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

Why is this form needed?

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 Anchorage 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:	High-Mark Alaska LLC	**License Number:**	24870		
License Type:	Retail Marijuana Store				
Doing Business As:	High-Mark				
Premises Address:	3807 West Machen Road Unit A				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Chase Mazzoli		
Title:	Owner-Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Section 3 – Certifications

You must be able to certify the statements below. Read the following and then sign your initials in the boxes to the right: Initials

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. CM

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

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

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. CM

Chase Mazzoli
Printed name of licensee

Signature of licensee

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License Type:	Retail Marijuana Store				
Doing Business As:	High-Mark				
Premises Address:	3807 West Machen Road Unit A				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Casey Wilkins		
Title:	Owner-Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Caseywilkins
Printed name of licensee

Signature of licensee

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Doing Business As:	High-Mark				
Premises Address:	3807 West Machen Road Unit A				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Joey Bresser		
Title:	Owner-Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Joey Bresser
Printed name of licensee

Signature of licensee

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Doing Business As:	High-Mark				
Premises Address:	3807 West Machen Road Unit A				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Greg Miller		
Title:	Owner-Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Greg Miller
Printed name of licensee

Signature of licensee