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:	Jesse Hoxt; Jacob Rodriguez	**License Number:**	12173		
License Type:	Standard Cultivation				
Doing Business As:	Northern Lights Cultivation 2				
Premises Address:	4705 N Tongass Hwy				
City:	Ketchikan	**State:**	Ak	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JACOB RODRIGUEZ
Title:	Licensee / Owner
SSN:	[redacted]

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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

Jacob Rodriguez
Printed name

Subscribed and sworn to before me this 20 day of MARCH, 20 17.

Notary Public in and for the State of Alaska.

My commission expires: 05/12/2019

ERIN AVILA
NOTARY
PUBLIC
STATE OF ALASKA

AMCO Received 03/20/2017

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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.

Licensee:	JESSE Hoyt / T. Jacob Rodriguez	**License Number:**	12173		
License Type:	Standard Cultivation				
Doing Business As:	Northern lights Cultivation 2				
Premises Address:	4705 N Tongass Hwy				
City:	Ketchikan	**State:**	AK	**ZIP:**	99901

Section 2 - Individual Information

Enter information for the individual licensee or affiliate.

Name:	JESSE Hoyt
Title:	Licensee / 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

JESSE HONT

Printed name

Subscribed and sworn to before me this 13th day of March, 2017.

NOTARY PUBLIC
CHRIS G. KINNEY
STATE OF ALASKA
MY COMMISSION EXPIRES JANUARY 14, 2019

Notary Public in and for the State of Alaska.

My commission expires: 01/14/2019

AMCO Received 03/20/2017