Alcohol and Marijuana Control Office
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Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
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:	James W Strassburg	**License Number:**	10657		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	~~JDW Enterprises~~ JWS Enterprises				
Premises Address:	3000 West Tongass Narrows				
City:	Ketchikan	**State:**	Alaska	**ZIP:**	99901

Section 2 – Individual Information

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

Name:	James W Strassburg
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: Initials

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). JWS

I signed all documents to transfer my license. The transfer has been in the AMCO queue for approximately one year and is scheduled to be heard in front of the board during the June MCB Meeting. I have retired and moved out of State. I did not file a PFD as I had some health issues that required travel to Washington to access certain medical providers and intended to stay in Washington for an extended period of time.

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:

AMCO
JUN 21 2021

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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. JSW

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.

Signature of licensee

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

James W Strassburg

Printed name of licensee

My commission expires: 05-01-2024

Subscribed and sworn to before me this 15 day of June, 2021.

DAYTON B STANLEY-TEFFETELLER
NOTARY
My Comm. Expires
May 01, 2024
No. 20109015
PUBLIC
STATE OF WASHINGTON

AMCO
JUN 21 2021