License Number: 14302
License Status: Active-Operating
License Type: Limited Marijuana Cultivation Facility
Doing Business As: SHERWOOD'S MAGICAL FOREST
Business License Number: 2122001
Designated Licensee: Jesse Sherwood
Email Address: smfalaska@gmail.com
Local Government: Kachemak (City of)
Local Government 2: Kenai Peninsula Borough
Community Council:
Latitude, Longitude: 59.667150, -151.470700
Physical Address: 60390 Bryant Ct.
Homer, AK 99603
UNITED STATES

Licensee #1

Type: Entity
Alaska Entity Number: 10152436
Alaska Entity Name: Sherwood's Magical Forest, LLC
Phone Number: 907-299-2986
Email Address: smfalaska@gmail.com
Mailing Address: PO Box 3226
Homer, AK 99603
UNITED STATES

Entity Official #1

Type: Individual
Name: Jesse Sherwood
[redacted]
Phone Number: 907-299-2986
Email Address: smfalaska@gmail.com
Mailing Address: PO Box 3226
Homer, AK 99603
UNITED STATES

Note: *No affiliates entered for this license.*

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: 2025-2026 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:	Sherwood's Magical Forest, LLC	**License Number:**	14302		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Sherwood's Magical Forest				
Premises Address:	60390 Bryant Ct.				
City:	Homer	**State:**	Alaska	**ZIP:**	99603

Section 2 – Individual Information

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

Name:	Jesse Sherwood
Title:	Member

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. [ ]

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. [ ]

I certify that a notice of violation has **not** been issued for this license between July 1, 2024, and June 30, 2025. [ ]

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). N/A

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Form MJ-20: 2025-2026 Renewal Application Certifications

Section 5 – 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.

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.

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

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

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

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.

Initial this box if you are submitting 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. N/A

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

N/A

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.

Jesse Sherwood
Printed name of licensee

Signature of licensee

Doc ID: f233e8f6b306f6efd3813ea7a53a1909ea365abd

Dropbox Sign

Audit trail

Title	MJ-20 14302 Cultivation - Jesse V.1 BB.pdf
File name	MJ-20%2014302%20C...se%20V.1%20BB.pdf
Document ID	f233e8f6b306f6efd3813ea7a53a1909ea365abd
Audit trail date format	MM / DD / YYYY
Status	Signed

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Document History

SENT	**05 / 22 / 2025** 16:41:18 UTC	Sent for signature to Jesse Sherwood (chopsherwood@yahoo.com) from brenda@jdwcounsel.com IP: 24.237.42.39
VIEWED	**05 / 23 / 2025** 19:15:07 UTC	Viewed by Jesse Sherwood (chopsherwood@yahoo.com) IP: 98.97.38.57
SIGNED	**05 / 23 / 2025** 19:17:12 UTC	Signed by Jesse Sherwood (chopsherwood@yahoo.com) IP: 98.97.38.57
COMPLETED	**05 / 23 / 2025** 19:17:12 UTC	The document has been completed.