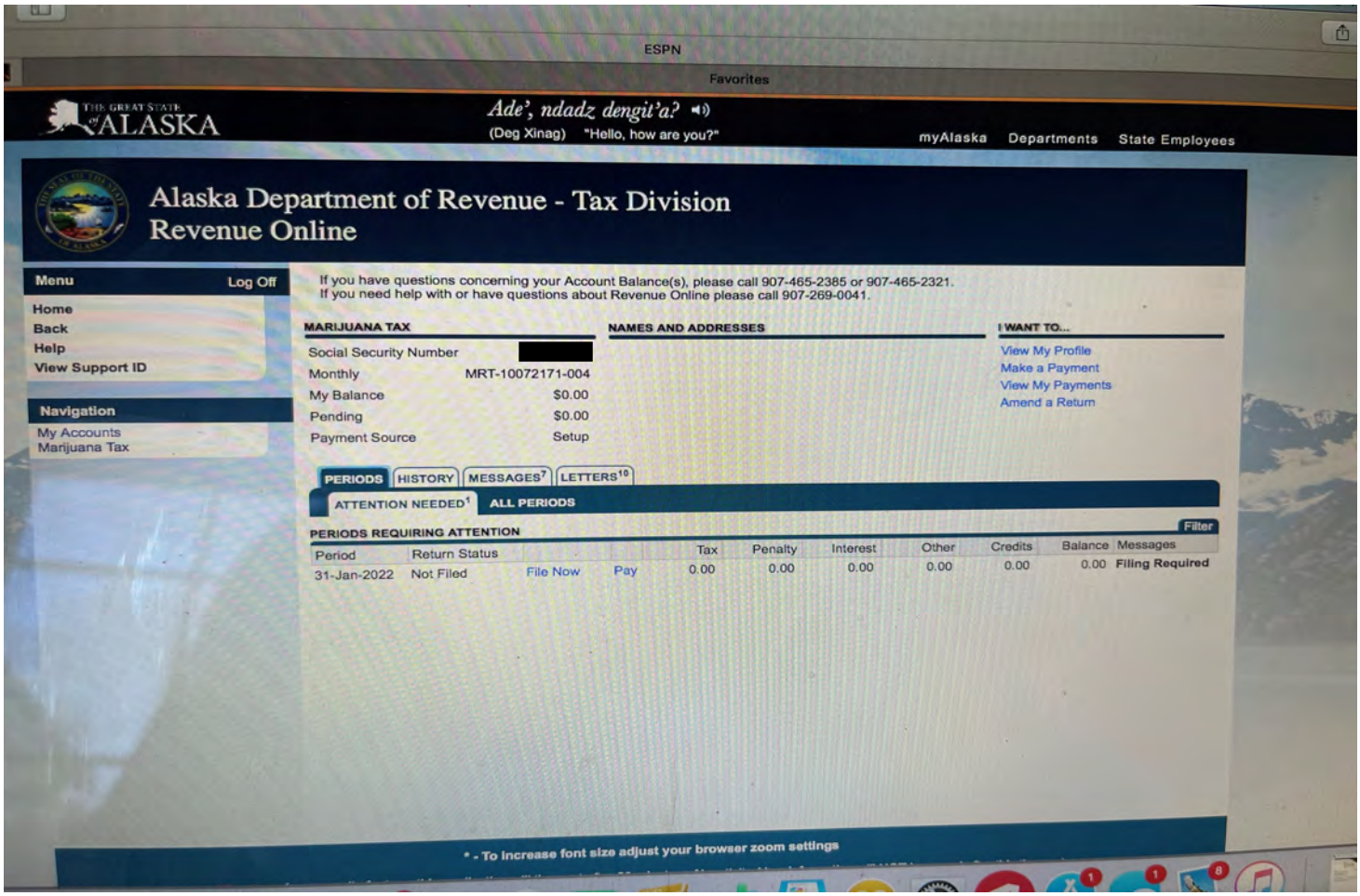
Davies, Jason M (CED)

From: Travis Webb <bodhitreeak@gmail.com>
Sent: Friday, February 25, 2022 4:00 PM
To: Davies, Jason M (CED)
Subject: Re: NOV Delinquency in Tax

Categories: CHECK BACK AND COMPLETE

Paid in full.



