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: 1/14/19

License #/Type: 12805

AMCO Case#:

Limited Cultivation

Designated Licensee: Deborah Hutchens

DBA: Sunrise Gardens

Premises Address: 14017 West Sunrise Drive, Big Lake, AK 99652

Mailing Address: PO Box 520594, Big Lake, AK 99652

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.

As of 1/11/19, Sunrise Gardens, 12805, Limited Cultivation, you were delinquent on your marijuana excise tax liability.

You have 30 days to resolve this matter with the Department of Revenue. If the delinquency is not resolved, an accusation will be brought to the Marijuana Control Board.

Your attention is directed to: AS 17.38.010(b)(2) legitimate, taxpaying business people, and not criminal actors, will conduct sales of marijuana; 3 AAC 306.480. Marijuana tax to be paid; 3 AAC 306.810. Suspension or revocation of license; AS 43.61.030(b). Marijuana cultivation facility fails to pay tax; AS 43.05.230(e) DOR can publish list of taxpayer(s) who failed to pay their taxes.; 15 AAC 61.020. License revocation and suspension.

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: J. Hoelscher

SIGNATURE:

Received by: SIGNATURE:

Delivered VIA: Email

Date:

May 8, 2019

In response to a statement on Form MJ-20, Section 3-Violations & Charges, third statements, My husband and I did not initial because we did receive an email letter of NOV due to delinquent taxes on January 15, 2019. We went into Anchorage and made a cash deposit for our November taxes on January 8^{th,}. I have a string of email correspondence between myself, the Department of Revenue and AMCO showing that on January 10 when the letter was written by Dept of revenue and sent to AMCO, our taxes had already been paid. I was informed by AMCO since the taxes were paid, the NOV would be placed in our file as we did pay late, but that no further action would be taken. Should there ever be a time when we may pay late, we were instructed to notify DOR.

Thank you,

Deborah Hutchens



6578

Completely covers everything underneath

bnd@sunrisegardensak.com



bnd@sunrisegardensak.com Tuesday, January 15, 2019 10:55 AM 'Hoelscher, James C (CED)' 'McConnell, Erika B (CED)'; 'Mazzei, Kelly A (DOR)'; 'Marijuana Licensing (CED sponsored)'; 'CED AMCO Enforcement (CED sponsored)' RE: NOV Delinquency in Tax 12805 Screenshot of phone log.jpg; Form 450 w notes.JPG; Cash Voucher Nov 2018.JPG; Payment History Nov 2018.JPG

Dear James,

I received your letter of NOV this morning and am writing to say that as of the date of the tax division letter (January 10, 2019) I was not in violation. I made a cash payment of \$4567.61 on January 8th. Attached you will find 1) payment history showing payment was made on January 8th, 2) the cash payment voucher print out notice dated January 8 at 9:45am, 3) Form 450 from the tax division showing \$4547.61 owed with notes stating cash payment in drop box on January 8 and referencing a phone call from the tax division on January 9th at 9:59am telling me they received \$4567.61 which was \$20 over, and 4) a screenshot from my phone showing the incoming call at 9:59am from the tax division on January 9.

In the future, if we know we are going to be late a few days, is there something we can do to avoid an NOV?

Please let me know if you have any questions.

Deborah

From: Hoelscher, James C (CED) <james.hoelscher@alaska.gov>
Sent: Tuesday, January 15, 2019 9:28 AM
To: bnd@sunrisegardensak.com
Cc: McConnell, Erika B (CED) <erika.mcconnell@alaska.gov>; Mazzei, Kelly A (DOR) <kelly.mazzei@alaska.gov>;
Marijuana Licensing (CED sponsored) <marijuana.licensing@alaska.gov>; CED AMCO Enforcement (CED sponsored) <amco.enforcement@alaska.gov>
Subject: NOV Delinquency in Tax 12805

Please see attached Notice of Violations.

