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:	Alaska Loven It, LLC	**License Number:**	12833		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Alaska Loven It, LLC				
Premises Address:	2908 Kachemak Drive				
City:	Homer	**State:**	AK	**ZIP:**	99603

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Dan Coglianese
Title:	Owner
SSN:	[redacted]

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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.

Signature of licensee/affiliate

Dan Coglianese

Printed name

Subscribed and sworn to before me this 5th day of July, 2017.

ALMA N. FINNERTY
NOTARY PUBLIC
MY COMMISSION EXPIRES MARCH 05, 2019
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 03-05-2019

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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:	Alaska Loven It, LLC	**License Number:**	12833		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	ALASKA LOVEN IT, LLC				
Physical Address:	2908 Kachemak Drive				
City:	Homer	**State:**	AK	**Zip Code:**	99603
Designated Licensee:	Dan Coglianese				
Email Address:	alaskacitysupply@gmail.com				

Section 2 – Attached Items

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

Attached Items:	Form MJ-09: Statement of Financial Interest - Janiese Stevens

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

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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:	Alaska Loven It, LLC	**License Number:**	12833		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Alaska Loven It, LLC				
Premises Address:	2908 Kachemak Drive				
City:	Homer	**State:**	AK	**ZIP:**	99603

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Janiese Stevens
Title:	Owner, CPA
SSN:	[redacted]

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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

Janiese Stevens

Printed name

Subscribed and sworn to before me this 30th day of august, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 07/16/2021

EMIROS V. SOCKWELL
NOTARY PUBLIC
MY COMMISSION EXPIRES JULY 16, 2021
STATE OF ALASKA