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:** | Smooth Like Butter, LLC | **License Number:** | 32350 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Smooth Like Butter | | | | |
| **Premises Address:** | 21635 Renault Street | | | | |
| **City:** | Kasilof | **State:** | Alaska | **ZIP:** | 99610 |

## Section 2 – Individual Information

Enter information for the individual licensee.

| | |
|---|---|
| **Name:** | Jacquelyn Skurkey |
| **Title:** | Manager/Member |

## 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**

Retail - 13382 , Concentrate Manufacturing License #41639



AMCO Received 11.10.25

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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.

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

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

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.

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.

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.

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).

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

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.

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.

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.



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# Form MJ-00: Application Certifications

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

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.

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.

**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. N/A

**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 licens

**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.

Jacquelyn Skurkey
Printed name of licensee

Signature of licensee



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| **Premises Address:** | 21635 Renault Street | | | | |
| **City:** | Kasilof | **State:** | Alaska | **ZIP:** | 99610 |

## Section 2 – Individual Information

Enter information for the individual licensee.

| | |
|---|---|
| **Name:** | John Skurkey |
| **Title:** | Manager/Member |

## Section 3 – Other Licenses

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John Skurkey
Printed name of licensee

Signature of licensee



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