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 GREEN SPOT, LLC	**License Number:**	10060		
License Type:	RETAIL MARIJUANA STORE				
Doing Business As:	THE GREEN SPOT				
Premises Address:	2893 S. BIG LAKE RD STE #1				
City:	BIG LAKE	**State:**	AK	**ZIP:**	99652

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	ROBERT JILLSON III
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.

Robert Jillson III

Signature of licensee/affiliate

ROBERT JILLSON III

Printed name

Subscribed and sworn to before me this 16 day of January, 2017.

Jo G Cassidy

Notary Public in and for the State of Alaska.

My commission expires: Oct. 12, 2017

JO G. CASSIDY
COMMISSION EXP
NOTARY
PUBLIC
OCTOBER 12, 2017
STATE OF ALASKA

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City:	BIG LAKE	**State:**	AK	**ZIP:**	99652

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JOLYN JILLSON
Title:	OWNER
SSN:	[redacted]

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Signature of licensee/affiliate

JOLYN JILLSON

Printed name

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Jo G Cassidy

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