

Alaska Department of Natural Resources  
 Division of Agriculture  
 Plant Materials Center  
 5310 S. Bodenburg Spur  
 Palmer, AK 99645  
 PHONE: (907) 745-4469 FAX: (907) 746-1568



**RETAILER APPLICATION**

Application for retailer registration subject to **11 AAC 40.500 - 11 AAC 40.525. In-state and out-of-state retailers, including ecommerce platforms, selling industrial hemp products directly to consumers in the state must be a registered retailer.** Wholesalers, distributors, e-commerce websites who sell to retailers in the state, but not directly to consumers **do not** have to register. **A separate application and fee are required for each location.** Registration is valid for 12 consecutive months from the date it is issued and must be renewed annually.

|                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                  |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------|----------|
| Please Choose<br><input type="checkbox"/> New Application OR <input type="checkbox"/> Renewal - Current Registration # _____                                                                                                                                                                                                                                                   |      |                                                                  |          |
| Has a Notice of Violation or Stop Order been issued <input type="checkbox"/> Yes No <input type="checkbox"/>                                                                                                                                                                                                                                                                   |      |                                                                  |          |
| Date                                                                                                                                                                                                                                                                                                                                                                           |      | Company Contact Person                                           |          |
| Primary physical address of applicant                                                                                                                                                                                                                                                                                                                                          | City | State                                                            | ZIP Code |
| Address (Mailing) of applicant <input type="checkbox"/> Same as physical                                                                                                                                                                                                                                                                                                       | City | State                                                            | ZIP Code |
| Email Address                                                                                                                                                                                                                                                                                                                                                                  |      | Telephone No.                                                    |          |
| Are you applying as an out of state retailer, business entity, or online retailer?<br><input type="checkbox"/> Out of State Retailer (Complete Part A below, skip part B & C)<br><input type="checkbox"/> Business Residing in Alaska (Complete part B below, skip part A & C)<br><input type="checkbox"/> Online Retailer (e-commerce) Complete Part C below, skip part A & B |      |                                                                  |          |
| A1. Name of business or retail store                                                                                                                                                                                                                                                                                                                                           |      | Doing Business As (DBA)                                          |          |
| A2. Retail Telephone No.                                                                                                                                                                                                                                                                                                                                                       |      | Email Address                                                    |          |
| A3. Physical Address of retail store                                                                                                                                                                                                                                                                                                                                           | City | State                                                            | ZIP Code |
| GPS: Latitude Ex. 38° 9.919'N                                                                                                                                                                                                                                                                                                                                                  |      | GPS: Longitude Ex. 84° 49.276'W                                  |          |
| A4. Address (Mailing) <input type="checkbox"/> Same as physical                                                                                                                                                                                                                                                                                                                | City | State                                                            | ZIP Code |
| A5. Do you sell online? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                               |      | If yes, list the web address. You do not need to complete Part C |          |
| A6. Signature of responsible applicant                                                                                                                                                                                                                                                                                                                                         |      | Title                                                            |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                  |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|---------------------------------|
| B1. Name of business or retailer store                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Doing Business As (DBA)                                          |                                 |
| B2. Licensed by the state <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Business License #                                               | Owners as identified on license |
| B3. Ownership Structure<br><input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other, If other please list                                                                                                                                                                                                                                                                                                                                  |  |                                                                  |                                 |
| B4. Physical Address of retail store                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | City                                                             | State                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                  | ZIP Code                        |
| GPS: Latitude Ex. 38° 9.919'N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | GPS: Longitude Ex. 84° 49.276'W                                  |                                 |
| B5. Address (Mailing) <input type="checkbox"/> Same as physical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | City                                                             | State                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                  | ZIP Code                        |
| B6. Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Retail Telephone No.                                             |                                 |
| B7. Do you sell online? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | If yes, list the web address. You do not need to complete Part C |                                 |
| B8. Signature of responsible applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Title                                                            |                                 |
| C1. Name of business or retailer store                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Web address                                                      |                                 |
| C2. Physical Address (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | City                                                             | State                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                  | ZIP Code                        |
| C3. Address (Mailing) <input type="checkbox"/> Same as physical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | City                                                             | State                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                  | ZIP Code                        |
| C4. Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Telephone No.                                                    |                                 |
| C5. Signature of responsible applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Title                                                            |                                 |
| <p><b>By signing below, I attest that under penalty of unsworn falsification that 1) the application is true, correct, and complete; 2) the signatory has authority to bind the applicant; 3) the applicant has read and is familiar with AS 03.05.010, 03.05.076 – 03.05.100, and this chapter; and 4) the applicant has not been convicted of a felony described in AS 03.05.076(a)(3)(A) or (B). I understand that if the Division later determines that any of this information to be false or inaccurate, the registration may be suspended or revoked.</b></p> |  |                                                                  |                                 |
| Name (print): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date: _____                                                      |                                 |
| Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                  |                                 |
| Business Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                  |                                 |
| <b>REGISTRATION FEE:</b> EFFECTIVE NOVEMBER 3, 2023, THE FEE FOR HEMP RETAILER REGISTRATION IS \$50 NON-REFUNDABLE APPLICATION FEE AND \$50 REGISTRATION FEE. \$100 total for new registrant or renewal. <b>Hold off on payment until you receive an invoice.</b>                                                                                                                                                                                                                                                                                                    |  | Fee attached _____                                               |                                 |
| <p>ENSURE THAT YOU HAVE ATTACHED A <b>LIST OF PRODUCTS</b> INTENDED FOR SALE, INCLUDING THE PRODUCT NAME AND BRAND. ATTACH A <b>MAP</b> OF YOUR RETAIL ADDRESS LOCATION. IF YOU HAVE MULTIPLE STORES, A SEPARATE APPLICATION AND FEE IS REQUIRED FOR EACH LOCATION.</p>                                                                                                                                                                                                                                                                                              |  |                                                                  |                                 |

