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:	Ferguson & Smith Enterprise Inc.	**License Number:**	10646		
License Type:	Retail Marijuana Store				
Doing Business As:	The Green Room AK				
Premises Address:	610 C Street #7				
City:	Anchorage	**State:**	ALASKA	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Adam Ferguson
Title:	President
SSN:	[redacted]

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JAN 09 2017
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.

Adam Ferguson

Signature of licensee/affiliate

Subscribed and sworn to before me this 6 day of December, 2016.

Christina E. Lawrence

Notary Public in and for the State of Alaska.

My commission expires: 2-14-2020

CHRISTINA E. LAWRENCE NOTARY PUBLIC STATE OF ALASKA My Commission Expires: 2-14-20

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City:	Anchorage	**State:**	ALASKA	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Katherine Ferguson
Title:	Secretary/Treasurer
SSN:	[redacted]

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Notary Public in and for the State of Alaska.

My commission expires: 2-14-2020

CHRISTINA E. LAWRENCE NOTARY PUBLIC STATE OF ALASKA My Commission Expires: 2-14-2020

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City:	Anchorage	**State:**	ALASKA	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Orlo Smith Jr.
Title:	Vice President
SSN:	[redacted]

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My commission expires: 2.14.2020

CHRISTINA E. LAWRENCE NOTARY PUBLIC STATE OF ALASKA My Commission Expires: 2.14.20

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