

Application for Marijuana License/SLUP Modification

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

APPLICANT

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

Contact Phone Number:

Business Mailing Address:

E-mail (required):

City, State, Zip Code:

MARIJUANA ESTABLISHMENT INFORMATION

Business Name:

License Number:

- ☐ Cultivation Facility (including Limited Cultivation Facility)
☐ Manufacturing Facility (including Concentrate Manufacturing Facility)

- ☐ Testing Facility
☐ Retail Sales Establishment
☐ On-Site Consumption Endorsement

PROPERTY INFORMATION

Property Tax # (000-000-00-000):

Site Street Address:

Any dwelling units on the property? ☐ Yes ☐ No

Any liquor licenses on the property? ☐ Yes ☐ No

MODIFICATION INFORMATION

The licensed premises area is increasing by _____ square feet.

☐ Yes ☐ No ☐ N/A

My retail store is within 500 feet of a residential zoning district, and I am increasing my hours of operation from _____ to _____.

☐ Yes ☐ No ☐ N/A

My retail store is within 500 feet of a residential zoning district, and I am increasing the number of outdoor light fixtures.

☐ Yes ☐ No ☐ N/A

My retail store is adding an on-site consumption area.

☐ Yes ☐ No ☐ N/A

My retail store is adding an indoor or outdoor marijuana consumption area, or is increasing the existing marijuana consumption area of more than 20 percent, or is adding the option to consume marijuana by inhalation or smoking not previously approved by the assembly.

☐ Yes ☐ No ☐ N/A

My modification is not listed above and/or I have additional modifications to those checked above.

☐ Yes ☐ No ☐ N/A

MODIFICATION INFORMATION, CONTINUED

Please describe **all** the proposed modification(s). Use additional sheets as necessary and attach any drawings or plans that show the proposed modifications.

APPLICATION REQUIREMENTS (Only one copy of applicable items is required for initial submittal)

1 copy required: ☐ Signed application with any attachments (original)

17 copies required (major modifications only): ☐ Signed application with any attachments (copies)

(Additional information may be required)

RECENT REGULATORY INFORMATION (Events that have occurred in the last 5 years for all or a portion of the site)

☐ Building or Land Use Permit for:

☐ Land Use Enforcement Action for:

☐ Nonconforming Determination requested for property?

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 Applicant

Date

Accepted by

☐ Administrative Decision
☐ Assembly Decision

Fee

Poster & Affidavit

Case Number

Meeting Date