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:	Good LLC	**License Number:**	36998		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD Cannabis				
Premises Address:	Area B, Lot 7 of Harbor View Subdivision				
City:	Whittier	**State:**	Alaska	**ZIP:**	99693

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Charles Goodale
Title:	Member of Good Holdings, LLC

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?

10165 - GOOD Cannabis - Product Manufacturer
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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

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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.

Charles Goodale - Member of Good Holdings, LLC

Printed name of licensee

Signature of licensee

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Doing Business As:	GOOD Cannabis				
Premises Address:	Area B, Lot 7 of Harbor View Subdivision				
City:	Whittier	**State:**	Alaska	**ZIP:**	99693

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Christian Hood
Title:	Member, Manager of Good Holdings, LLC

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?

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Christian Hood - Member, Manager of Good Holdings, LLC

Printed name of licensee

Signature of licensee

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Doing Business As:	GOOD Cannabis				
Premises Address:	Area B, Lot 7 of Harbor View Subdivision				
City:	Whittier	**State:**	Alaska	**ZIP:**	99693

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Greg Allison
Title:	Member of Good Holdings, LLC

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?	☑	☐

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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. DL

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Greg Allison - Member of Good Holdings, LLC
Printed name of licensee

Signature of licensee

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Doing Business As:	GOOD Cannabis				
Premises Address:	Area B, Lot 7 of Harbor View Subdivision				
City:	Whittier	**State:**	Alaska	**ZIP:**	99693

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Linda Lewis
Title:	Member of Good Holdings, LLC

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?	☑	☐

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Linda Lewis- Member of Good Holdings, LLC

Printed name of licensee

Signature of licensee

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City:	Whittier	**State:**	Alaska	**ZIP:**	99693

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Ronica Aldrich
Title:	Member of Good Holdings, LLC

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?	☑	☐

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Ronica Aldrich – Member of Good Holdings, LLC
Printed name of licensee

Signature of licensee

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