



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: October 6, 2020
- FROM: Glen Klinkhart, Interim Director RE: Herbal Instincts #10156 Marijuana Control Board

This is a renewal application for a Standard Marijuana Cultivation Facility in the Fairbanks North Star Borough, by Timeless Adventures, LLC DBA Herbal Instincts.

Local Government Protest:	Νο
LG Protest Period Ends:	10/29/2020
Objection(s) Received/Date:	No
Notice of Violation(s):	No
MJ-17a Temp Ownership Change Report:	No
MJ-20a Residency Exemption Affidavit:	Yes – for Jessica Huff
Staff questions for Board:	None

Alcohol & Marijuana Control Office

License #10156 Initiating License Application 6/25/2020 4:26:10 PM

License Number: 10156 License Status: Active-Operating License Type: Standard Marijuana Cultivation Facility Doing Business As: HERBAL INSTINCTS Business License Number: 1044959 Designated Licensee: Cristopher Konopka Email Address: herbalinstinctsak@gmail.com Local Government 2: Community Council: Latitude, Longitude: 64.877466, -147.080840 Physical Address: 405 Ream Lane Fairbanks, AK 99712 UNITED STATES

Licensee #1

Type: Entity

Alaska Entity Number: 10030989

Alaska Entity Name: Timeless Adventures, LLC

Phone Number: 907-202-4500

Email Address: herbalinstinctsak@gmail.com

Mailing Address: 405 Ream Lane Fairbanks, AK 99712 UNITED STATES

Entity Official #1

Type: Individual Name: Cristopher Konopka

Phone Number: 907-202-4500

Email Address: Cristopher_Konopka@yahoo.co m

Mailing Address: 405 Ream Lane Fairbanks, AK 99712 UNITED STATES

Entity Official #3

Type: Entity

Alaska Entity Number: 10036773

Alaska Entity Name: Tanana Herb Company, LLC

Phone Number: 907-388-8023

Email Address: tananaherbcompany@gmail.com

Mailing Address: P.O. Box 81772 Fairbanks, AK 99708 UNITED STATES

Entity Official #5

Type: Individual

Name: Joseph Hachey

Phone Number: 208-964-2019

Email Address: joe@tananaherbcompany.com

Mailing Address: 2008 Perkins Drive Fairbanks, AK 99709 UNITED STATES

Entity Official #2

Type: Individual

Name: Jessica Huff



Phone Number: 907-202-2545

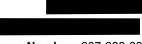
Email Address: Jessicahuff7@gmail.com

Mailing Address: 1250 E. Burnside Street #309 Portland, OR 97214 UNITED STATES

Entity Official #4

Type: Individual

Name: Leslea Nunley



Phone Number: 907-388-8023

Email Address: tananaherbcompany@gmail.com

Mailing Address: 2008 Perkins Drive Fairbanks, AK 99709 UNITED STATES

Entity Official #6

Type: Individual

Name: Samuel Hachey



Phone Number: 907-888-9696

Email Address: sam@tananaherbcompany.com

Mailing Address: 2008 Perkins Drive Fairbanks, AK 99709 UNITED STATES



Phone: 907.269.0350

Alaska Marijuana Control Board

Form MJ-20a: Residency Exception Affidavit

What is this form?

This residency exception affidavit may be submitted with a marijuana establishment renewal application for each licensee whose residency status has changed so that the licensee is no longer considered a resident of the state as defined at 3 AAC 306.015(e)(2).

Section 1 – Establishment Information

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

Licensee:	Timeless Adventures, LLC	License Number:	10/56	0
License Type:	Standard Marijuana Cultivat	ion Facility		
Doing Business As:	Herbal Instincts			
Premises Address:	405 Ream Ln			
City:	Fairbanks	State: AK	ZIP:	99712

Section 2 – Individual Information

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

Name:	Jessiea HUFF
Title:	OWNER

Section 3 – Changes to Residency

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

I certify that my primary residence is in Alaska.

I certify that I have good cause, as stated below, for not meeting the requirements to be a resident of the state as defined at 3 AAC 306.015(e)(2).

Initials

I initially left the state of Algska in November 2019 for personal nearons with the intent to return in Spring 2020, havever, are to COVID-19 and the extent of the economic impact it had on small businesses I took a position at a hospital during the pandemic in order to allow my Alaska bisinesses to continue. During this time I have continued to own p operate two businesses & properties in Alaska.

I certify that the cause of not meeting the requirements to be a resident of the state as defined at 3 AAC 306.015.(e)(2) is temporary.

I anticipate being able to meet the requirements to be a resident of the state as defined at 3 AAC 306.015(e)(2) at the following time:

2021



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

I certify that I understand that providing a false statement on this form or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.



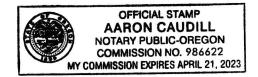
Initials

As a marijuana establishment licensee, I declare under penalty of unsworn falsification that this form is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this form and understand that failure to do so by any deadline given to me by AMCO staff may result in action upon the license by the Board.

