

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 <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? <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			
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 <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 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	
<p>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.</p>			
Name(print):		Date:	
Signature:			
Business Name:			
REGISTRATION FEE: 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. Hold off on payment until you receive an invoice.		Fee attached _____	
<p>ENSURE THAT YOU HAVE ATTACHED A LIST OF PRODUCTS INTENDED FOR SALE, INCLUDING THE PRODUCT NAME AND BRAND. ATTACH A MAP OF YOUR RETAIL ADDRESS LOCATION. IF YOU HAVE MULTIPLE STORES A SEPARATE APPLICATION AND FEE IS REQUIRED FOR EACH LOCATION.</p>			