



MEMORANDUM

TO: Chair and Members of the Board DATE: October 8, 2020
FROM: Glen Klinkhart, Interim Director RE: Frisson Farms, LLC #12616
Marijuana Control Board

This is a renewal application for a Standard Marijuana Cultivation Facility in the Fairbanks North Star Borough, by Frisson Farms, LLC DBA Frisson Farms, LLC.

Local Government Protest: No
LG Protest Period Ends: 11/7/2020
Objection(s) Received/Date: No
Notice of Violation(s): Yes
MJ-17a Temp Ownership Change Report: No
Staff questions for Board: None

Alcohol & Marijuana Control Office

License Number: 12616

License Status: Active-Operating

License Type: Standard Marijuana Cultivation Facility

Doing Business As: FRISSON FARMS, LLC.

Business License Number: 1051682

Designated Licensee: Daniel Stewart

Email Address: dankaressa639@gmail.com

Local Government: Fairbanks North Star Borough

Community Council:

Latitude, Longitude: 65.086587, -147.724164

Physical Address: 5060 Haystack Drive
Fairbanks, AK 99712
UNITED STATES

Licensee #1

Type: Entity

Alaska Entity Number: 10055193

Alaska Entity Name: FRISSON FARMS, LLC.

Phone Number: 907-590-9980

Email Address: dankaressa639@gmail.com

Mailing Address: 5060 Haystack Drive
Fairbanks, AK 99712
UNITED STATES

Entity Official #1

Type: Individual

Name: Daniel Stewart

[REDACTED]

[REDACTED]

Phone Number: 907-590-9980

Email Address: dankaressa639@gmail.com

Mailing Address: 5060 Haystack Drive
Fairbanks, AK 99712
UNITED STATES

Note: No affiliates entered for this license.

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: License #/Type:
Designated Licensee: AMCO Case#:
DBA:
Premises Address:
Mailing Address:

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.

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:

SIGNATURE:

Delivered VIA:

Received by:

SIGNATURE:

Date:

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: License #/Type:
Designated Licensee: AMCO Case#:
DBA:
Premises Address:
Mailing Address:

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.

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:

SIGNATURE:

Delivered VIA:

Received by:

SIGNATURE:

Date:





Form MJ-20: Renewal Application Certifications

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.

DS

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.

DS

I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.

DS

I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.

DS

I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.

DS

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.

DS

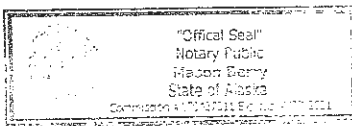
I certify that I understand that providing a false statement on this form, the online application, or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued.

DS

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.

Daniel W Stewart
Signature of licensee

Daniel W Stewart
Printed name of licensee



Mason Berry
Notary Public in and for the State of Alaska

My commission expires: 04/27/2021

Subscribed and sworn to before me this 5 day of May, 2020.

Oct 6TH-2020

Amco Licensing.

This letter is to inform you of the 2 Nov's received for delinquent Taxes.

We arranged a payment agreement on Aug. 14, 2019 letter # L27708992

Then on June 5-2020 another payment agreement was made. Letter # L153939554

This is my written statement for NOV'S 2019 Delinquent Taxes.

Thank you; ~~FRISON~~ Farms LLC #12616
Karie



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 by each licensee (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:	FRISSEON Farms LLC	License Number:	12616
License Type:	Standard Cultivation Facility		
Doing Business As:	FRISSEON Farms LLC		
Premises Address:	5060 Haystack Drive		
City:	Fairbanks	State:	AK
		ZIP:	99712

Section 2 - Individual Information

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

Name:	Daniel W Stewart
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:

I certify that I have **not** been convicted of any criminal charge in the previous two calendar years.

Initials

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.

I certify that a notice of violation has **not** been issued to this license between July 1, 2019 and June 30, 2020.

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).



