

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>marijuana.licensing@alaska.gov</u> https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

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)) 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 <u>by each proposed licensee</u> 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:	Northern Lights Indoor Gardens LLC	License	Number:	1013	8
License Type:	Retail Marijuana Store				
Doing Business As:	Northern Lights Indoor Gardens LLC				
Premises Address:	1321 Sawmill Creek Road, Suites N, O, and P				
City:	Sitka	State:	AK	ZIP:	99835

Section 2 - Individual Information

Enter information for the individual licensee.

Name:	Lorraine Daly		Alexie and a second
Title:	Member		
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.

Lorraine Daly

Printed name of licensee

STATE OF ALASKA NOTARY PUBLIC LIZ ELLINGSEN My Commission Expires

My commission expires: <u>(lllg1, ~.</u>)

Subscribed and sworn to before me this _____ day of <u>_____</u>

AMCO

JAN 3 7 2020



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City:	Sitka	State:	AK	ZIP:	99835

Section 2 - Individual Information

Enter information for the individual licensee.

Name:	Michael Daly		*
Title:	Member, Manager		
SSN:		Date of Birth:	



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STATE OF ALASKA **NOTARY PUBLIC** Signature of licensee Notary Public in and for the State of Alaska LIZ ELLINGSEN My Commission Expires Michael Dal My commission expires: Printed name of licensee

Subscribed and sworn to before me this 24 day of February 2020.