



Alaska Marijuana Control Board

Form MJ-09: Statement of Financial Interest

What is this form?

A statement of financial interest completed by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) and affiliate (as defined in 3 AAC 306.990(a)(1)) is required for all marijuana establishment license applications, per 3 AAC 306.020(b)(4). 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 main office by each proposed licensee or affiliate before any license application will be considered complete.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	AKO FARMS LLC	License Number:	16767
License Type:	Marijuana Concentrate Manufacturing		
Doing Business As:	AKO FARMS LLC		
Premises Address:	1210 Beardslee Way		
City:	Sitka	State:	AK
		ZIP:	99835

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Elizabeth Martin		
Title:	Owner		
SSN:	██████████	Date of Birth:	██████████



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Section 3 – Certifications

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

I further certify that any ownership change shall be reported to the board as required under 3 AAC 306.040.

I understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record.
The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Elizabeth Martin
Signature of licensee

Kathy Finsley
Notary Public in and for the State of Alaska

ELIZABETH MARTIN
Printed name of licensee

My commission expires: 02/25/19

Subscribed and sworn to before me this 9th day of May, 2018.





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City:	Sitka	State:	AK	ZIP:	99835

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Marty Martin				
Title:	Owner				
SSN:	██████████	Date of Birth:	██████████		



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

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Signature of licensee

Notary Public in and for the State of Alaska

Printed name of licensee

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Premises Address:	1210 Beardslee Way				
City:	Sitka	State:	AK	ZIP:	99835

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Justin Brown				
Title:	Owner				
SSN:	██████████	Date of Birth:	██████████		



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JDB
Signature of licensee

Kathy Finsley
Notary Public in and for the State of Alaska

Justin Brown
Printed name of licensee

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