

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

TO: Chair and Members of the Board DATE: August 5, 2020

FROM: Glen Klinkhart, Interim Director

Marijuana Control Board

RE: High Tide Distributors #12398

This is a renewal application for a Limited Marijuana Cultivation Facility in the Kenai Peninsula Borough, by Dennis R Humphrey DBA High Tide Distributors.

Local Government Protest: No

LG Response/Date: 7/22/2020 – no protest, requests KPB conditions

per 3 AAC 306.060(b)

Objection(s) Received/Date: No

Notice of Violation(s):

MJ-17a Temp Ownership Change Report: No

Staff questions for Board: No



Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC Borough Clerk

July 22, 2020

Sent via email: amco.localgovernmentonly@alaska.gov

Interim Director Alcohol & Marijuana Control Office

RE: Renewal Application for Limited Marijuana Cultivation Facility

Business Name : High Tide Distributors

License Location : Borough/49172 Heights Lane, Nikiski, AK 99635

License No. : 12398

Dear Mr. Klinkhart,

This serves to advise that the Kenai Peninsula Borough (KPB) has reviewed the above referenced application and has no objection to the renewal of the license. Pursuant to 3 AAC 306.060(b) the KPB requests the board continue to impose the following conditions:

- 1. The marijuana establishment shall conduct their operation consistent with the site plan submitted to the Kenai Peninsula Borough.
- 2. There shall be no parking in borough rights-of-way generated by the marijuana establishment.
- 3. The marijuana establishment shall remain current in all Kenai Peninsula Borough financial obligations consistent with KPB 7.30.020(A).

Should you have any questions, or need additional information, please don't hesitate to let us know.

Sincerely,

Johni Blankenship, MMC

Borough Clerk

JB/ts

Encl.

cc: bearhunter6000@yahoo.com

Alcohol & Marijuana Control Office

License Number: 12398

License Status: Active-Operating

License Type: Limited Marijuana Cultivation Facility

Doing Business As: HIGH TIDE DISTRIBUTORS

Business License Number: 1049828

Designated Licensee: DENNIS R HUMPHREY

Email Address: bearhunter6000@yahoo.com

Local Government: Kenai Peninsula Borough

Local Government 2: Community Council:

Latitude, Longitude: 60.727800, -151.207600

Physical Address: 49172 Heights Lane

Nikiski, AK 99635-8295 UNITED STATES

Licensee #1

Type: Individual

Name: DENNIS R HUMPHREY

Phone Number: 907-953-9807

Email Address: bearhunter6000@yahoo.com

Mailing Address: P.O. Box 8295

Nikiski, AK 99635-8295 UNITED STATES Note: No entity officials entered for this license.

Note: No affiliates entered for this license.



Alaska Marijuana Control Board

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

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Form MJ-20: Renewal Application Certifications

What is this form?

[Form MJ-20] (rev 4/23/2020)

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 by each licensee (as defined in 3 AAC 306.020(b)(2)) before any license renewal application will be considered complete.

	Section 1 - Establishm	ent Informat	ion		
Enter information for the	licensed establishment, as identified on the lice	ense application.			
Licensee:	DENNIS RAY HUMPHREY	License	License Number: 4b-12398		
License Type:	LIMITED MARIJUANA CULTIVATION FACILITY				
Doing Business As:	HIGH TIDE DISTRIBUTORS				
Premises Address:	49172 HEIGHTS LANE				
City:	NIKISKI	State:	Alaska	ZIP:	99635
	0-4-0 1-1-1		Catalogises		
	Section 2 – Individua				
Name:	DENNIS RAY HUMPHREY				
Title:					
Title.	OWNER				
Read each line below, an	Section 3 – Violation d then sign your initials in the box to the right				Initi
certify that I have not been convicted of any criminal charge in the previous two calendar years.					DR
certify that I have not co	mmitted any civil violation of AS 04, AS 17.38, o	or 3 AAC 306 in the pr	revious two	calendary	years. DR
certify that a notice of vi	olation has not been issued to this license betw	een July 1, 2019 and	June 30, 20	20.	DR
Sign your initials to the fo	llowing statement only if you are unable to ce	rtify one or more of	the above s	tatement	<u>s:</u> Initi
	explanation for why I cannot certify one or m fense, as required under 3 AAC 306.035(b).	ore of the above stat		nich includ	es

Form MJ-20: Renewal Application Certifications

Section 4 - Certifications

Initials 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. Notary Public in and for the State of Alaska My commission expires: Subscribed and sworn to before me this 2 day of Tune

OFFICIAL SEAL
Randi Broyles
Notary Public State of Alaska

AMCO