Thank you,

James

James Hoelscher Special Investigator II Enforcement Supervisor Alcohol & Marijuana Control Office 550 W. 7th Ave, Suite 1600 Anchorage, Ak 99501 Office (907)269-0353 Cell (907) 891-9660 James.hoelscher@alaska.gov

Alcohol & Marijuana Control Office

License Number: 12805

License Status: Active-Operating

License Type: Limited Marijuana Cultivation Facility

Doing Business As: SUNRISE GARDENS

Business License Number: 1030459

Designated Licensee: Deborah Hutchens

Email Address: bnd@sunrisegardensak.com

Local Government: Matanuska-Susitna Borough

Community Council: Big Lake

Latitude, Longitude: 61.548614, -149.808933

Physical Address: 14017 West Sunrise Drive Big Lake, AK 99652 UNITED STATES

Licensee #1

Type: Entity

Alaska Entity Number: 10034725

Alaska Entity Name: Purple Quail LLC

Phone Number: 907-388-4858

Email Address: bnd@sunrisegardensak.com

Mailing Address: PO Box 520594 Big Lake, AK 99652 UNITED STATES

Entity Official #2

Type: Individual

Name: Millard Toms



Phone Number: 907-978-5642

Email Address: bnd@sunrisegardensak.com

Mailing Address: PO Box 520594 Big Lake, AK 99652 UNITED STATES

Affiliate #1

Type: Entity

Alaska Entity Number: 10034725

Alaska Entity Name: Purple Quail LLC

Phone Number: 907-388-4858

Email Address: bnd@sunrisegardensak.com

Mailing Address: PO Box 83438 Fairbanks, AK 99708 UNITED STATES

Entity Official #1

Type: Individual Name: Deborah Hutchens

Phone Number: 907-388-4858

Email Address: bnd@sunrisegardensak.com

Mailing Address: PO Box 520594 Big Lake, AK 99652 UNITED STATES

Entity Official #3

Type: Entity

Alaska Entity Number: 10034725

Alaska Entity Name: Purple Quail LLC

Phone Number: 907-388-4858

Email Address: bnd@sunrisegardensak.com

Mailing Address: PO Box 83438 Fairbanks, AK 99708 UNITED STATES

Affiliate #2

Type: Individual

Name: Deborah Hutchens

Phone Number: 907-388-4858

Email Address: bnd@sunrisegardensak.com

Mailing Address: PO Box 520594 Big Lake, AK 99652 UNITED STATES

License #12805 Initiating License Application 5/8/2019 2:21:28 PM

Affiliate #3

Type: Individual

Name: Millard Toms



Phone Number: 907-978-5642

Email Address: bnd@sunrisegardensak.com

Mailing Address: PO Box 520594 Big Lake, AK 99652 UNITED STATES



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:	Purple Quail LLC	License	Number:	1280	5
License Type:	Limited Marijuana Cultivation Facili	ty			
Doing Business As:	Sunrise Gardens				
Premises Address:	14017 West Sunrise Dr				
City:	Big Lake	State:	AK	ZIP:	99652

Section 2 - Individual Information

Enter information for the individual licensee who is completing this form.

Name:	Millard Toms	
Title:	Co-owner	

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.	mt
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.	mt
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).	mt



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

Millard Toms

Printed name of licensee

MELISSIA STEEN Notary Public State of Alaska My Commission Expires August 18, 2022

Notary Public in and for the State of Alaska

My commission expires: 8-18-22

Subscribed and sworn to before me this 26^{+h} day of 🔍



Initials





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License # 12805



Alaska Marijuana Control Board

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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:	Purple Quail LLC	License	Number:	1280	5
License Type:	Limited Marijuana Cultivation Facilit	ty			
Doing Business As:	Sunrise Gardens				
Premises Address:	14017 West Sunrise Dr				
City:	Big Lake	State:	AK	ZIP:	99652

Section 2 – Individual Information

Enter information for the individual licensee who is completing this form.

Name:	Deborah Hutchens	
Title:	Co-owner	

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.	DH
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.	DIT
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).	DH



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 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.	DH
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.	Dit
I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.	DH
I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.	PH
I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.	PH
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.	DH
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.	DH

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

Deborah Hutchens

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 3-18-22

Subscribed and sworn to before me this $\frac{26^{+h}}{2}$ day of _____ ine ,20 9

MELICO	
MELISSIA STEEN	
Notary Public	
State of Alert	
My Common Alaska	
My Commission Expires	
August 18, 2022	
-900110,2022	

