99507-1134

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Great Northern Retail Stores, Inc.
Title:	Owner

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

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Signature of licensee

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