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:	F B B & Associates Inc	**License Number:**	20642		
License Type:	Limited Cultivation Facility				
Doing Business As:	KGB South Cultivation				
Premises Address:	2301 S Knik Goose Bay Rd #4				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Dexter Aikey
Title:	Treasurer, F B B & Associates Inc

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?

KGB Cultivation, license #30219, limited cultivation facility
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Form MJ-00: Application Certifications

Section 4 – Certifications

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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. DA

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

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

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. DA

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. DA

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. DA

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Dexter Aikey
Printed name of licensee

Signature of licensee

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City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Don Brooks
Title:	President, F B B & Associates Inc

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
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Don Brooks II
Printed name of licensee

Don Brooks II
Signature of licensee

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City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Lacey Brooks
Title:	Secretary, F B B & Associates Inc

Section 3 – Other Licenses

Ownership and financial interest in other licenses:

	Yes	No
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Lacey Brooks
Printed name of licensee

Signature of licensee

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Doing Business As:	KGB South Cultivation				
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City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Julie Cheverton
Title:	Shareholder, F B B & Associates Inc

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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Julie Cheverton
Printed name of licensee

Signature of licensee

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Enter information for the individual licensee.

Name:	Alan Wilson
Title:	Shareholder, F B B & Associates Inc

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Alan Wilson
Printed name of licensee

Signature of licensee

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