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:	Good LLC	**License Number:**	30822		
License Type:	Retail Marijuana Store				
Doing Business As:	Good Cannabis				
Premises Address:	Lot 3 Block 1, Laurence Barrett, Addition to Townsite of McCarthy				
City:	McCarthy	**State:**	Alaska	**ZIP:**	99588

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Good Holdings, LLC - Member Ronica Aldrich		
Title:	Manager, Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Doc ID: dc28c3b16e1f4b11146c3bf06b4d0871961b05a2

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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.

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 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.

Ronica Aldrich
Printed name of licensee

Signature of licensee

Doc ID: dc28c3b16e1f4b11146c3bf06b4d0871961b05a2

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City:	McCarthy	**State:**	Alaska	**ZIP:**	99588

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Good Holdings, LLC - Member Linda Lewis		
Title:	Manager, Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Doc ID: cb3674f1faa9ece91787aff7804a6c8c5b1717b4

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Linda Lewis
Printed name of licensee

Signature of licensee

Doc ID: cb3674f1faa9ece91787aff7804a6c8c5b1717b4

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City:	McCarthy	**State:**	Alaska	**ZIP:**	99588

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Good Holdings, LLC - Member Greg Allison		
Title:	Manager, Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Doc ID: 5a6812acaa0654323379ba43d77bafff17b50707

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Greg Allison
Printed name of licensee

Greg Allison
Signature of licensee

Doc ID: 5a6812acaa0654323379ba43d77bafff17b50707

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City:	McCarthy	**State:**	Alaska	**ZIP:**	99588

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Good Holdings, LLC - Manager, Member Christian Hood		
Title:	Manager, Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Doc ID: f7895003f0acf9f472f2164543b355e430dd84b2

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Christian Hood
Printed name of licensee

Signature of licensee

Doc ID: f7895003f0acf9f472f2164543b355e430dd84b2

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Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Good Holdings, LLC - Member Charles Goodale		
Title:	Manager, Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Doc ID: d812eff49771f99836db0341a61b7c255d0a7727

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Charles Goodale
Printed name of licensee

Charles B Goodale
Signature of licensee

Doc ID: d812eff49771f99836db0341a61b7c255d0a7727