Alcohol & 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

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	RACHEL E BURRIS; JOSEPH D BURRIS JR	**License Number:**	13211		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	THE GIVING TREE				
Physical Address:	2351 N. Prospect Dr.				
City:	Wasilla	**State:**	AK	**Zip Code:**	99623
Designated Licensee:	RACHEL BURRIS				
Email Address:	givingtree907@yahoo.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MJ-09 For Joseph D. Burris Jr.

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

Received by AMCO 12.18.17

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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:	Rachel E Burris; Joseph D Burris Jr	**License Number:**	13211		
License Type:	Limited Marijuana Cultivation Faciltiy				
Doing Business As:	The Giving Tree				
Premises Address:	2351 N. Prospect Dr.				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Joseph D. Burris Jr.
Title:	Licensee
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 understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record.
The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Joseph D. Burris Jr.

Printed name of licensee

SONYA JONES NOTARY PUBLIC STATE OF ALASKA My Comm. Exp. 10/14/2019

Notary Public in and for the State of Alaska

My commission expires: 10/14/19

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

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Physical Address:	2351 N. Prospect Dr.				
City:	Wasilla	**State:**	AK	**Zip Code:**	99623
Designated Licensee:	RACHEL BURRIS				
Email Address:	givingtree907@yahoo.com				

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List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MJ-09 For Rachel E. Burris

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

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License Type:	Limited Marijuana Cultivation Faciltiy				
Doing Business As:	The Giving Tree				
Premises Address:	2351 N. Prospect Dr.				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Rachel E Burris
Title:	Licensee
SSN:	[redacted]

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Signature of licensee

Rachel E. Burris

Printed name of licensee

SONYA JONES NOTARY PUBLIC STATE OF ALASKA My Comm. Exp. 10/14/2019

Notary Public in and for the State of Alaska

My commission expires: 10/14/19

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