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:	Absolem's Garden, LLC	**License Number:**	12612		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Absolem's Garden				
Premises Address:	13247 E Wycoff Drive				
City:	Palmer	**State:**	AK	**ZIP:**	99645

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Paul Lucio
Title:	Owner
SSN:	[redacted]

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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

Paul Lucio

Printed name

NOTARY PUBLIC
SHAUNE E. O'NEIL
STATE OF ALASKA
My Commission Expires June 14, 2021

Subscribed and sworn to before me this 3 day of August, 2017.

Shaune E. O'Neil
Notary Public in and for the State of Alaska.

My commission expires: June 14, 2021

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City:	Palmer	**State:**	AK	**ZIP:**	99645

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Lorrie Moffitt
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.

Lorrie Ann Moffitt
Signature of licensee/affiliate

NOTARY PUBLIC
SHAUNE E. O'NEIL
STATE OF ALASKA
My Commission Expires June 14, 2021

Lorrie Ann Moffitt
Printed name

Subscribed and sworn to before me this 3 day of August, 2017.

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