Alcohol & 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**

# Cover Sheet for Marijuana Establishment Applications

## What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

**Items that are submitted without this page will be returned in the manner in which they were received.**

### Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | STEVE BASKIN; BIRCHIE J WALTER; TAMMY L WALTER | **License Number:** | | 10308 | |
| **License Type:** | Limited Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | GREENDREAMS CULTIVATION | | | | |
| **Physical Address:** | 680 winch rd | | | | |
| **City:** | fairbanks | **State:** | AK | **Zip Code:** | 99712 |
| **Designated Licensee:** | | | | | |
| **Email Address:** | birchiesgreendream@gmail.com | | | | |

### Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

| | |
|---|---|
| **Attached Items:** | MJ-09 Statement of Financial Interest for Birchie Walter<br>MJ-09 Statement of Financial Interest for Tammy Walter<br>MJ-09 Statement of Financial Interest for Steven Baskin |
| *OFFICE USE ONLY* | |

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# 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.

BJW TW SB

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Steve Baskin, Birchie J Walter, Tammy L Walter | **License Number:** | 10308 | | |
| **License Type:** | Limited Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | GreenDreams Cultivation | | | | |
| **Premises Address:** | 680 Winch Rd. | | | | |
| **City:** | Fairbanks | **State:** | AK | **ZIP:** | 99712 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Birchie J Walter |
| **Title:** | Owner |
| **SSN:** | [redacted] |

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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 declare under penalty of perjury that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

Signature of licensee/affiliate

Subscribed and sworn to before me this 13th day of July, 2016.

Felicia R. Buist
Notary Public in and for the State of Alaska.

My commission expires: 4/20/16

STATE OF ALASKA
NOTARY PUBLIC
Felicia R. Buist
My Commission Expires: 4/20/2020

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**This form must be completed and submitted to AMCO's main office <u>by each proposed licensee or affiliate</u> 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.

BJW TW DB

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Steve Baskin, Birchie J Walter, Tammy L Walter | **License Number:** | 10308 | | |
| **License Type:** | Limited Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | GreenDreams Cultivation | | | | |
| **Premises Address:** | 680 Winch Rd. | | | | |
| **City:** | Fairbanks | **State:** | AK | **ZIP:** | 99712 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Tammy L Walter |
| **Title:** | Owner |
| **SSN:** | [redacted] |

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

I declare under penalty of perjury that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

Signature of licensee/affiliate

Subscribed and sworn to before me this 21 day of July, 2016.

James M Hess
Notary Public in and for the State of Alaska.

OFFICIAL SEAL
James M. Hess
Notary Public-State of Alaska
My Comm. Expires: 02/14/2018

My commission expires: 2-14-2018

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# Form MJ-09: Statement of Financial Interest

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**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.

BJW TW AB

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Steve Baskin, Birchie J Walter, Tammy L Walter | **License Number:** | 10308 | | |
| **License Type:** | Limited Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | GreenDreams Cultivation | | | | |
| **Premises Address:** | 680 Winch Rd. | | | | |
| **City:** | Fairbanks | **State:** | AK | **ZIP:** | 99712 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Steve Baskin |
| **Title:** | Owner |
| **SSN:** | [redacted] |

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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 declare under penalty of perjury that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

Signature of licensee/affiliate

Subscribed and sworn to before me this 14th day of July, 2016.

STATE OF ALASKA
NOTARY PUBLIC
Carol L. Heiter
My Commission Expires Apr 18, 2017

Notary Public in and for the State of Alaska.

My commission expires: APRIL 18, 2017.