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:	Northern Lights Indoor Gardens, LLC	**License Number:**	10138		
License Type:	Retail Marijuana Store				
Doing Business As:	NORTHERN LIGHTS INDOOR GARDENS, LLC				
Physical Address:	1321 Sawmill Creek Road Suite O and P				
City:	Sitka	**State:**	AK	**Zip Code:**	99835
Designated Licensee:	Micah Miller				
Email Address:	dalys@gci.net				

Section 2 – Attached Items

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

Attached Items: MJ-09	Statement Financial Interest Micah Miller 2 pages Mike Daly 2 pages Lorraine Daly 2 pages 6 pages

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:	Northern Lights Indoor Gardens, LLC	**License Number:**	10138		
License Type:	Retail Marijuana Store				
Doing Business As:	Northern Lights Indoor Gardens, LLC				
Premises Address:	1321 Sawmill Creek Road, Suite O & P				
City:	Sitka	**State:**	AK	**ZIP:**	99835

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Lorraine Daly
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

Subscribed and sworn to before me this 4TH day of MAY, 2016.

Notary Public in and for the State of Alaska.

My commission expires: 05/12/2019

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License Type:	Retail Marijuana Store				
Doing Business As:	Northern Lights Indoor Gardens, LLC				
Premises Address:	1321 Sawmill Creek Road, Suite O & P				
City:	Sitka	**State:**	AK	**ZIP:**	99835

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Mike Daly
Title:	Joint Owner
SSN:	[redacted]

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Signature of licensee/affiliate

Subscribed and sworn to before me this 4TH day of MAY, 2016.

ERIN AVILA NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 05/12/2019

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Doing Business As:	Northern Lights Indoor Gardens, LLC				
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City:	Sitka	**State:**	AK	**ZIP:**	99835

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Micah Miller
Title:	Joint Owner
SSN:	[redacted]

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Subscribed and sworn to before me this 4TH day of MAY, 2016.

Notary Public in and for the State of Alaska.

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ERIN AVILA
NOTARY
PUBLIC
STATE OF ALASKA