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:	The Mason Jar LLC	**License Number:**	3a-13279		
License Type:	Marijuana Retail Store				
Doing Business As:	The Mason Jar LLC				
Premises Address:	2771 Sherwood Lane Unit E				
City:	Juneau	**State:**	AK	**ZIP:**	99801

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. DL

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. DL

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

Signature of transferee

Printed name of transferee

AMBER K AVERETTE
My Commission
NOTARY PUBLIC
Expires 07-09-2022
STATE OF ALASKA

Notary Public in and for the State of Alaska # 180709005

My commission expires: 7/9/22

Subscribed and sworn to before me this 9th day of December, 2019.

AMCO
MAR – 5 2020