Notary Public in and for the State of Alaskar Oregon

Printed name of licensee

My commission expires: $\frac{4/2}{23}$ Subscribed and sworn to before me this 215t day of September, 2020.



[Form MJ-20a] (rev 2/20/19)

License # 10156



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>marijuana.licensing@alaska.gov</u> <u>https://www.commerce.alaska.gov/web/amco</u> Phone: 907.269.0350

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:	Timeless Adventures, LLC	License	Number:	4a-10	0156	
License Type:	Standard Cultivation					
Doing Business As:	Herbal Instincts					
Premises Address:	405 Ream Ln					
City:	Fairbanks	State:	Alaska	ZIP:	99712	

Section 2 – Individual Information

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

Name:	Cristopher Konopka	
Title:	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
l certify that I have not been convicted of any criminal charge in the previous two calendar years.	æ
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.	œ
I certify that a notice of violation has not been issued to this license between July 1, 2019 and June 30, 2020.	(P)
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).	
[Form MJ-20] (rev 4/23/2020)	Page 1 of 2



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.

"Offical Seal" Notary Public

Mason Berry

Signature of licensee

Subscribed and sworn to before me this 26 day of June

2020

Notary Public in and for the State of Alaska

My commission expires: 04/27/2021

Initials











License #4a-10156



Form MJ-20: Renewal Application Certifications

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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.

Alaska Marijuana Control Board

Licensee:	Timeless Adventures, LLC	License	Number:	4a-10	156
License Type:	Standard Cultivation				
Doing Business As:	Herbal Instincts				
Premises Address:	405 Ream Ln				
City:	Fairbanks	State:	Alaska	ZIP:	99712

Section 2 – Individual Information

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

Name:	Jessica Huff
Title:	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.	H
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.	H
I certify that a notice of violation has not been issued to this license between July 1, 2019 and June 30, 2020.	H
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).	

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

Page 1 of 2



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

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.

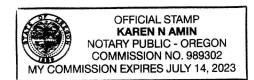
Signature of licensee

Printed name of licensee

23rd Subscribed and sworn to before me this _____ day of ______, 2020

Notary Public in and for the state of Alaska OVEYON

2023 My commission expires





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:	Timeless Adventures, LLC	License Numb	er: 4a-1	0156
License Type:	Standard Cultivation			- 1 1 1
Doing Business As:	Herbal Instincts			·
Premises Address:	405 Ream Ln			
City:	Fairbanks	State: Alas	ka ZIP:	99712

Section 2 - Individual Information

Enter information fo	r the individual licensee who is completing this form	· · · · · · · · · · · · · · · · · · ·
Name:	Joseph Hachey	
Title:	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.	H
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.	H
l certify that a notice of violation has not been issued to this license between July 1, 2019 and June 30, 2020.	H
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).	
[Form MJ-20] (rev 4/23/2020)	Page 1 of 2



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1 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.

l 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 deadliffe given to me by AMCO staff may result in additional fees or expiration of this license.

gnature of licens

bseph Hachey Printed name of licensee

Subscribed and sworn to before me this $\underline{23}$ day of $\underline{5000}$

.2020.

Votary Public in and for the State of Alaska

My commission expires:



















Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>marijuana.licensing@alaska.gov</u> https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

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Section 1 – Establishment Information

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

Alaska Marijuana Control Board

Licensee:	Timeless Adventures, LLC	License	Number:	4a-1(0156
License Type:	Standard Cultivation	a			
Doing Business As:	Herbal Instincts				
Premises Address:	405 Ream Ln		<u> </u>		
City:	Fairbanks	State:	Alaska	ZIP:	99712

Section 2 – Individual Information

Enter information for the in	dividual licensee who is completing this form.
	Leslea Nunley
Title:	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.	The.
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.	a
l certify that a notice of violation has not been issued to this license between July 1, 2019 and June 30, 2020.	lu
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).	



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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.

gnature of licensee

Subscribed and sworn to before me this 23 day of June

.2020.

Notary Public in and for the State of Alaska

lay 1,2023 My commission expires:

Initials

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



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>marijuana.licensing@alaska.gov</u> <u>https://www.commerce.alaska.gov/web/amco</u> Phone: 907.269.0350

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Section 1 – Establishment Information

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

Alaska Marijuana Control Board

Licensee:	Timeless Adventures, LLC	License Number:	^{mber:} 4a-10156	
License Type:	Standard Cultivation			
Doing Business As:	Herbal Instincts			— 94
Premises Address:	405 Ream Ln			
City:	Fairbanks	State: Alaska	ZIP:	99712

Section 2 - Individual Information

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

Name:	Samuel Hachey
Title:	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.	Ø
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.	3
I certify that a notice of violation has not been issued to this license between July 1, 2019 and June 30, 2020.	P
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).	



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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 J 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

ac Printed name of licensee

Subscribed and sworn to before me this 23 day of 500

.2020.

Notary Public in and for the State of Alaska

My commission expires: May



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



