



# Public Notice

## Application for Marijuana Establishment License

**License Number:** 10890

**License Status:** Initiated

**License Type:** Retail Marijuana Store

**Doing Business As:** TRUE NORTH CANNABIS

**Business License Number:** 1040560

**Email Address:** billstevens907@gmail.com

**Latitude, Longitude:** 61.130000, -149.534000

**Physical Address:** 735 W. 4th Ave.  
Anchorage, AK 99501  
UNITED STATES

### Owner #1

**Licensee Type:** Entity

**Alaska Entity Number:** 10039063

**Alaska Entity Name:** T.M.T LLC

**Phone Number:** 907-242-9405

**Email Address:** billstevens907@gmail.com

**Mailing Address:** PO BOX 203282  
Anchorage, AK 99520  
UNITED STATES

### Affiliate #1

**Licensee Type:** Individual

**Name:** Kyle Aramburo

**Date of Birth:** 02/27/1981

**Phone Number:** 907-830-5776

**Email Address:** kyle@hybridcolor.com

**Mailing Address:** PO BOX 203282  
Anchorage, AK 99520  
UNITED STATES

### Affiliate #2

**Licensee Type:** Individual

**Name:** Michael Ward

**Date of Birth:** 10/15/1979

**Phone Number:** 907-242-9405

**Email Address:** mikeward907@gmail.com

**Mailing Address:** PO BOX 203282  
Anchorage, AK 99520  
UNITED STATES

### Affiliate #3

**Licensee Type:** Individual

**Name:** Robert Honda

**Date of Birth:** 12/19/1944

**Phone Number:** 907-242-9405

**Email Address:** khonda@gci.net

**Mailing Address:** PO BOX 203282  
Anchorage, AK 99520  
UNITED STATES

### Affiliate #4

**Licensee Type:** Individual

**Name:** William Stevens

**Date of Birth:** 04/04/1940

**Phone Number:** 907-242-9405

**Email Address:** billstevens907@gmail.com

**Mailing Address:** PO BOX 203282  
Anchorage, AK 99520  
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** \_\_\_\_\_