



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 by each proposed licensee 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:	62126
License Type:	STANDARD MARIJUANA CULTIVATION FACILITY		
Doing Business As:	AKO 2		
Premises Address:	213 PRICE STREET		
City:	SITKA	State:	AK
		ZIP:	99835

Section 2 – Individual Information

Enter information for the individual licensee.

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

Alaska Marijuana Control Board

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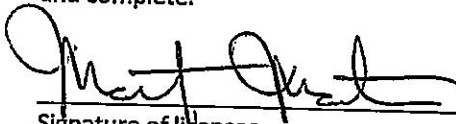
Section 3 – Certifications

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.

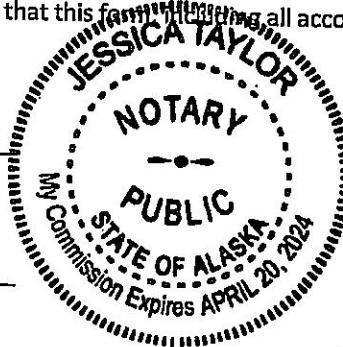
I further certify that any ownership change shall be reported to the board as required under 3 AAC 306.040.

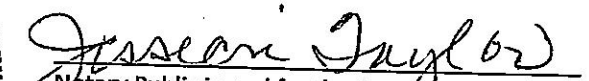
I understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. *The procedures for obtaining a change, 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.


Signature of licensee

MARTY MARTIN
Printed name of licensee




Notary Public in and for the State of Alaska

My commission expires: 4.20.24

Subscribed and sworn to before me this 22 day of July, 2020



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Doing Business As:	AKO 2				
Premises Address:	213 PRICE STREET				
City:	SITKA	State:	AK	ZIP:	99835

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	ELIZABETH MARTIN		
Title:	OWNER		
SSN:	[REDACTED]	Date of Birth:	[REDACTED]



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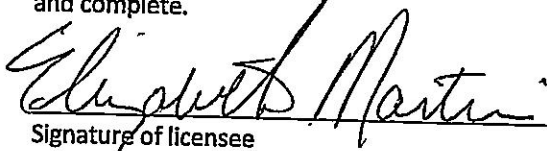
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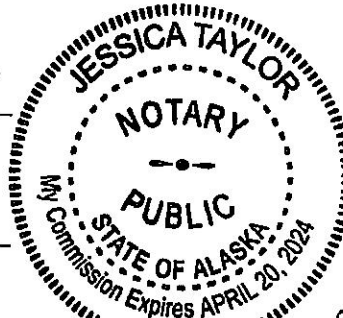
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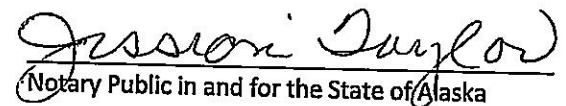
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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.


Signature of licensee

ELIZABETH MARTIN
Printed name of licensee




Notary Public in and for the State of Alaska

My commission expires: 4.20.24

Subscribed and sworn to before me this 22 day of July, 2020.



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Doing Business As:	AKO 2				
Premises Address:	213 PRICE STREET				
City:	SITKA	State:	AK	ZIP:	99835

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	JUSTIN BROWN		
Title:	OWNER		
SSN:	[REDACTED]	Date of Birth:	[REDACTED]



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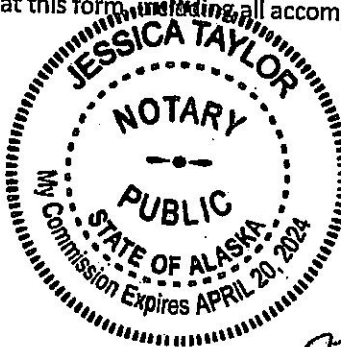
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The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

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

JB
Signature of licensee

Justin Brown
Printed name of licensee



Jessica Taylor
Notary Public in and for the State of Alaska

My commission expires: 4.20.24

Subscribed and sworn to before me this 22 day of July, 2020