Alcohol and Marijuana Control Office
550 W 7h 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)(l)) 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 306.0IS(e)(l)) in the business for which a marijuana establishment license is issued, per 3 AAC 306.0IS(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:	Lynn and Vernon L Smith	**License Number:**	11794
License Type:	Limited Marijuana Cultivation Facility		
Doing Business As:	North Road Buds		
Premises Address:	50815 Old Lamplight Rd		
City:	Nikiski	**State:** AK	ZIP: 99635

Section 2 - Individual Information

Enter information for the individual licensee or affiliate.

Name:	Vernon L Smith
Title:	Owner
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

Vernon L Smith

Printed name

Subscribed and sworn to before me this 25th day of January, 2017.

CONSTANCE K. NICKS
My Commission Expires
NOTARY PUBLIC
With Office
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: with office

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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:	Lynn and Vernon L Smith	**License Number:** I 11794	
License Type:	Limited Marijuana Cultivation Facility		
Doing Business As:	North Road Buds		
Premises Address:	50815 Old Lamplight Rd		
City:	Nikiski	**State:** I A K	ZIP: 99635

Section 2 - Individual Information

Enter information for the individual licensee or affiliate.

Name:	Lynn Smith
Title:	Owner
SSN:	[redacted]

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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.

Lynn Smith
Signature of licensee/affiliate

Lynn Smith
Printed name

Subscribed and sworn to before me this 25th day of January, 2017.

CONSTANCE K. NICKS
My Commission Expires
NOTARY PUBLIC
With Office
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: With office