File Edit View History Bookmarks Window Help Fri 3:47 PM

ESPN

Favorites

THE GREAT STATE of ALASKA

Ade', ndadz dengit'a?
(Deg Xinag) "Hello, how are you?"

myAlaska Departments State Employees

Alaska Department of Revenue - Tax Division
Revenue Online

Menu Log Off

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Navigation

- My Accounts

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.

TRAVIS WEBB

Social Security Number	***-**-4922
My Balance	$0.00

NAMES AND ADDRESSES

DBA Name	BODHI TREE WELLNESS
Legal Name	TRAVIS WEBB
Mailing Address	PO BOX 873672 WASILLA AK 99687-36

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[7] | LETTERS[10]

MY ACCOUNTS[1]

MY ACCOUNTS Hide History Filter

Group	Account Id	Account Type	Name	Frequency	Address	Balance
3	MRT-10072171-004	Marijuana Tax	TRAVIS WEBB	Monthly	PO BOX 873672 WASILLA AK	0.00

* - To increase font size adjust your browser zoom settings

On Wed, Feb 23, 2022 at 3:37 PM Davies, Jason M (CED) <jason.davies@alaska.gov> wrote:

Hello-

Attached to this email is a notice of violation(s). You have 30 days to resolve this matter with the Department of Revenue. If the delinquency is not resolved, an accusation may be brought to the Marijuana Control Board. **AMCO Enforcement must receive a notification from the Department of Revenue to rescind this notice of violation.**

NOTE: You must provide proof that,

1. **You are in a payment plan with the Department of Revenue regarding your most current violation.**

   OR

2. **Copy of receipt or screenshot of your department of revenue account that shows your taxes are at a zero balance.**

Please only reply to this email with one of the two requests mentioned above.

Questions or concerns should be forwarded to amco.enforcement@alaska.gov.

Thank you,

Jason M. Davies
Criminal Justice Technician II

AMCO Enforcement
Alcohol & Marijuana Control Office

550 W. 7th Ave, Suite 1600

Anchorage, AK 99501
Office (907) 754-3410
jason.davies@alaska.gov

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: 2/23/22

License #/Type: 14178 Limited Cultivation

Designated Licensee: Robert Webb

AMCO Case#: AM 22-0329

DBA: Bodhi Tree Wellness

Premises Address: 6514 N. Farm Loop Road Palmer, AK 9964

Mailing Address: PO Box 873672, Wasilla, AK 99687

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 2/22/2022, Bodhi Tree Wellness, 14178, Limited Cultivation, you were delinquent on your marijuana excise tax liability.

You have 30 days to resolve this matter with the Department of Revenue. If the delinquency is not resolved, an accusation may be brought to the Marijuana Control Board.

Your attention is directed to: AS 17.38.010(b)(2) legitimate, taxpaying business people, and not criminal actors, will conduct sales of marijuana; 3 AAC 306.480. Marijuana tax to be paid; 3 AAC 306.810. Suspension or revocation of license; AS 43.61.030(b). Marijuana cultivation facility fails to pay tax; AS 43.05.230(e) DOR can publish list of taxpayer(s) who failed to pay their taxes.; 15 AAC 61.020. License revocation and suspension.

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: J. Hoelscher

Received by:

SIGNATURE:

SIGNATURE:

Delivered VIA: Email

Date:

AMCO received 6/22/2022

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: 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:	Bodhi's Homestead, LLC	**License Number:**	14178		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Bodhi Tree Wellness				
Premises Address:	6514 N. Farm Loop Road				
City:	Palmer	**State:**	Alaska	**ZIP:**	99645

Section 2 – Individual Information

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

Name:	Robert Webb
Title:	Manager/Member

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. RW

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. RW

I certify that a notice of violation has **not** been issued for this license. [ ]

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). RW

Alaska Marijuana Control Board AMCO received 6/22/2022

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. RW

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. RW

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

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

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

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. RW

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. RW

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

N/A

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. RW

Robert Webb
Printed name of licensee

Robert B. Webb
Signature of licensee