Alcohol & Marijuana Control Office

License Number: 10173

License Status: Active-Operating

License Type: Retail Marijuana Store

Doing Business As: HERBAL OUTFITTERS, LLC

Business License Number: 1032590

Designated Licensee: Richard Ballow

Email Address: rcballow54@gmail.com

Local Government: Valdez

Local Government 2: Community Council:

Latitude, Longitude: 61.130067, -146.352804

Physical Address: 165 Fairbanks Drive

Lower Floor Valdez, AK 99686 UNITED STATES

Licensee #1

Type: Entity

Alaska Entity Number: 10035911

Alaska Entity Name: Herbal Outfitters, LLC

Phone Number: 907-255-0223

Email Address: rcballow54@gmail.com

Mailing Address: PO Box 2911

Valdez, AK 99686

UNITED STATES

Entity Official #1

Type: Individual

Name: Richard Ballow

Phone Number: 907-255-0223

Email Address: rcballow54@gmail.com

Mailing Address: PO Box 2911

Valdez, AK 99686 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 – Establis	hment Informat	ion			
Enter information for the	licensed establishment, as identified on the					
Licensee:	Herbal Outfitters, LLC		License Number: 10173		3	
License Type:	Retail Marijunana Store					
Doing Business As:	Herbal Outfitters, LL					
Premises Address:	165 Fairbanks Drive, Lower Floor					
City:	Valdez	State:	AK	ZIP:	99686	
	Section 2 - Indivi	dual Information				
inter information for the i	individual licensee who is completing this fo	orm.				
Name:	Richard Charles Ballow					
Title:	Owner Operator					
Read each line below, and	Section 3 – Violat then sign your initials in the box to the ri				Initials	
certify that I have not bee	en convicted of any criminal charge in the p	revious two calendar year	s.		n	
certify that I have not cor	nmitted any civil violation of AS 04, AS 17.	38, or 3 AAC 306 in the pro	evious two ca	alendar ye	ears.	
certify that a notice of vic	plation has not been issued for this license	between July 1, 2024, a	nd June 30, 2	2025.	n	
ign your initials to the fol	lowing statement only if you are unable t	o certify one or more of t	he above sta	tements:	Initials	
have attached a written he type of violation or off	explanation for why I cannot certify one of ense, as required under 3 AAC 306.035(b)	or more of the above state	ments, whic	h include	s 🔲	
[Form MJ-20] (rev 4/28/202	25)		100		Page 1 of 2	

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 ri		Initials
I certify that no person other than a licensee listed on my marijuana or indirect financial interest, as defined in 3 AAC 200 015 (AVX), as a	establishment license renewal application to a se	
11	he business for which the marijuana actablish	n
license has been issued.	which the manjuana establishment	1
I certify that I meet the residency requirement under AS 43.23 or I ha	ave submitted a social	
(MJ-20a) along with this application.	ave submitted a residency exception affidavit	m
I certify that this establishment complies with any applicable health, other law in the state.	fire colors as to the	
other law in the state.	rire, sarety, or tax statute, ordinance, regulation, or	m
certify that the license is operated in accordance with the operating	g plan currently appeared by at	
Marijuana Control Board.	s plan currently approved by the	m
I certify that I am operating in compliance with the Alaska Departme	at of Labor and Worldgeen Development	
requirements pertaining to employees.	or casos and workforce development's laws and	pr-
certify that I have not violated any restrictions pertaining to this par	ticular license type and should be	
operated in violation of a condition or restriction imposed by the M	arijuana Control Board.	m
Initial this box if you are submitting an original fingerprint card an	d the applicable face to asses (
The state of the s	ingerprint card and fee will suffice fee all seed	
icenses being renewed.	- Service to allo ree will surfice for all marijuana	
f multiple licenses are held, list all license numbers below:		
hereby certify that I am the person herein named and subscribing to	to this application and that I have read the	
processor, and range the full content thereof I declare	that all of the information	n
and correct 1 indep	refrand that any falcification	1
and the post of the post of the contract of th	Cristanale to access at all and a constant	
rounds for denying or revoking a license/permit. I further understal latute 11.56.210 to falsify an application and commit the crime of a	nd that it is a Class A will do	
	22 /	
Richard Charles Ballow	The hy are	
rinted name of licensee	Signature of licensee	