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:** | Jacob Nyman | **License Number:** | 11556 | | |
| **License Type:** | Limited Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Green Thumb Solutions | | | | |
| **Premises Address:** | 47375 Aries Ct | | | | |
| **City:** | Soldotna | **State:** | AK | **ZIP:** | 99669 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Jacob Nyman |
| **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

Jacob Nyman

Printed name

Subscribed and sworn to before me this 24 day of Jan., 2017.

Notary Public in and for the State of Alaska.

My commission expires: 05/12/19

MADELEINE WILCOX
My Commission Expires
NOTARY PUBLIC
May 12, 2019
STATE OF ALASKA