



Public Notice

Application for Marijuana Establishment License

License Number: [REDACTED]
License Status: [REDACTED]
License Type: [REDACTED]
Doing Business As: [REDACTED]
Business License Number: [REDACTED]
Email Address: [REDACTED]
Latitude, Longitude: [REDACTED]
Physical Address: [REDACTED]

Owner #1

Owner Type: [REDACTED]
Name: [REDACTED]
Date of Birth: [REDACTED]
Phone Number: [REDACTED]
Email Address: [REDACTED]
Mailing Address: [REDACTED]

Affiliate #1

Owner Type: [REDACTED]
Name: [REDACTED]
Date of Birth: [REDACTED]
Phone Number: [REDACTED]
Email Address: [REDACTED]
Mailing Address: [REDACTED]

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 [REDACTED]