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:	Arctic Greenery, LLC	**License Number:**	10286		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	ARCTIC GREENERY, LLC				
Physical Address:	1725 Richardson Highway				
City:	North Pole	**State:**	AK	**Zip Code:**	99705
Designated Licensee:	Sherry Gilbert				
Email Address:	sgilbert@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 Sherry Gilbert MJ-09 Brandon Gilbert

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:	Arctic Greenery, LLC	**License Number:**	10286		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Arctic Greenery, LLC				
Premises Address:	1725 Richardson Hwy				
City:	North Pole	**State:**	ALASKA	**ZIP:**	AK

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brandon Gilbert
Title:	Owner
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 25th day of April, 2016.

Notary Public
SHEALYNN STOKLEY
State of Alaska
My Commission Expires July 13, 2019

Notary Public in and for the State of Alaska.

My commission expires: July 13, 2019

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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:	Arctic Greenery, LLC	**License Number:**	10286		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Arctic Greenery, LLC				
Premises Address:	1725 Richardson Highway				
City:	North Pole	**State:**	ALASKA	**ZIP:**	99705

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Sherry Gilbert
Title:	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

Subscribed and sworn to before me this 2nd day of August, 2016.

Joseph C. Blanchard II ★ NOTARY PUBLIC ★ MY COMMISSION EXPIRES May 22, 2019 ★ STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 05/22/2019