Alcohol & Marijuana Control Office

License Number: 16915

License Status: Active-Operating

License Type: Retail Marijuana Store

Doing Business As: GREEN DEGREE

Business License Number: 1033365

Designated Licensee: Kerby Coman

Email Address: kerby@greendegree.net

Local Government: Dillingham

Local Government 2: Community Council:

Latitude, Longitude: 59.040488, -158.524143

Physical Address: 233 Airport Road

Dillingham, AK 99576 UNITED STATES

Licensee #1

Type: Entity

Alaska Entity Number: 10036431

Alaska Entity Name: Kerby's Corporation

Phone Number: 907-884-3153

Email Address: kerby@greendegree.net

Mailing Address: 6570 W Trevett Cir

Wasilla, AK 99623

UNITED STATES

Entity Official #1

Type: Individual

Name: Kerby Coman

Phone Number: 907-884-3153

Email Address: kerby@greendegree.net

Mailing Address: 6570 W Trevett Cir

Wasilla, AK 99623 UNITED STATES

Note: No affiliates entered for this license.



Alaska Marijuana Control Board

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

Form MJ-20: 2025-2026 Renewal Application Certifications

Why is this form needed?

This renewal application certifications form is required for all marijuana establishment license renewal applications. Each person signing an application for a marijuana establishment license must declare that he/she has read and is familiar with AS 17.38 and 3 AAC 306. A person other than a licensee may not have direct or indirect financial interest (as defined in 3 AAC 306.015(e)(1)) in the business for which a marijuana establishment license is issued, per 3 AAC 306.015(a).

This form must be completed and submitted to AMCO's Anchorage office by each licensee (as defined in 3 AAC 306.020(b)(2)) before any license renewal application will be considered complete.

	Section 1 – Establishment II	nformat	ion			
Enter information for the	icensed establishment, as identified on the license appli	cation.				
Licensee:	Kerby Coman	License Number:		16915		
License Type:	Retail Marijuana Store					
Doing Business As:	Green Degree					
Premises Address:	233 Airport Road					
City:	Dillingham	State:	AK	ZIP:	99576	
San 1853 18	Section 2 – Individual Info	rmatio				
Enter information for the individual licensee who is completing this form.			150	The appropriate		
Name:	Kerby Coman	Political Section 1			THE STATE OF THE S	
Title:	President		JUM 3 9 ZUZ3			
			ALCOHOL)	ARDUALA STATE OF AL	CONTROL OFFICE	
	Section 3 – Violations & C	Charges	YEAR			
Read each line below, and	then sign your initials in the box to the right of <u>any ap</u>	plicable sta	tements:		Initials	
I certify that I have not been convicted of any criminal charge in the previous two calendar years.					KC	
certify that I have not committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calendar years.					ears. KC	
certify that a notice of violation has not been issued for this license between July 1, 2024, and June 30, 2025.					KC	
Sign your initials to the fo	lowing statement <u>only if you are unable to certify one</u>	or more of t	he above sta	tements:	Initials	
have attached a written explanation for why I cannot certify one or more of the above statements, which includes he type of violation or offense, as required under 3 AAC 306.035(b).					es	

[Form MJ-20] (rev 4/28/2025)

Form MJ-20: 2025-2026 Renewal Application Certifications

Section 5 - Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that no person other than a licensee listed on my marijuana establishment license renewal application has a direct or indirect financial interest, as defined in 3 AAC 306.015(e)(1), in the business for which the marijuana establishment license has been issued.



I certify that I meet the residency requirement under AS 43.23 or I have submitted a residency exception affidavit (MJ-20a) along with this application.



I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.



I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.



I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.



I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board.



Initial this box if you are submitting an original fingerprint card and the applicable fees to AMCO for AMCO to obtain criminal justice information and a national criminal history record required by AS 17.38.200 and 3 AAC 306.035(d). If I have multiple marijuana licenses being renewed, I understand one fingerprint card and fee will suffice for all marijuana licenses being renewed.



If multiple licenses are held, list all license numbers below:

12023,12635, 25902, 27096,16915, 23988,17452, 23989, 20984, 20983

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.



Kerby Coman

Printed name of licensee

Keroy Comas

Signature of licensee