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.

Matanuska Medicine Woman LLC

Licensee:	~~Vanessa Liston-Cunningham~~	**License Number:**	12062		
License Type:	Limited MJ Cultivation				
Doing Business As:	Matanuska Medicine Woman				
Premises Address:	13840 W. Shangrila Ave. Shop #1				
City:	Wasilla	**State:**	ak	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Vanessa Liston-Cunningham
Title:	Owner
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.

Vanessa Liston-Cunningham
Signature of licensee/affiliate

VANESSA LISTON-CUNNINGHAM
Printed name

Subscribed and sworn to before me this 14th day of April, 2017.

E. HALL
My Commission Expires
NOTARY PUBLIC
Feb 1, 2020
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 2-1-20

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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.

Matanuska Medicine Woman LLC

Licensee:	~~Anthony Olivieri~~	**License Number:**	12062		
License Type:	Limited MJ Cultivation				
Doing Business As:	Matanuska Medicine Woman LLC				
Premises Address:	13840 W. Shangrila Ave. Shop #1				
City:	Wasilla	**State:**	ak	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Anthony Olivieri
Title:	Owner
SSN:	[redacted]

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Signature of licensee/affiliate

Anthony Olivieri
Printed name

Subscribed and sworn to before me this 14th day of April, 2017.

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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:	~~Zallman Liston~~ Matanuska Medicine Woman LLC	**License Number:**	12062		
License Type:	Limited MJ Cultivation				
Doing Business As:	Matanuska Medicine Woman LLC				
Premises Address:	13840 W. Shangrila Ave. Shop #1				
City:	Wasilla	**State:**	ak	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Zallman Liston
Title:	Owner
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.

Zollman Liston
Signature of licensee/affiliate

Zollman Liston
Printed name

Subscribed and sworn to before me this 14th day of April, 2017.

E. HALL
My Commission Expires
NOTARY PUBLIC
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