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)) 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.

Licensee:	Jason Kolanko, Gary Croy, Lorraine Kolanko	**License Number:**	10883		
License Type:	Retail Marijuana Store				
Doing Business As:	Rainforest Cannabis				
Premises Address:	726 Water Street				
City:	Ketchikan	**State:**	ALASKA	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jason Kolanko
Title:	Owner/Partner
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.

Jason Filemko
Signature of licensee/affiliate

Subscribed and sworn to before me this 23rd day of August, 2016.

STATE OF ALASKA
NOTARY PUBLIC
SARAH GRIFFIN
My Commission Expires 4-8-18

Notary Public in and for the State of Alaska.

My commission expires: 4-8-18

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Premises Address:	726 Water Street				
City:	Ketchikan	**State:**	ALASKA	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Lorraine Kolanko
Title:	Owner/Partner
SSN:	[redacted]

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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.

Lorraine Kolanko
Signature of licensee/affiliate

Subscribed and sworn to before me this 29 day of August, 2016.

STATE OF ALASKA
NOTARY PUBLIC
PHAEDRA PAINTER
My Commission Expires 6-1-18

Notary Public in and for the State of Alaska.

My commission expires: 6-1-18

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City:	Ketchikan	**State:**	ALASKA	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Gary Croy
Title:	Owner/Partner
SSN:	[redacted]

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Gary Cuy
Signature of licensee/affiliate

Subscribed and sworn to before me this 29th day of August, 2016.

Official Seal
Lisa Marie Shull
Notary Public-State of Alaska
My Comm. Expires
May 15, 2019

Lisa Marie Shull
Notary Public in and for the State of Alaska.

My commission expires: May 15, 2019