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:	Daniel Peters	**License Number:**	4a-10279		
License Type:	Retail Marijuana Store				
Doing Business As:	GoodSinse LLC				
Premises Address:	2604 Davis Rd				
City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

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

Name:	Daniel Peters
Title:	Licensee / 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.	DP
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.	DP
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).	DP

Alaska Marijuana Control Board

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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. DP

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. DP

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

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

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

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. DP

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. DP

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

3a-26251 ; 3a-10278 ; 4a-10279 ; 5a-14874

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. DP

Daniel Peters

Printed name of licensee

Signature of licensee

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Section 1 – Establishment Information

Enter information for the licensed establishment, as identified on the license application.

Licensee:	Danielle Peters	**License Number:**	4a-10279		
License Type:	Retail Marijuana Store				
Doing Business As:	GoodSinse LLC				
Premises Address:	2604 Davis Rd				
City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

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

Name:	Danielle Peters
Title:	Licensee / 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.	DP
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.	DP
I certify that a notice of violation has **not** been issued for this license.	

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

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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. DP

Danielle Peters

Printed name of licensee

Signature of licensee

Notice of Violation

(3AAC 306.805)

This form, all information provided and responses are public documents per Alaska Public Records ACT AS 40.25

Date: 5/19/22

License #/Type: Standard Marijuana Cultivation Facilities

Licensee: Daniel Peters

Address: 2604 Davis Road, Fairbanks, AK 99709

DBA: GoodSinse, LLC

AMCO Case #: AM 22-0423

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage 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.

On May 18 and 19, 2022 AMCO Enforcement received four separate complaints from the Surgery Center of Fairbanks about a strong odor of marijuana inundating their parking lot and the inside of their facility. These allegations were confirmed by Special Investigator Moses, who responded to the area and observed a strong odor of marijuana in the area outside Goodsinse, LLC. License # 10279, and the parking lot of the Surgery Center of Fairbanks, located approximately 750 feet South of Goodsinse, LLC at 2310 Peger Road. Investigator Moses checked the perimeters of nearby licensed marijuana cultivation facilities and confirmed the source of the odor was Goodsinse, LLC standard marijuana cultivation facility. Investigator Moses estimated based on personal observations and the use of a weather application that a breeze was blowing in a southerly direction at approximately 3 miles-per-hour.

AMCO Enforcement has received multiple complaints from the Surgery Center of Fairbanks regarding strong odors of marijuana emanating from Goodsinse, LLC standard marijuana cultivation facility at 2604 Davis Road. Goodsinse, LLC has been informed of marijuana odor complaints, however, the odor complaints have continued, most notably when prevailing breezes are from a northerly direction.

On April 13, 2022 Daniel Peters informed Investigator Moses that Goodsinse, LLC was sealing leaks in their facility and he anticipated this would resolve the odor complaints, however, AMCO Enforcement has continued to receive complaints from the Surgery Center of Fairbanks.

This is a violation of 3 AAC 306.430(c)(2) Restricted Access Area: "Does not emit an odor that is detectable by the public from outside the cultivation facility except as specifically allowed by a local government approval."

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 of Violation. A licensee may respond, either orally or in writing to the Notice. 3 AAC 306.810 (2)(A)(B)(C) failed, within a reasonable time after receiving a notice of violation, to correct any defect that is the subject of the notice of violation of AS 17.8 or this chapter.

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 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: P. Moses

Received by:

SIGNATURE:

SIGNATURE:

Delivered VIA: Mail

Date:

updated 9/30/21