



Public Notice

Application for Marijuana Establishment License

License Number: 10589

License Status: Initiated

License Type: Retail Marijuana Store

Doing Business As: NATURES RELEAF LLC

Business License Number: 1038024

Email Address: paschallb@hotmail.com

Latitude, Longitude: 64.840707, -147.716720

Physical Address: 503 7th. Avenue
Fairbanks, AK 99701
UNITED STATES

Owner #1

Licensee Type: Entity

Alaska Entity Number: 10038826

Alaska Entity Name: Natures Releaf, LLC

Phone Number: 907-460-2128

Email Address: paschallb@hotmail.com

Mailing Address: 503 7th. Avenue
Fairbanks, AK 99701
UNITED STATES

Affiliate #1

Licensee Type: Individual

Name: Kelly Paschall

Date of Birth: 09/24/1961

Phone Number: 907-590-6761

Email Address: kellypaschall@live.com

Mailing Address: 540 Haines Avenue
Fairbanks, AK 99701
UNITED STATES

Affiliate #2

Licensee Type: Individual

Name: Barbara Paschall

Date of Birth: 10/05/1964

Phone Number: 907-460-2128

Email Address: paschallb@hotmail.com

Mailing Address: 540 Haines Avenue
Fairbanks, AK 99701
UNITED STATES

Interested persons should submit written comment or objection to their local government, the applicant, and to the Alcohol & Marijuana Control Office at 550 W 7th Ave, Suite 1600, Anchorage, AK 99501 or to marijuana.licensing@alaska.gov not later than 30 days after this notice of application.

POSTING DATE _____