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)) 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:	FONTAINE BROOKS & BROWN INC	**License Number:**	30219		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	KGB Cultivation				
Premises Address:	8933 S Polaris Ln				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Don Brooks
Title:	President
[redacted]	

AMCO
JUL 30 2021

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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.

Don Brooks II
Signature of licensee

Official Seal
M. Sales
Notary Public-State of Alaska
My Comm. Expires 11/18/2023

M Sales
Notary Public in and for the State of Alaska

Don Brooks II
Printed name of licensee

My commission expires: 11/18/2023

Subscribed and sworn to before me this 21st day of July, 2021.

JUL 30 2021

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Doing Business As:	KGB Cultivation				
Premises Address:	8933 S Polaris Ln				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Lacey Brooks
Title:	Secretary
[redacted]	

AMCO
JUL 30 2021

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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.

Lacey V. Brooks
Signature of licensee

Official Seal
M. Sales
Notary Public-State of Alaska
My Comm. Expires 11/18/2023

M Sales
Notary Public in and for the State of Alaska

Lacey V. Brooks
Printed name of licensee

My commission expires: 11/18/2023

Subscribed and sworn to before me this 21st day of July, 2021.

JUL 30 2021

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Doing Business As:	KGB Cultivation				
Premises Address:	8933 S Polaris Ln				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Kylelle Brown
Title:	Vice President
[redacted]	

AMCC
JUL 30 2021

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Alaska Marijuana Control Board

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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

STATE OF ALASKA
NOTARY PUBLIC
Karen L. Cassel
My Commission Expires: December 15, 2022

Notary Public in and for the State of Alaska

Kylelle Brown
Printed name of licensee

My commission expires: 12/15/2022

Subscribed and sworn to before me this 22 day of July, 2021.

JUL 30 2021

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Doing Business As:	KGB Cultivation				
Premises Address:	8933 S Polaris Ln				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Dexter Aikey
Title:	Treasurer
[redacted]	

JUL 30 2021

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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

Offical Seal
STATE OF ALASKA
Notary Public
Daisy Knight
Commision number:200010022 Commission Expires 09/16/2024

Notary Public in and for the State of Alaska

Dexter Alkey
Printed name of licensee

My commission expires: 09-16-2024

Subscribed and sworn to before me this 26 day of July, 2021.

Offical Seal
STATE OF ALASKA
Notary Public
Daisy Knight
Commision number:200010022 Commission Expires 09/16/2024

AMCO
JUL 30 2021