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:	AK Aurora Blooms LLC	**License Number:**	12328		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	AK AURORA BLOOMS LLC				
Physical Address:	2693 Arla Street				
City:	Fairbanks	**State:**	AK	**Zip Code:**	99709
Designated Licensee:	Branden Roybal				
Email Address:	brandenroybal@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 (Branden Roybal) MJ-09 (Brittany Gitschel)

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

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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:	AK Aurora Blooms, LLC	**License Number:**	12328		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	AK Aurora Blooms, LLC				
Premises Address:	2693 Arla Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Branden Roybal
Title:	Member
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

Brandon Raygal
Printed name

Subscribed and sworn to before me this 12 day of May, 2017.

STATE OF ALASKA
NOTARY PUBLIC
D. Burkett
My Commission Expires February 1, 2021

D Burkett
Notary Public in and for the State of Alaska.

My commission expires: 1 Feb 21

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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	AK Aurora Blooms, LLC				
Premises Address:	2693 Arla Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brittany Gitschel
Title:	Member
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.

Brittany Gitschel
Signature of licensee/affiliate

Brittany Gitschel
Printed name

Subscribed and sworn to before me this 12 day of May, 2017.

D Burkett
Notary Public in and for the State of Alaska.

STATE OF ALASKA
NOTARY PUBLIC
D. Burkett
My Commission Expires February 1, 2021

My commission expires: 1 Feb 21