Alcohol and Marijuana Control Office
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Anchorage, AK 99501
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https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

Form MJ-15: Operating Plan Change

What is this form?

This operating plan change form is required for all marijuana establishment licensees seeking to change a licensed marijuana establishment's existing operating plan, as required by 3 AAC 306.100. With this form, a licensee may request changes to as much or as little as desired of Form MJ-01 and/or the corresponding operating plan supplemental for the establishment's license type. **The required $250 change fee may be made by check, cashier's check, or money order.**

Please complete and submit with this form the pages of Form MJ-01 and/or the corresponding operating plan supplemental that contain sections that you are requesting to change. **All fields must be completed of any page for which you are requesting changes** – upon board approval, the submitted pages will replace those currently on file. If your current, approved operating plan is on the original version of the forms, you may be required to complete and submit the new operating plan forms in their entirety.

The form(s) that I am requesting board approval to change is:

- ☐ **Form MJ-01:** Marijuana Establishment Operating Plan
- ☐ **Form MJ-03:** Retail Marijuana Store Operating Plan Supplemental
- ☐ **Form MJ-04:** Marijuana Cultivation Facility Operating Plan Supplemental
- ☑ **Form MJ-05:** Marijuana Product Manufacturing Facility Operating Plan Supplemental
- ☐ **Form MJ-06:** Marijuana Testing Facility Operating Plan Supplemental

This form must be completed and submitted to AMCO's main office prior to changing existing operations. The licensed establishment's operations may not be altered unless and until the director has given temporary approval or the Marijuana Control Board (MCB) has given final approval of the changes. Please note that licensees seeking to change operating plans for multiple licenses must submit a separate completed copy of this form for each license.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Arctic Bakery, LLC	**MJ License #:**	16006		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701-2822

AMCO
SEP 13 2021

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Section 2 – Summary of Changes

Provide a summary of the changes for which you are requesting approval.

We request to make an addition to our our Arctic Ice Cap product.

We request to be able to use Full-Spectrum Cannabis oil in addition to the distillate we are already approved for in our Arctic Ice Caps.

I affirm the labels remain identical with the exception of a clear indication of the use of Full-Spectrum cannabis oil instead of our already approved distillate.

Proposed changes are reflected in packaging/labeling requirements set forth in 3 AAC 306.570.

Unrelated to the Arctic Ice Cap, we are requesting to change Arctic Honey D9 cartridge packaging from a heat seal to a cold seal in order to reduce plastics & labor time.

Section 3 – Declarations

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

The proposed changes conform to all applicable public health, fire, and safety laws. [SE]

I understand that any temporary approval granted by the director is pending a final decision by the MCB; therefore, any investment I make, based upon temporary approval, is at my own risk. [SE]

As a marijuana establishment licensee, I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

SHAWN EVANS

Printed name of licensee

STEPHANIE CRAFT NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 5/3/25

Subscribed and sworn to before me this 7 day of September, 2021.

AMCO Director Review for Temporary Approval Pending Final MCB Decision: Approved [X] Disapproved [ ]

Joan M Wilson

Printed name of Director

5/13/2022

Date

Joan M Wilson

Signature of Director

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Director Comments:

License #_____