

Renewal Application for Municipal Marijuana Establishment License

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



APPLICANT INFORMATION

Name of Designated Licensee (see 3 AAC 306.020(d)) (last, first, MI):	Renewal Years (Biennial License Period):
Residence Physical Address:	Business Mailing Address:
City, State, Zip Code:	City, State, Zip Code:
E-mail (required):	Contact Phone:

MARIJUANA ESTABLISHMENT INFORMATION

Business Owner Name (LLC, Inc.):	Doing Business As Name:
Municipal License Number: M	
<input type="checkbox"/> Cultivation Facility (including Limited Cultivation Facility)	<input type="checkbox"/> Testing Facility
<input type="checkbox"/> Manufacturing Facility (including Concentrate Manufacturing Facility)	<input type="checkbox"/> Retail Sales Establishment
	<input type="checkbox"/> On-Site Consumption Endorsement

PREMISES INFORMATION

Site Street Address:	
Any dwelling units on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any alcohol licenses on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

<input type="checkbox"/> Signed (original)
<input type="checkbox"/> List of all licensees and affiliates (3 AAC 306.020) with their home physical addresses (use additional sheet if necessary)
<input type="checkbox"/> 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

(use additional sheet if necessary)

RECENT REGULATORY INFORMATION (Events that have occurred in the last 2 years for all or a portion of the site)

<input type="checkbox"/> Building or Land Use Permit:
<input type="checkbox"/> Land Use Enforcement Action (NOV, Violation, Warning):

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

Licensees and Affiliates: (Last, First, MI)	Residence 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"/> N/A
A caretaker's unit is being added to the property.	<input type="checkbox"/> Yes <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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> N/A

I state, under penalty of perjury, that my name and signature or mark are shown on this application and that I am the individual making the foregoing application and authorized agent for this business **and affirm that the answers to the questions, the sworn statements regarding (1) 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 (2) listing all criminal convictions and (3) past due taxes, fines, and fees, and all other information contained in this application are true and complete to my knowledge.** WARNING: I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240

Signature of Designated Licensee

Date