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:	Jay Murray	**License Number:**	12633		
License Type:	Standard Cultivation				
Doing Business As:	Emerald City Organics, LLC				
Premises Address:	4250 Field of Dreams St.				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jay Murray
Title:	Cultivation Specialist/Owner
SSN:	[redacted]

AMCO Received 06/12/2017

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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

Jay Murray

Printed name

Subscribed and sworn to before me this 25 day of May, 2017.

Notary Public in and for the State of Alaska.

Official Seal
Robert H. Smith
Notary Public-State of Alaska
My Comm. Expires 11/09/2020

My commission expires: 11/09/2020

AMCO Received 06/12/2017

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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:	Nathan Allton	**License Number:**	12633		
License Type:	Standard Cultivation				
Doing Business As:	Emerald City Organics, LLC				
Premises Address:	4250 Field of Dreams St.				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Nathan Allton
Title:	Cultivation Specilaist
SSN:	[redacted]

AMCO Received 06/12/2017

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Section 3 – Certifications

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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

Nathan Allton

Printed name

Subscribed and sworn to before me this 25 day of May, 2017.

Official Seal
Robert H. Smith
Notary Public-State of Alaska
My Comm. Expires 11/09/2020

Notary Public in and for the State of Alaska.

My commission expires: 11/09/2020

AMCO Received 06/12/2017