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:	SFA LLC	**License Number:**	10922		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Sparkle Farms Alaska				
Premises Address:	218 Kelly Drive				
City:	Ketchikan	**State:**	AK	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Christopher Wilhelm
Title:	Manager
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

Christopher Wilhelm

Printed name

Subscribed and sworn to before me this 24 day of Sept., 20 16.

Notary Public in and for the State of Alaska.

My commission expires: 2/14/2020

GERLIE L. MONTA-GUEVARRA NOTARY PUBLIC STATE OF ALASKA My Commission Expires: 2/14/20

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City:	Ketchikan	**State:**	Alaska	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Tia A. Wilhelm
Title:	Co-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.

Signature of licensee/affiliate

Tia A. Wilhelm

Printed name

Subscribed and sworn to before me this 9th day of November, 2016.

Notary Public in and for the State of Alaska.

Official Seal
Elizabeth M. Martinez
Notary Public-State of Alaska
My Comm. Expires
Jan 28, 2019

My commission expires: Jan 28, 2019