THE STATE
of ALASKA

GOVERNOR MICHAEL J. DUNLEAVY

Department of Revenue

TAX DIVISION

State Office Building
PO Box 110420
Juneau, Alaska 99811-0420
Main: 907.465.2320
Fax: 907.465.2375

www.tax.alaska.gov

August 14, 2019

Letter ID: L2077908992

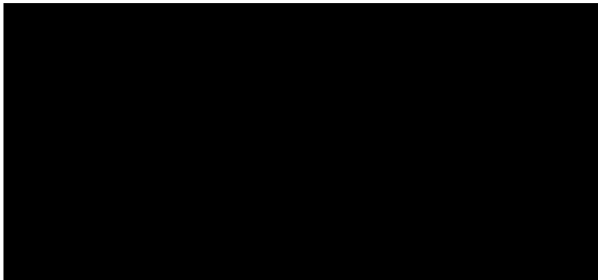
DANIEL W. STEWART
5060 HAYSTACK DR
FAIRBANKS AK 99712-1047

Informal Payment Agreement

EIN/SSN: [REDACTED]
Tax Type(s): Marijuana Tax

Dear DANIEL W. STEWART

As you requested, an informal payment agreement has been established for repayment of taxes, interest and penalties due for tax period(s) 4/30/2019, 6/30/2019, and 7/31/2019. A minimum payment of \$250.00 must be received in our office no later than August 30, 2019. Compounded interest is currently accruing at 8.25% quarterly.



Payment of this installment must be received by the Department of Revenue on or before August 30, 2019. Please send your payment with a copy of this letter or pay online by going to online-tax.alaska.gov. Please be advised that if timely payment is not received by the department, this agreement will be terminated and collection proceedings as stated below will commence.

Failure to make payments per this agreement will result in the department taking enforcement actions such as the filing of state tax liens, the levy of accounts and receivables, as well as the seizure of both real and personal property in amount sufficient to satisfy your liabilities to the Department of Revenue. If you are authorized to conduct business under a license issued by the State of Alaska, that license will be suspended per AS 43.10.045. until the account has been paid in full or other arrangements are agreed to by the state.

If you have any questions or concerns, please contact the Accounting and Collections Group at 907.465.2385 or dor.tax.collections@alaska.gov.



THE STATE
of **ALASKA**

GOVERNOR MIKE DUNLEAVY

Department of Revenue

TAX DIVISION

State Office Building
PO Box 110420
Juneau, Alaska 99811-0420
Main: 907.465.2320
Fax: 907.465.2375

www.tax.alaska.gov

June 05, 2020

Letter ID: L1539395584

DANIEL W. STEWART
5060 HAYSTACK DR
FAIRBANKS AK 99712-1047

Informal Payment Agreement

EIN/SSN: [REDACTED]
Tax Type(s): Marijuana Tax

Dear DANIEL W. STEWART

As you requested, an informal payment agreement has been established for repayment of taxes, interest and penalties due for tax period(s) 7/31/2019, 1/31/2020, 2/29/2020, and 4/30/2020. A minimum payment of \$610.92 must be received in our office no later than July 15, 2020. Compounded interest is currently accruing at 5.5% quarterly.

Payment of this installment must be received by the Department of Revenue on or before July 15, 2020. Please send your payment with a copy of this letter or pay online by going to online-tax.alaska.gov. Please be advised that if timely payment is not received by the department, this agreement will be terminated and collection proceedings as stated below will commence.

Failure to make payments per this agreement will result in the department taking enforcement actions such as the filing of state tax liens, the levy of accounts and receivables, as well as the seizure of both real and personal property in amount sufficient to satisfy your liabilities to the Department of Revenue. If you are authorized to conduct business under a license issued by the State of Alaska, that license *will be* suspended per AS 43.10.045. until the account has been paid in full or other arrangements are agreed to by the state.

If you have any questions or concerns, please contact the Accounting and Collections Group at 907.465.2385 or dor.tax.collections@alaska.gov.