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:	EINSTEIN ENTERPRISES, INC.	**License Number:**		10082	
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	EINSTEIN LABS				
Physical Address:	2939 Porcupine Dr.				
City:	Anchorage	**State:**	AK	**Zip Code:**	99501 - 3118
Designated Owner:	Justin Roland				
Email Address:	einsteinlabsak@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-09 Statement of Financial Interest for three (3) owner/affiliates

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

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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.

Licensee:	EINSTEIN ENTERPRISES, INC.	**License Number:**	10082		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	EINSTEIN LABS				
Premises Address:	2939 Porcupine Dr.				
City:	Anchorage	**State:**	ALASKA	**ZIP:**	99501-3118

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Justin W Roland
Title:	Shareholder/Affiliate
SSN:	[redacted]

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	EINSTEIN LABS				
Premises Address:	2939 Porcupine Dr.				
City:	Anchorage	**State:**	ALASKA	**ZIP:**	99501-3118

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Justin W Roland
Title:	Shareholder/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

Subscribed and sworn to before me this 18th day of March, 2016.

Notary Public in and for the State of Alaska.

My commission expires: 1/31/17

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	EINSTEIN LABS				
Premises Address:	2939 Porcupine Dr.				
City:	Anchorage	**State:**	ALASKA	**ZIP:**	99501-3118

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kenneth R Knight
Title:	Shareholder/Affiliate
SSN:	[redacted]

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Signature of licensee/affiliate

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Notary Public in and for the State of Alaska.

My commission expires: 1/31/17

ELIZABETH L. HINSON NOTARY PUBLIC STATE OF ALASKA

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Doing Business As:	EINSTEIN LABS				
Premises Address:	2939 Porcupine Dr.				
City:	Anchorage	**State:**	ALASKA	**ZIP:**	99501-3118

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Lucinda Mahoney
Title:	Shareholder/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.

Lucinda Mahoney
Signature of licensee/affiliate

Subscribed and sworn to before me this 18th day of March, 2016.

Elizabeth L. Hinson
Notary Public in and for the State of Alaska.

My commission expires: 01/31/17

ELIZABETH L. HINSON NOTARY PUBLIC STATE OF ALASKA

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