

Alaska Department of Natural Resources
 Division of Agriculture
 Plant Materials Center
 5310 S. Bodenbug 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**. **A person may not receive compensation for processed industrial hemp or processed industrial hemp product from a consumer in the state, unless the person has obtained a retailer registration from the Division.** A separate application and fee are required for each store or location where industrial hemp products are offered for sale. Registration is valid for 12 consecutive months from the date it is issued and must be renewed annually.

Applies to in-state and out-of-state retailers who move hemp products through the following platforms to consumers:

- **Retail Store (Brick-and-mortar)**
- **Online Sales (e-commerce)**
- **Wholesalers**
- **Distributors**
- **Manufacturers**
- **Retail Marijuana Store (Alaska Only)**

All products offered for sale must also carry a product **endorsement** from the division as stated at [11 AAC 40.400](#) and [11 AAC 40.515](#). **Only after an individual product intended for human or animal consumption carries an endorsement from the Division can it then be offered for sale to consumers.**

Date of Application:			
Please Choose <input type="checkbox"/> New Application OR <input type="checkbox"/> Renewal - Current Registration # _____			
Has a Notice of Violation, Stop Order, or Seizure been issued <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list date of occurrence _____			
Applicant Name:			
Individual or signing authority for business entity- NOT a company name.			
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 residing in Alaska, or online retailer? <input type="checkbox"/> Out of State Retailer (Complete Part A below, skip part B & C) <input type="checkbox"/> Business Residing in Alaska (Complete part B below, skip part A & C) <input type="checkbox"/> Online Retailer (e-commerce) Complete Part C below, skip part A & B)		In the supply chain of hemp products, we fall under a: <input type="checkbox"/> Brick and Mortar Retail Store <input type="checkbox"/> Online Retailer (e-commerce) <input type="checkbox"/> Wholesaler <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Retail Marijuana Store (Alaska Only)	
A1. Name of business entity:		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 entity:		Doing Business As (DBA)	
B2. Ownership Structure LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other, If other please list			
B3. Licensed by the state <input type="checkbox"/> Yes <input type="checkbox"/> No		Business License #	
B4 Names of officers, members, and partners (as applicable) as identified on license:			
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 retail 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	

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.
 By checking this box, I understand that a separate endorsement application for CBD products must be filed by the manufacturer/brand with the Division. Products that have not been endorsed through the Division cannot be offered for sale to consumers, even if I hold a retailer registration.

