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:	REBEL ROOTS LLC	**License Number:**	13119		
License Type:	RETAIL MARIJUANA STORE				
Doing Business As:	REBEL ROOTS				
Premises Address:	2575 GOLDSTREAM ROAD				
City:	FAIRBANKS	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	GRANT ANDERSON
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

GRANT ANDERSON
Printed name

Subscribed and sworn to before me this 2 day of June, 2017.

Official Seal
STATE OF ALASKA
Notary Public
Abigail Davenport
Commission Expires:12/14/2019

Notary Public in and for the State of Alaska.

My commission expires: 12/14/19

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Premises Address:	2575 GOLDSTREAM ROAD				
City:	FAIRBANKS	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kyle Wendler
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

Kyle Wendler
Printed name

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

Naomi Spoerle
Notary Public in and for the State of Alaska.

Official Seal
STATE OF ALASKA
Notary Public
Naomi Spoerle
Commission Expires 01/26/19

My commission expires: 01/26/2019

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Doing Business As:	REBEL ROOTS				
Premises Address:	2575 GOLDSTREAM ROAD				
City:	FAIRBANKS	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	MIGUEL ESPINOSA
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.

Miguel Espinosa
Signature of licensee/affiliate

Miguel Espinosa
Printed name

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

Notary Public in and for the State of Alaska.

Official Seal
STATE OF ALASKA
Notary Public
Rockell Belanger
Commission Expires 02/04/19

My commission expires: 02-04-2018