Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

# Form MJ-20a: Residency Exception Affidavit *(if applicable)*

**What is this form?**

This residency exception affidavit may be submitted with a marijuana establishment renewal application for each licensee whose residency status has changed so that the licensee is no longer considered a resident of the state as defined at 3 AAC 306.015(e)(2).

## Section 1 – Establishment Information

Enter information for the licensed establishment, as identified on the license application.

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Billie Jo gehring (Billie JoAnna) | | **License Number:** | 3A-20827 4A20829 5A-10886 | |
| **License Type:** | Retail, manufacturing, cultivation. | | | | |
| **Doing Business As:** | Good Titrations | | | | |
| **Premises Address:** | 1770 Donald Ave | | | | |
| **City:** | Fairbanks | **State:** | AK | **ZIP:** | 99701 |

## Section 2 – Individual Information

Enter information for the individual licensee who is completing this form.

| | |
|---|---|
| **Name:** | Billie Jo Gehring |
| **Title:** | Investor |

## Section 3 – Changes to Residency

**Read each line below, and then sign your initials in the box to the right of all statements:** Initials

I certify that **my primary residence is in Alaska.** BG

I certify that **I have good cause,** as stated below, **for not meeting the requirements to be a resident of the state** as defined at 3 AAC 306.015(e)(2). BG

My father passed away and I am taking care of my mother in washington.

I certify that **the cause of not meeting the requirements to be a resident of the state** as defined at 3 AAC 306.015.(e)(2) **is temporary.** BG

I anticipate being able to meet the requirements to be a resident of the state as defined at 3 AAC 306.015(e)(2) at the following time:

Unknown due to family issues.

Alaska Marijuana Control Board

# Form MJ-20a: Residency Exception Affidavit

## Section 4 – Certifications

**Read the statement below, and then sign your initials in the box to the right:** Initials

I certify that I understand that providing a false statement on this form or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued. BG

As a marijuana establishment licensee, I declare under penalty of unsworn falsification that this form is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this form and understand that failure to do so by any deadline given to me by AMCO staff may result in action upon the license by the Board.

JULIANA M. CASTRO
Notary Public
SUITE 224, 515 W. PENDER ST.
VANCOUVER, BC, V6B 6H5
juliana@notarycastro.com
T: 604-696-6042

Billie Jo Gehring Billie Jo Gehring
Signature of licensee

Notary Public in and for the ~~State of Alaska~~ BC, Canada

Billie Jo Anna Gehring
Printed name of licensee

My commission expires PERMANENT COMMISSION

Subscribed and sworn to before me this 17th day of April, 2024.