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-15: Operating Plan Change

What is this form?

This operating plan change form is required for all marijuana establishment licensees seeking to change a licensed marijuana establishment's existing operating plan, as required by 3 AAC 306.100. With this form, a licensee may request changes to as much or as little as desired of Form MJ-01 and/or the corresponding operating plan supplemental for the establishment's license type. **The required $250 change fee may be made by check, cashier's check, or money order.**

Please complete and submit with this form the pages of Form MJ-01 and/or the corresponding operating plan supplemental that contain sections that you are requesting to change. **All fields must be completed of any page for which you are requesting changes** – upon board approval, the submitted pages will replace those currently on file. If your current, approved operating plan is on the original version of the forms, you may be required to complete and submit the new operating plan forms in their entirety.

The form(s) that I am requesting board approval to change is:

- ☐ **Form MJ-01:** Marijuana Establishment Operating Plan
- ☐ **Form MJ-03:** Retail Marijuana Store Operating Plan Supplemental
- ☑ **Form MJ-04:** Marijuana Cultivation Facility Operating Plan Supplemental
- ☐ **Form MJ-05:** Marijuana Product Manufacturing Facility Operating Plan Supplemental
- ☐ **Form MJ-06:** Marijuana Testing Facility Operating Plan Supplemental

This form must be completed and submitted to AMCO's main office prior to changing existing operations. The licensed establishment's operations may not be altered unless and until the director has given temporary approval or the Marijuana Control Board (MCB) has given final approval of the changes. Please note that licensees seeking to change operating plans for multiple licenses must submit a separate completed copy of this form for each license.

Section 1 – Establishment Information

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

Licensee:	Snow Capped Gardens 2, LLC	**MJ License #:**	19874		
License Type:	Limited Marijuana Cultivation				
Doing Business As:	Snow Capped Gardens 2,LLC				
Premises Address:	3252 W. Coghlan Circle Suite 101				
City:	Wasilla	**State:**	Alaska	**ZIP:**	99623

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Section 2 – Summary of Changes

Provide a summary of the changes for which you are requesting approval.

Gases: CO2
We will be using a SmartBee system to monitor and control the HVAC system to include the CO2. Gas will be stored in a Carbo Max 750 High Flow Cylinder, delivered through a Titan Controls CO2 Rain System to be delivered into each grow room. The CO2 system will be inspected on a weekly basis by Snow Capped Gardens 2 Employees and by the Air Liquide Personnel each time they fill the cylinder.
I would like to change my CO2 enrichment system from the Carbo Max 750 High Flow Cylinder delivered through a Titan Controls CO2 Rain system. To a CO2 Generator system consisting of 3 total generators 1-in the Veg. Room, 1-in Flower Room #1, 1-in Flower Room #2.

Section 3 – Declarations

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

The proposed changes conform to all applicable public health, fire, and safety laws. MB

I understand that any temporary approval granted by the director is pending a final decision by the MCB; therefore, any investment I make, based upon temporary approval, is at my own risk. MB

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

Signature of licensee

Martin Brown Sr.

Printed name of licensee

CHELSEA L. BALLARD NOTARY PUBLIC REG # 190124007 MY COMMISSION EXPIRES 01/24/2023 STATE OF ALASKA

Notary Public ~~in and for the~~ State of Alaska.

My commission expires: 1/24/2023

Subscribed and sworn to before me this 4 day of May, 2020.

AMCO Director Review for Temporary Approval Pending Final MCB Decision: Approved [X] Disapproved [ ]

Glen Klinkhart
Printed name of Director

5-14-2020
Date

Signature of Director

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Director Comments:

License #_____

MSB • Department of Emergency Services • Central Mat-Su Fire Department

Fire & Life Safety Division

Physical: Station 51 – 1911 S Terrace Court, Palmer
Mailing: 101 W Swanson Avenue • Wasilla, AK 99654
Office (907) 861-8030 • Fax (907) 861-8157 • E-mail: FireCode@matsugov.us

May 1, 2020

Martin & Janette Brown
Snow Capped Gardens 2, LLC.
450 Klouda Circle
Wasilla, AK 99654

SUBJECT:	Snow Capped Gardens 2, LLC
FIRE SERVICE AREA:	Central Mat-Su FSA
PLAN REVIEW:	2019-140
TYPE OF CONSTRUCTION:	V-B
OCCUPANCY TYPE:	F-1

2012 INTERNATIONAL BUILDING AND FIRE CODE

Dear Mr. Brown:

Plans for remodeling the subject facility have been reviewed by this office for conformity with the State Fire Safety Regulations and are hereby approved as submitted. Enclosed is a certificate of approval that must be posted on the premises until completion of the remodel work. Any changes to the approved plans must be submitted to this office for review and approval. **You are prohibited to occupy this building until construction is completed for which plans have been examined and approved.** After completion of the construction, you must schedule a certificate of occupancy inspection prior to opening.

It must be understood that the inclusion of and compliance with State Fire Safety Regulations does not preclude the necessity of compliance with the requirements of local codes and ordinances. Also understand that approval of submitted plans is not approval of omissions or oversights by this office or noncompliance with any applicable regulations. The plans have not been reviewed for compliance with the Federal Americans with Disabilities Act or structural requirements.

If we can be of further assistance in this matter, please contact us at the address above.

Sincerely,

Donald C. Cuthbert
Fire Marshal

AMCO

MAY – 8 2020

Fire and Life Safety Division

Central Mat-Su Fire Service Area No. 130 - District 1
Department of Emergency Services, Matanuska-Susitna Borough

Plan Review #**2019-140**

M & J Brown Duplex Tenant 101

Tenant Improvement Approval/ CO2 System

This is to certify that the plans for this building were reviewed by CMSFD's Fire & Life Safety Division on 3/20/2020, for conformance with AS 18.70.010–100; 13 AAC 50.027. This certificate becomes invalid 180 days after the work on the site is commenced within 180 days after issuance, or if the work authorized is suspended or abandoned for a period of 180 days after the time work is commenced. An extension may be requested at the above mentioned address.

This certificate shall be posted in a conspicuous place on the premises listed above and shall remain posted until construction is completed. **Notice:** *Any changes or modifications to the approved plans must be resubmitted for review by the Central Mat-Su Fire Department.*

Authority: AS 18.70.080, 13 AAC 50.075 & MSB RS 06-054

by Donald C. Cuthbert, Fire Marshal

AMCO

MAY – 8 2020