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

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:	Alaska Wild Coyote, Inc.	**License Number:**	12471		
License Type:	Marijuana oncentrate Manufacturing Facility				
Doing Business As:	AMG Concentrate				
Premises Address:	838 Bonanza Avenue				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Armando R. Gonzalez		
Title:	Director		
SSN:	[redacted]	**Date of Birth:**	[redacted]

RECEIVED
JUN 15 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Form MJ-09: Statement of Financial Interest

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

Armando R. Gonzalez
Printed name of licensee

Renz Vergara
Notary Public in and for the State of Alaska

My commission expires: 7/14/2020

Subscribed and sworn to before me this 22 day of May, 2018.

NOTARY PUBLIC
RENZ VERGARA
STATE OF ALASKA
MY COMMISSION EXPIRES JULY 14, 2020

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Premises Address:	838 Bonanza Avenue				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Evanjelina Gonzalez		
Title:	President		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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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

Evanjelina Gonzalez
Printed name of licensee

M. E. ROBANCHO NOTARY PUBLIC STATE OF ALASKA My Commission Expires:

Notary Public in and for the State of Alaska

My commission expires: 01-09-2021

Subscribed and sworn to before me this 15th day of MAY, 2018.

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JUN 15 2018
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Doing Business As:	AMG Concentrate				
Premises Address:	838 Bonanza Avenue				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Carmen S. Villamides		
Title:	Secretary/Treasurer		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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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.

C. Villamides
Signature of licensee

Carmen S. Villamides
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: Nov. 24 2019

Subscribed and sworn to before me this 15th day of May, 2018.

NOTARY PUBLIC
YONG KIM
STATE OF ALASKA
MY COMMISSION EXPIRES November 24, 2019

RECEIVED
JUN 15 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA