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:	Pakalolo Supply Company, Inc.	**License Number:**		10131	
License Type:	Retail Marijuana Store				
Doing Business As:	PAKALOLO SUPPLY COMPANY, INC.				
Physical Address:	1851 Fox Avenue				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99701 - 2725
Designated Owner:	Howard C. Hollister				
Email Address:	chollister@hollisterenterprises.com				

Section 2 – Attached Items

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

Attached Items: MJ-09	STATEMENTS OF FINANCIAL INTEREST (5) HOWARD C. HOLLISTER KEENAN M. HOLLISTER TYLER C. HOLLISTER VICTORIA S. HOLLISTER WALKER W. MILLIKEN

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:	PAKALOLO SUPPLY COMPANY, INC.	**License Number:**	10131		
License Type:	RETAIL MARIJUANA STORE				
Doing Business As:	PAKALOLO SUPPLY COMPANY, INC.				
Premises Address:	1851 FOX AVENUE				
City:	FAIRBANKS	**State:**	ALASKA	**ZIP:**	997012725

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	HOWARD C. HOLLISTER
Title:	PRESIDENT
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 29 day of February, 2016.

Debora Norcross
Notary Public in and for the State of Alaska.

My commission expires: 5/1/17

Notary Public
Debora Norcross
State of Alaska
My Commission Ends 5/1/17

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Section 1 – Establishment Information

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

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License Type:	RETAIL MARIJUANA STORE				
Doing Business As:	PAKALOLO SUPPLY COMPANY, INC.				
Premises Address:	1851 FOX AVENUE				
City:	FAIRBANKS	**State:**	ALASKA	**ZIP:**	997012725

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	KEENAN M. HOLLISTER
Title:	VICE-PRESIDENT
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

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

Debora Norcross
Notary Public in and for the State of Alaska.

My commission expires: 5/1/17

Notary Public
Debora Norcross
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License Type:	RETAIL MARIJUANA STORE				
Doing Business As:	PAKALOLO SUPPLY COMPANY, INC.				
Premises Address:	1851 FOX AVENUE				
City:	FAIRBANKS	**State:**	ALASKA	**ZIP:**	997012725

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	TYLER C. HOLLISTER
Title:	SECRETARY/TREASURER
SSN:	[redacted]5

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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

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

Debora Norcross
Notary Public in and for the State of Alaska.

My commission expires: 5/1/17

Notary Public
Debora Norcross
State of Alaska
My Commission Ends 5/1/17

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Licensee:	PAKALOLO SUPPLY COMPANY, INC.	**License Number:**	10131		
License Type:	RETAIL MARIJUANA STORE				
Doing Business As:	PAKALOLO SUPPLY COMPANY, INC.				
Premises Address:	1851 FOX AVENUE				
City:	FAIRBANKS	**State:**	ALASKA	**ZIP:**	997012725

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	VICTORIA S. HOLLISTER
Title:	SHAREHOLDER
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.

Victoria Holmes
Signature of licensee/affiliate

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

Debora Norcross
Notary Public in and for the State of Alaska.

My commission expires: 5/1/17

Notary Public
Debora Norcross
State of Alaska
My Commission Ends 5/1/17

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Premises Address:	1851 FOX AVENUE				
City:	FAIRBANKS	**State:**	ALASKA	**ZIP:**	997012725

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	WALKER W. MILLIKEN
Title:	SHAREHOLDER
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

Subscribed and sworn to before me this 29 day of February, 20 16.

Debora Norcross
Notary Public in and for the State of Alaska.

My commission expires: 5/1/17

Notary Public
Debora Norcross
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My Commission Ends 5/1/17