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-00: Application Certifications

Why is this form needed?

This application certifications form is required for all marijuana establishment license 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.

This form must be completed and submitted to AMCO's Anchorage office by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) before any license application will be considered complete.

Section 1 – Establishment Information

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

Licensee:	SupHerb LLC	**License Number:**	23653		
License Type:	Standard Cultivation Facility				
Doing Business As:	SupHerb				
Premises Address:	2121 N Post rd				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Oscar Velasco
Title:	Member / Manager

Section 3 – Other Licenses

Ownership and financial interest in other licenses:	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☑	☐

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

Supherb Retail Marijuana Store - 23652
Supherb Marijuana Product Manufacturing Facility - 36957

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Form MJ-00: 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 I have not been convicted of a felony in any state or the United States, including a suspended imposition of sentence, for which less than five years have elapsed from the time of the conviction to the date of this application. OV

I certify that I am not currently on felony probation or felony parole. OV

I certify that I have not been found guilty of selling alcohol without a license in violation of AS 04.11.010. OV

I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052. OV

I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application. OV

I certify that I have not been convicted of a class A misdemeanor relating to selling, furnishing, or distributing marijuana or operating an establishment where marijuana is consumed within the two years preceding this application. OV

I certify that my proposed premises is not within 500 feet of a school ground, recreation or youth center, a building in which religious services are regularly conducted, or a correctional facility, as set forth in 3 AAC 306.010(a). OV

I certify that my proposed premises is not located in a liquor licensed premises. OV

I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the calendar year in which I am initiating this application. OV

I certify that all proposed licensees (as defined in 3 AAC 306.020(b)(2)) have been listed on my online marijuana establishment license application. Additionally, if applicable, all proposed licensees have been listed on my application with the Division of Corporations. OV

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I certify that I understand that providing a false statement on this form, the online application, or any other form provided by AMCO is grounds for denial of my application. OV

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I certify and understand that I must operate in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees. OV

I certify and understand that I must operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of this state and the local government in which my premises is located. OV

Read each line below, and then sign your initials in the box to the right of only the applicable statement: Initials

Only initial next to the following statement if this form is accompanying an application for a marijuana testing facility license:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a retail marijuana store, a marijuana cultivation facility, or a marijuana products manufacturing facility.

Only initial next to the following statement if this form is accompanying an application for a retail marijuana store, a marijuana cultivation facility, or a marijuana products manufacturing facility license:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a marijuana testing facility license. OV

All marijuana establishment license applicants:

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. OV

Oscar Velasco
Printed name of licensee

Signature of licensee

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Section 1 – Establishment Information

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

Licensee:	SupHerb	**License Number:**	23653		
License Type:	Standard Cultivation Facility				
Doing Business As:	SupHerb				
Premises Address:	2121 N Post Rd				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Christine Williams
Title:	Member / Manager

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
Do you currently have or plan to have an ownership interest in, or a direct or indirect financial interest in another marijuana establishment license?	☑	☐

If "Yes", which license numbers (for existing licenses) and license types do you own or plan to own?

SupHerb - Marijuana Retail -#23653
SupHerb- Product Manufacturing Facility - #36957

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I certify that I have not been found guilty of selling alcohol to an individual under 21 years of age in violation of 04.16.051 or AS 04.16.052. CW

I certify that I have not been convicted of a misdemeanor crime involving a controlled substance, violence against a person, use of a weapon, or dishonesty within the five years preceding this application. CW

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I certify that I meet the residency requirement under AS 43.23 for a permanent fund dividend in the calendar year in which I am initiating this application. CW

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Christine Williams
Printed name of licensee

Signature of licensee

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Doing Business As:	SupHerb				
Premises Address:	2121 N Post rd				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Roberto Vallejo
Title:	Member / Manager

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
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Roberto Vallejo
Printed name of licensee

Signature of licensee

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