

Renewal Application for Municipal Marijuana Establishment License

Municipality of Anchorage
Clerk's Office
PO Box 196650
Anchorage, AK 99519-6650



APPLICANT INFORMATION

Name of Authorized Applicant (see 3 AAC 306.020(d)) (last, first, MI):

Home Physical Address:

Contact Phone – Day:

Contact Cell:

City, State, Zip Code:

Business Mailing Address:

E-mail (required):

City, State, Zip Code:

MARIJUANA ESTABLISHMENT INFORMATION

Business Owner and Doing Business As Name:

Municipal License Number: M

☐ Cultivation Facility (including Limited Cultivation Facility)

☐ Testing Facility

☐ Manufacturing Facility (including Concentrate Manufacturing Facility)

☐ Retail Sales Establishment

PROPERTY INFORMATION

Site Street Address:

Any dwelling units on the property? ☐ Yes ☐ No

Any liquor licenses on the property? ☐ Yes ☐ No

APPLICATION REQUIREMENTS (Supporting documents must be submitted with renewal application.)

☐ Signed/notarized application (original)

☐ List of all licensees and affiliates (3 AAC 306.020) with their home physical addresses (use additional sheet if necessary)

☐ Report any changes from last submitted application as required by AMC 10.80.036 (must also submit a change report/transfer application).

(Additional information may be required)

SWORN STATEMENT LISTING ALL CRIMINAL CHARGES ON WHICH THE LICENSEE(S) HAVE BEEN CONVICTED AND ANY CIVIL VIOLATION OF AS 04, AS 17.38, OR TITLE 10.80 IN THE CURRENT AND PREVIOUS CALENDAR YEARS AS REQUIRED BY AMC 10.80.036B.

I, the applicant, hereby swear that the following is a complete list of all such convictions for each proposed owner and manager of the marijuana establishment.

(use additional sheet if necessary)

RECENT REGULATORY INFORMATION (Events that have occurred in the last 1 year for all or a portion of the site)

☐ Building or Land Use Permit:

☐ Land Use Enforcement Action:

☐ Nonconforming Determination requested for property?

ALL LICENSEES & AFFILIATES (3 AAC 306. 306.020, use additional sheet if necessary)

Current Licensees and Affiliates:
Last, First, MI

Home Physical Address:

_____(initial) I hereby certify that I am owner of the property described above, or that I have permission from the owner to use the property described above, and that I am applying for a municipal license renewal in conformance with Title 10 and Title 21 of the Anchorage Municipal Code. My establishment will remain in conformance with municipal code at all times.

_____(initial) If I am applying for a license renewal for a marijuana cultivation facility, marijuana manufacturing facility, or marijuana retail sales establishment, I swear that neither I nor any proposed licensee (as defined in 3 AAC 306.020(b)(2)), agent, or employee of the proposed licensee, have any ownership or financial interest in any marijuana testing facility. If I am applying for a license renewal for a marijuana testing facility, I swear that neither I nor any proposed licensee, agent, or employee of the proposed licensee, have any ownership or financial interest in any marijuana cultivation facility, marijuana manufacturing facility, or marijuana retail sales establishment.

_____(initial) I hereby swear that no proposed licensee (as defined in 3 AAC 306.020(b)(2)) owes past-due taxes (property, business personal property, or other), fees (utility or other), or fines (traffic, library, trash, or other) to the municipality.

_____(initial) In accordance with AMC 10.80.056, I will immediately provide the Municipal Clerk with any communication from the state Marijuana Control Board disclosing the substance of information received by the Board as a result of a criminal history record check.

_____(initial) I acknowledge that the Assembly may deny my renewal application for a marijuana establishment license for any of the reasons listed in AMC 10.80.080.

_____(initial) In accordance with AMC 10.80.036B.b., I have read and am familiar with AS 17.38 and AMC 10.80 and will comply with all applicable requirements.

MODIFICATION INFORMATION (If applicable; if not applicable, select N/A.)

The licensed premises area is increasing by _____ square feet.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
A caretaker's unit is being added to the property.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
My retail store is within 500 feet of a residential zoning district, and I am increasing my hours of operation from _____ to _____.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
My retail store is within 500 feet of a residential zoning district, and I am increasing the number of outdoor light fixtures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
In my retail store , I am increasing the retail sales area within the licensed premises area by _____ square feet.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
In my cultivation establishment , I am increasing my cultivation area within the licensed premises area by _____ square feet.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
In my manufacturing establishment , I am adding a type of extraction process not previously approved for my facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
My modification is not listed above and/or I have additional modifications to those checked above.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please describe <u>all</u> the proposed modification(s) on a separate sheet, and attach any drawings or plans that show the proposed modifications.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Applicant Signature (must be notarized)

Date

Print Name

State of Alaska Third
Judicial District

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application and is the authorized agent for this business; acknowledges that a person other than the proposed licensee(s) may not have a direct or indirect financial interest in the business being issued the license per AMC 10.80.015A.; and affirms that the answers to the questions, the sworn statements regarding (1) listing all criminal charges and (2) past due taxes, fines, and fees, and all other information contained in this application are true and complete to his/her knowledge.

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

Under AMC 8.30.170, a person commits the crime of unsworn falsification if, with the intent to mislead a public servant in the performance of a duty, the person submits a false written or recorded statement that the person does not believe to be true (1) in an application for a benefit; or (2) on a form bearing notice, authorized by law, that false statements made in it are punishable. Unsworn falsification is a class A misdemeanor.