THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

Alcohol and Marijuana Control Office

550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

March 24, 2025

Department of Revenue, Tax Division
Department of Labor, Employment Security
Department of Labor, Workers' Compensation
Via email:dol.esfieldtax@alaska.gov; dawn.wilson@alaska.gov dor.tax.collections@alaska.gov; dor.tax.accounting@alaska.gov ; tjzielinski@alaska.gov; velma.thomas@alaska.gov; savannah.ritter@alaska.gov

License Number:	32759
License Type:	Retail Marijuana Store
Physical Address:	2803 S. Old Glenn Highway Building #2 Palmer, AK 99645

Transferor (from):	Northern Emerald, LLC – see yellow highlight for breakdown of ownership and changes
Doing Business As:	Northern Emerald
Designated Licensee:	Keith P. Crocker
Phone Number:	907-321-5808
Email Address:	kpcrocker@gmaill.com
EIN:	92-0860819

Transferee (to):	Northern Emerald, LLC -- see yellow highlight for breakdown of new ownership
Doing Business As:	Northern Emerald
Designated Licensee:	Keith P. Crocker
Phone Number:	907-321-5808
Email Address:	alaskamjretail@gmail.com

☒ Transfer of Controlling Interest: Current Structure: Keith Crocker 16.66%, William Little 45%, Travis Grande 5%, Jason Wood 16%. New Structure: Keith Crocker 33%, Jason Wood 33%, Patick O' Neal 33%.

3 AAC 306.300(a)(2)(B), 3 AAC 306.400(b)(2)(B), 3 AAC 306.500(b)(2)(B), and 3 AAC 306.605(b)(2)(B) require that an applicant for a marijuana establishment license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local government in which the applicant's proposed licensed premises are located. This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (see attached application documents for more information). **Please complete and return this form to the AMCO office at the email below**.

REVIEWER: _____

DATE: _____ PHONE: _____

☐ DOR Tax Division
☐ Employment Security
☐ Workers' Compensation

COMMENTS: _____

☐ Compliant/Does not owe tax
☐ Non-compliant/Owes tax

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Kevin Richard, Director