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:	Denali's Cannabis Cache, LLC	**License Number:**	11382		
License Type:	Retail Marijuana Store				
Doing Business As:	Denali's Cannabis Cache, LLC				
Premises Address:	M.M. 238.9 George Parks Hwy., Suite 420				
City:	Denali National Park	**State:**	AK	**ZIP:**	99755

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Twin Flame, LLC
Title:	Sole Member of Denali's Cannabis Cache, LLC
SSN:	Alaska Entity #10038232

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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

Kevin Schwan, Sole Member and Manager of Twin Flame, LLC

Printed name

Subscribed and sworn to before me this 17th day of January, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 6/26/17

AUDRA KATTNESS NOTARY PUBLIC STATE OF ALASKA My commission expires Jun. 26, 2017

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Enter information for the individual licensee or affiliate.

Name:	Kevin Schwan
Title:	Sole Member and Manager of Twin Flame, LLC
SSN:	[redacted]

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