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 Connoisseur, LLC	**License Number:**	13487		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	The Connoisseur				
Premises Address:	3200 W Top of the World Circle , Unit A				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Chad Aurentz
Title:	Member
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.

Signature of licensee/affiliate

Chad Aurentz

Printed name

Subscribed and sworn to before me this 1st day of June, 2017.

SARAH D. OATES
My Commission Expires
NOTARY PUBLIC
With Office
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: w/office

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Doing Business As:	The Connoisseur				
Premises Address:	3200 W Top of the World Circle , Unit A				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Mathew Chambers
Title:	Member
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.

Signature of licensee/affiliate

Mathew Chambers

Printed name

Subscribed and sworn to before me this 1st day of June, 2017.

SARAH D. OATES
My Commission Expires
NOTARY PUBLIC
With Office
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: w/office

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Doing Business As:	The Connoisseur				
Premises Address:	3200 W Top of the World Circle , Unit A				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brian Hooks
Title:	Member
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.

Signature of licensee/affiliate

Brian Hooks

Printed name

Subscribed and sworn to before me this 1st day of June, 2017.

SARAH D. OATES
My Commission Expires
NOTARY PUBLIC
With Office
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: w/office

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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	The Connoisseur				
Premises Address:	3200 W Top of the World Circle , Unit A				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Chadford Roush
Title:	Member
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.

Signature of licensee/affiliate

Chadford Roush

Printed name

Subscribed and sworn to before me this 1st day of June, 2017.

Notary Public in and for the State of Alaska.

My commission expires: w/office

SARAH D. OATES
My Commission Expires
NOTARY PUBLIC
With Office
STATE OF ALASKA