AMCO received 10/24/2022

Notice of Violation

Email

(3AAC 306.805)
This form, all information provided and responses are public documents per Alaska Public Records Act AS 40.25

Date: 8/26/21

License #/Type: 12612 Limited Cultivation

Designated Licensee: Lorrie Ann Moffitt

AMCO Case#:

DBA: Absolem's Garden

Premises Address: 13247 East Wycoff Drive Palmer, AK 99645

Mailing Address: P.O. Box 521163 Big Lake, AK 99652

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.

As of 8/19/2021, Absolem's Garden, 12612, Standard Cultivation, you were delinquent on your marijuana excise tax liability.

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partner was handeling payments, I took over after these 3

10-24-22

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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: J. Hoelscher

Received by:

SIGNATURE:

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At this time my partner was handeling payments
Once I noticed what was happening I took over.

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(Deg Xinag) "Hello, how are you?" myAlaska Departments State Employees

ka Department of Revenue - Tax Division
enue Online

Log Off

If you have questions concerning your Account Balance(s), please call 907-465-2385 or 907-465-2321.
If you need help with or have questions about Revenue Online please call 907-269-0041.

ABSOLEM'S GARDEN, LLC

Federal Employer Id	[redacted]
My Balance	$0.00

NAMES AND ADDRESSES

DBA Name	ABSOLEM'S GARDEN
Legal Name	ABSOLEM'S GARDEN, LLC
Mailing Addres	PO BOX 521163 BIG LAKE AK 99652-11

I WANT TO...

- View My Profile
- Make a Payment
- View My Payoff Amount
- File an Appeal
- Add a Power of Attorney
- Remove a Power of Attorney

ACCOUNTS[1] | HISTORY | MESSAGES[41] | LETTERS[31]

MY ACCOUNTS[1]

MY ACCOUNTS Hide History | Filter

Group	Account Id	Account Type	Name	Frequency	Address	Balance
3	MRT-10080124-004	Marijuana Tax	ABSOLEM'S GARDEN, LLC	Monthly	PO BOX 521163 BIG LAKE AI	0.00

* - To increase font size adjust your browser zoom settings

Warning: As a security feature, this application will time out after 20 minutes of inactivity. Your information will NOT be saved after this time out.

6°F Sunny 4:27 PM 11/15/2021

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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: 2022-2023 Renewal Application Certifications

Why is this form needed?

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 Anchorage 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:	Ryan Bode	**License Number:**	4b-12612		
License Type:	limited cultivation				
Doing Business As:	Absolems Garden LLC				
Premises Address:	13247 E. Wycoff Dr				
City:	Palmer	**State:**	Ak	**ZIP:**	99645

Section 2 – Individual Information

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

Name:	Ryan Bode
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. rb

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. rb

I certify that a notice of violation has **not** been issued for this license between July 1, 2021 and June 30, 2022.

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). RB 10-24-22

AMCO
JUN 29 2022

AMCO received 10/24/2022

Alaska Marijuana Control Board

Form MJ-20: 2022-2023 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. rb

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. rb

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

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

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

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. rb

By initialing this box, I certify I have submitted an original fingerprint card and the applicable fees to AMCO for AMCO to obtain criminal justice information and a national criminal history record required by AS 17.38.200 and 3 AAC 306.035(d). If I have multiple marijuana licenses being renewed, I understand one fingerprint card and fee will suffice for all marijuana licenses being renewed. rb

If multiple licenses are held, list all license numbers below:

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. rb

Ryan Bode

Printed name of licensee

Signature of licensee

AMCO
JUN 29 2022