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:	T.M.T., LLC	**License Number:**	10890		
License Type:	Retail Marijuana Store				
Doing Business As:	True North Cannabis				
Premises Address:	735 W. 4th Ave				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kyle Aramburo
Title:	Affiliate
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

KYLE ARAMBURO
Printed name

Subscribed and sworn to before me this 19th day of August, 2016.

Notary Public in and for the State of Alaska.

My commission expires: 10/01/2018

D. METCALFE NOTARY PUBLIC STATE OF ALASKA

STATE OF ALASKA
PUBLIC
NOTARY
D. METCALFE

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Doing Business As:	True North Cannabis				
Premises Address:	735 W 4th Ave				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Michael James Ward
Title:	affiliate
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.

Signature of licensee/affiliate

Michael J. Ward
Printed name

Subscribed and sworn to before me this 19th day of August, 2016.

D. METCALFE NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 6/01/2018

STATE OF ALASKA
PUBLIC
NOTARY
D. METCALFE

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Premises Address:	735 W. 4th Ave				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	William Stevens
Title:	Owner
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.

Signature of licensee/affiliate

William Stevens
Printed name

Subscribed and sworn to before me this 19th day of August, 2016.

Notary Public in and for the State of Alaska.

My commission expires: 6/01/2018

D. METCALFE NOTARY PUBLIC STATE OF ALASKA

STATE OF ALASKA
PUBLIC
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D. METCALFE

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License Type:	Retail Marijuana Store				
Doing Business As:	True North Cannabis				
Premises Address:	735 W. 4th Ave				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Robert Honda
Title:	affiliate
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.

Robert C. Honda
Signature of licensee/affiliate

Robert C. Honda
Printed name

Subscribed and sworn to before me this 19th day of August, 2016.

D. METCALFE NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 12/04/2018

STATE OF ALASKA
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D. NETCALFE