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

/hat is this form?

his cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is mailed, 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

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

Licensee:	Blue Bear Farms, LLC	**License Number:**		11424	
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	BLUE BEAR CANNAFARM				
Physical Address:	2091 Andromeda Dr				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99712
Designated Licensee:	Terreisa Lane				
Email Address:	bluebearcannafarm@gmail.com				

Section 2 – Attached Items

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

Attached Items:	MJ 09 Statement of financial interest for Terreisa Lane and Gary Lane Right to possess Construction deed. Articles of organization (2 pages) Certificate of organization IRS classification Division of corporation business licence Biennial report Business licence

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:	Blue Bear Farms LLC	**License Number:**	11424		
License Type:	Standard Cultivation				
Doing Business As:	Blue Bear Cannafarm				
Premises Address:	2091 Andromeda Dr				
City:	Fairbanks	**State:**	AK	**ZIP:**	99712

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Terreisa Lane
Title:	Managing member-owner
SSN:	[redacted]

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Alaska Marijuana Control Board

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

Terreisa Lane

Printed name

Subscribed and sworn to before me this 13th day of December, 2016.

Notary Public in and for the State of Alaska.

Official Seal
STATE OF ALASKA
Notary Public
Rockell Belanger
Commission Expires 02/04/19

My commission expires: 02-04-2019

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Licensee:	Blue Bear Farms LLC	**License Number:**	11424		
License Type:	Standard Cultivation				
Doing Business As:	Blue Bear Cannafarm				
Premises Address:	2091 Andromeda Dr.				
City:	Fairbanks	**State:**	AK	**ZIP:**	99712

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Gary Lane
Title:	Affiliate
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

GARY LANE

Printed name

Subscribed and sworn to before me this 13th day of December, 2016.

Notary Public in and for the State of Alaska.

Official Seal
STATE OF ALASKA
Notary Public
Rockell Belanger
Commission Expires 02/04/19

My commission expires: 02-04-2019