Renewal Application with MJ-20a Residency Exemption Affidavit

License Number: 12313
License Status: Active-Operating
License Type: Retail Marijuana Store
Doing Business As: JUNEAU'S GREEN MARKET
Business License Number: 1049316
Designated Licensee: Elizabeth Romanoski
Email Address: elizabethromanoski28@yahoo.com
Local Government: Juneau (City and Borough of)
Local Government 2:
Community Council:
Latitude, Longitude: 58.173000, -134.241000
Physical Address: 263 Marine Way
Juneau, AK 99801
UNITED STATES

Licensee #1

Type: Entity
Alaska Entity Number: 10051352
Alaska Entity Name: ISG, Inc.
Phone Number: 907-738-7388
Email Address: michael.scarcelli77@gmail.com
Mailing Address: PO Box 21974
Juneau, AK 99802
UNITED STATES

Entity Official #1

Type: Individual
Name: Elizabeth Romanoski
SSN: [redacted]
Date of Birth: [redacted]
Phone Number: 520-548-4668
Email Address: elizabethromanoski28@yahoo.com
Mailing Address: PO Box 21974
Juneau, AK 99802
UNITED STATES

Note: *No affiliates entered for this license.*

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-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:	~~ISG Inc.~~ Elizabeth Romanoski	**License Number:**	12313		
License Type:	Retail Marijuana Store				
Doing Business As:	Juneau's Green Market				
Premises Address:	263 Marine Way				
City:	Juneau	**State:**	Alaska	**ZIP:**	99801

Section 2 – Individual Information

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

Name:	Aaron D. Bean POA Elizabeth Romanoski
Title:	Manager

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. [AB]

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. [AB]

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

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). [ ]

Received by AMCO 10/9/2020

Alaska Marijuana Control Board

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. [EB]

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. [EB]

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

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

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

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. [EB]

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. [EB]

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.

Elizabeth Romanoski

POA

Signature of licensee

Chase Heath

Notary Public in and for the State of Alaska

Elizabeth Romanoski

Printed name of licensee

My commission expires: Aug 13, 2023

Subscribed and sworn to before me this 24 day of July, 20 20.

CHASE HEATH
Notary Public
State of Alaska
My Commission Expires Aug 13, 2023

License # 12313

Received by AMCO 7.24.20

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550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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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:	ISG	**License Number:**	12313		
License Type:	Dispensary				
Doing Business As:	Juneau Green Market				
Premises Address:	263 Marine Way				
City:	Juneau	**State:**	AK	**ZIP:**	99801

Section 2 – Individual Information

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

Name:	Elizabeth Romanoski
Title:	President

Section 3 – Changes to Residency

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

I certify that **my primary residence is in Alaska.** [EL]

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). [EL]

Yes, I contracted Covid which turned in to walking pneumonia.

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.** [EL]

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:

1/1/21

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Alaska Marijuana Control Board

Form MJ-20a: Residency Exception Affidavit

Section 4 – Certifications

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

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.

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.

Elizabeth A. Romanoski

Signature of licensee

Elizabeth Romanoski

Printed name of licensee

Judith K. Nelson

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

My commission expires: 4 Oct 2021

Subscribed and sworn to before me this 8th day of October, 2020.

OFFICIAL SEAL
JUDITH K. NELSON
Notary Public - State of Arizona
NAVAJO COUNTY
My Comm. Expires Oct. 4, 2021

Received by AMCO 10/9/2020