Alcohol & 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

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:	Alaska Wild Coyote, Inc.	**License Number:**		12125	
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	ALASKA MEDICINAL GARDENS "AMG"				
Physical Address:	838 Bonanza Avenue				
City:	Anchorage	**State:**	AK	**Zip Code:**	99518 - 1707
Designated Licensee:	Carmen Villamides				
Email Address:	silvia@gci.net				

Section 2 – Attached Items

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

Attached Items:	Form MJ-09 Statement of Financial Interest - Carmen S. Villamides Form MJ-09 Statement of Financial Interest - Evanjelina Gonzalez Form MJ-09 Statement of Financial Interest - Armando R. Gonzalez

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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:	Alaska Wild Coyote, Inc.	**License Number:**	12125		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Alaska Medicinal Gardens (AMG)				
Premises Address:	838 Bonanza Avenue				
City:	Anchorage	**State:**	AK	**ZIP:**	99518-1707

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Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Carmen S. Villamides
Title:	Secretary-Treasurer
SSN:	[redacted]

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Alaska Marijuana Control Board

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.

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S. Villamides
Signature of licensee/affiliate

S. Villamides
Printed name

Subscribed and sworn to before me this 27 day of February, 2017.

Notary Public in and for the State of Alaska.

NOTARY PUBLIC
V. RODNEY ISALOI
STATE OF ALASKA
MY COMMISSION EXPIRES January 18, 2018

My commission expires: 01-18-2018

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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:	Alaska Wild Coyote, Inc.	**License Number:**	AMCO 12125 BL 1048403		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Alaska Medicinal Gardens (AMG)				
Premises Address:	838 Bonanza Avenue				
City:	Anchorage	**State:**	AK	**ZIP:**	99518-1707

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STATE OF ALASKA

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Evangelina Gonzalez
Title:	President
SSN:	[redacted]

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Alaska Marijuana Control Board

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STATE OF ALASKA

Signature of licensee/affiliate

Evangelina Gonzalez
Printed name

Subscribed and sworn to before me this 11th day of February, 2017.

KATREENA LITTLE
NOTARY
PUBLIC
STATE OF ALASKA
My Commission Expires: 07/04/18

Katreena Little
Notary Public in and for the State of Alaska.

My commission expires: 07/04/18

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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Alaska Medicinal Gardens (AMG)				
Premises Address:	838 Bonanza Avenue				
City:	Anchorage	**State:**	AK	**ZIP:**	99518-1707

Section 2 – Individual Information

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Enter information for the individual licensee or affiliate.

Name:	Armando R. Gonzalez
Title:	Director
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.

Signature of licensee/affiliate

Armando R. Gonzalez
Printed name

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

Reginald Alston
Notary Public in and for the State of Alaska.

My commission expires: March 23, 2019

Reginald Alston Notary Public State of Alaska

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ALCOHOL & MARIJUANA CONTROL OFFICE