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:	The High Expedition Company	**License Number:**	10901		
License Type:	Retail Marijuana Store				
Doing Business As:	The High Expedition Company				
Premises Address:	13465 E Main St.				
City:	Talkeetna	**State:**	AK	**ZIP:**	99676

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Joseph McAneney
Title:	Owner
SSN:	[redacted]

RECEIVED
DEC 09 2016
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.

Signature of licensee/affiliate

Joseph McAneney
Printed name

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

Notary Public in and for the State of Alaska.

My commission expires: March 23, 2019

Reginald Alston
Notary Public
State of Alaska

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City:	Talkeetna	**State:**	AK	**ZIP:**	99676

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Dan Nelson
Title:	Owner
SSN:	[redacted]

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Signature of licensee/affiliate

DAN F. NELSON JR

Printed name

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

Cynthia K. Giddens

Notary Public in and for the State of Alaska.

My commission expires: 1-1-2019

OFFICIAL SEAL
Cynthia K. Giddens
Notary Public-State of Alaska
My Comm. Expires 01/01/2019

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DEC 09 2016
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA