Notice of Violation

(3AAC 306.805)

This form, all information provided and responses are public documents per Alaska Public Records Act AS 40.25

Date:

Designated Licensee:

License #/Type:

AMCO Case#:

DBA:

Premises Address:

Mailing Address:

This is a notice to you as licensee that an alleged violation has occurred. If the Marijuana Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

3 AAC 306.805 provides that upon receipt of a Notice of Violation, a licensee may request to appear before the board and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice. A licensee may respond, either orally or in writing, to the Notice.

IT IS RECOMMENDED THAT YOU RESPOND IN WRITING TO DOCUMENT YOUR RESPONSE FOR THE MARIJUANA CONTROL BOARD.

*Please send your response to the address below and include your Marijuana Establishment License Number in your response.

Alcohol & Marijuana Control Office ATTN: Enforcement 550 W. 7th Ave, Suite 1600 Anchorage, Alaska 99501 amco.enforcement@alaska.gov

Issuing Investigator:

SIGNATURE:

Received by: SIGNATURE:

Delivered VIA:

Date:

Last Frontier Joint Operations LLC	
CED AMCO Enforcement (CED sponsored)	
: 11957 violation notice	
Friday, November 16, 2018 2:37:05 PM	

I have received the notice of violation for the missed tax payment for last frontier joint operations llc 11957. I am making a payment by check in full mailed today 11/16/18. I was not able to make it in person as originally planned. Thank you Sorry for any inconvenience Michael Keiser Last Frontier Joint Operations llc.

#11957

Last Frontier Joint Operations IIc license # 11957 received a notice of violation 11/16/18 for a delinquent tax bill due to the Anchorage earthquake and a delayed flight when returning to pay the taxes. This tax bill has been paid and all issues with the NOV have been resolved.

Mike Keiser Last Frontier Joint Operations IIc. 907 225 6920

Alcohol & Marijuana Control Office

License Number: 11957

License Status: Active-Operating

License Type: Standard Marijuana Cultivation Facility

Doing Business As: LAST FRONTIER JOINT OPERATIONS LLC.

Business License Number: 1045126

Designated Licensee: Mike Keiser

Email Address: Ifjointoperationsllc@gmail.com

Local Government: Ketchikan Gateway Borough

Community Council:

Latitude, Longitude: 55.409971, -131.719318

Physical Address: 7180 Revilla rd suite 101 ketchikan, AK 99901 UNITED STATES

Licensee #1

Type: Entity

Alaska Entity Number: 10045297

Alaska Entity Name: Last Frontier Joint Operations LL C.

Phone Number: 907-225-6920

Email Address: lfjointoperationsllc@gmail.com

Mailing Address: 7180 Revilla rd. Ste. 101 ketchikan, AK 99901 UNITED STATES **Entity Official #1**

Type: Individual

Name: Mike Keiser

Phone Number: 907-225-6920

Email Address: Ifjointoperationsllc@gmail.com

Mailing Address: 5911 s tongass hwy ketchikan, AK 99901 UNITED STATES

Note: No affiliates entered for this license.



Alaska Marijuana Control Board Form MJ-20: Renewal Application Certifications

What is this form?

This renewal application certifications form is required for all marijuana establishment license renewal 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. A person other than a licensee may not have direct or indirect financial interest (as defined in 3 AAC 306.015(e)(1)) in the business for which a marijuana establishment license is issued, per 3 AAC 306.015(a).

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

Section 1 – Establishment Information

Enter information for the licensed establishment, as identified on the license application.

Licensee:	Last Frontier Joint Operations IIc	License	Number:	11957	
License Type:	Standard Cultivation	15			
Doing Business As:	Last Frontier Joint Operations IIc			14 A	E STATIST
Premises Address:	7180 Revilla rd. Ste. 101	21 21	1. Top		e
City:	Ketchikan	State:	AK	ZIP:	99901

Section 2 - Individual Information

Name:	Mike Keiser			1000	
Title:	Owner		de.		1 P.

Section 3 – Violations & Charges

Read each line below, and then sign your initials in the box to the right of any applicable statements:	Initials
I certify that I have not been convicted of any criminal charge in the previous two calendar years.	ille
I certify that I have not committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calendar years.	elle
I certify that a notice of violation has not been issued for this license.	
Sign your initials to the following statement only if you are unable to certify one or more of the above statements:	Initials
I have attached a written explanation for why I cannot certify one or more of the above statements, which includes the type of violation or offense, as required under 3 AAC 306.035(b).	MK

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Section 4 – Certifications

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

I certify that no person other than a licensee listed on my marijuana establishment license renewal application has a direct or indirect financial interest, as defined in 3 AAC 306.015(e)(1), in the business for which the marijuana establishment license has been issued.

I certify that I meet the residency requirement under AS 43.23 or I have submitted a residency exception affidavit (MJ-20a) along with this application.

I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.

I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.

I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.

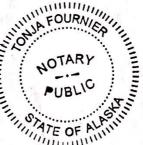
I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board.

I certify that I understand that providing a false statement on this form, the online application, 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 an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.

Signature of licensee

Printed name of licensee



Notary Public in and for the State of Alaska

My commission expires:

Subscribed and sworn to before me this 2b day of 50n-2019

Initials









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