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

What is this form?

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

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

Licensee:	Fairbanks Fireweed, LLC	**License Number:**	11092		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	FAIRBANKS FIREWEED, LLC				
Physical Address:	2101 Sheldon Avenue, Unit 2				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99701
Designated Licensee:	Taryn Nishino				
Email Address:	nishinot001@yahoo.com				

Section 2 – Attached Items

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

Attached Items:	MJ-09 STATEMENT OF FINANCIAL INTEREST - TARYN NISHINO - ROBERT RAY

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STATE OF ALASKA

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

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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:	FAIRBANKS FIREWEED, LLC	**License Number:**	11092		
License Type:	STANDARD MARIJUANA CULTIVATION FACILITY				
Doing Business As:	FAIRBANKS FIREWEED, LLC				
Premises Address:	2101 SHELDON AVENUE, UNIT 2				
City:	FAIRBANKS	**State:**	AK	**ZIP:**	99701 ~~99709~~

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	TARYN NISHINO
Title:	AFFILIATE
SSN:	[redacted]

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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

JARYN NISHINO
Printed name

Subscribed and sworn to before me this 8 day of February, 2017.

Notary Public
ANDREA M. PADILLA
State of Alaska
My Commission Expires Feb. 18, 2020

Andrea M. Padilla
Notary Public in and for the State of Alaska.

My commission expires: 2/18/2020

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This form must be completed and submitted to AMCO's main office <u>by each proposed licensee or affiliate</u> before any license application will be considered complete.

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

Licensee:	FAIRBANKS FIREWEED, LLC	**License Number:**	11092		
License Type:	STANDARD MARIJUANA CULTIVATION FACILITY				
Doing Business As:	FAIRBANKS FIREWEED, LLC				
Premises Address:	2101 SHELDON AVENUE, UNIT Z				
City:	FAIRBANKS	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	ROBERT RAY
Title:	AFFILIATE
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.

Robert Con Ray
Signature of licensee/affiliate

ROBERT CON RAY
Printed name

Subscribed and sworn to before me this 4th day of January, 2017.

SJR
Notary Public in and for the State of Alaska.

My commission expires: Mar. 27, 2019

Notary Public
STEFY RICHARDS
State of Alaska
My Commission Expires Mar. 27, 2019

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA