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:	Great Alaskan Bud Company, LLC	**License Number:**	12452		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Great Alaskan Bud Company, LLC				
Premises Address:	2515 A Maria Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Carol S Bolt
Title:	Partner
SSN:	[redacted]

Received by AMCO 11.29.17

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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.

Carol Bolt

Signature of licensee/affiliate

Carol S Bolt

Printed name

Subscribed and sworn to before me this 14th day of September, 2017.

Terry A. Cox

Notary Public in and for the State of Alaska.

My commission expires: 1-29-19

State of Alaska
NOTARY PUBLIC
Terry A. Cox
My Commission Expires January 29, 2019

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City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kayla Smith
Title:	Partner
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

Kayla M. Smith

Printed name

Subscribed and sworn to before me this 13 day of October, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 03/21/2021

CONNIE M. PLUMLEY
Commission # 170321025
NOTARY PUBLIC
My Commission Expires 03-21-2021
STATE OF ALASKA

Received by AMCO 11.29.17