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:	Good LLC	**License Number:**	12325		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD Cannabis				
Premises Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Charles Goodale
Title:	Member of Good Holdings, LLC

[redacted]

AMCO RCVD 7/24/2023

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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

Charles Goodale
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 03/30/2026

Subscribed and sworn to before me this 13 day of June, 20 23.

Offical Seal
STATE OF ALASKA
Notary Public
L. Sharp
Commission # 220330010 Commission Expires:03/30/2026

AMCO RCVD 7/24/2023

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Doing Business As:	GOOD Cannabis				
Premises Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Christian Hood
Title:	Managing Member of Good Holdings, LLC
[redacted]	

AMCO RCVD 7/24/2023

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Signature of licensee

Christian Hood
Printed name of licensee

State of Alaska
NOTARY PUBLIC
Rebecca Allison
My Commission Expires Dec 2, 2024

Notary Public in and for the State of Alaska

My commission expires: 12/2/24

Subscribed and sworn to before me this 28 day of June, 2023.

AMCO RCVD 7/24/2023

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License Type:	Retail Marijuana Store				
Doing Business As:	GOOD Cannabis				
Premises Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Greg Allison
Title:	Member of Good Holdings, LLC
[redacted]	

AMCO RCVD 7/24/2023

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Signature of licensee

Greg Allison
Printed name of licensee

NICOLE AKERS
My Commission Expires
NOTARY PUBLIC
Sep 19, 2024
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 9/19/24

Subscribed and sworn to before me this 14th day of June, 2023.

AMCO RCVD 7/24/2023

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Doing Business As:	GOOD Cannabis				
Premises Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Linda Lewis
Title:	Member of Good Holdings, LLC

[redacted]

AMCO RCVD 7/24/2023

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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

Linda Lewis

Printed name of licensee

State of Alaska
NOTARY PUBLIC
Rebecca Allison
My Commission Expires Dec 2, 2024

Notary Public in and for the State of Alaska

My commission expires: 12/2/24

Subscribed and sworn to before me this 23 day of June, 20 23.

AMCO RCVD 7/24/2023

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License Type:	Retail Marijuana Store				
Doing Business As:	GOOD Cannabis				
Premises Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Ronica Aldrich
Title:	Member of Good Holdings, LLC

[redacted]

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Signature of licensee

Ronica Aldrich
Printed name of licensee

CONOR HLAVINKA
My Commission Expires
NOTARY PUBLIC
Aug 13, 2023
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 13 Aug 23

Subscribed and sworn to before me this 8 day of June, 2023.

AMCO RCVD 7/24/2023