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:	TLG GARDEN LLC	**License Number:**	13344		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	TLG GARDEN LLC				
Premises Address:	9193 W Margin Way				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Gerard Johnson		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 2.28.18

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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 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

Notary Public in and for the State of Alaska

Gerard Johnson

Printed name of licensee

My commission expires: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

See attachment →

Received by AMCO 2.28.18

WELLS FARGO

All-purpose Acknowledgment California only

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Diego

On 02/27/2018 before me, Bushra Muhammad Ismail / Notary Public (here insert name and title of the officer),

personally appeared Gerard Francis Johnson

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

NSP1 BUSHRA MUHAMMAD ISMAIL
COMM. #2214656
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires 09/17/2021 NSP1

Notary Seal

WITNESS my hand and official seal.

Signature

For Bank Purposes Only

Description of Attached Document

Type or Title of Document Form MJ-09: Statement of Financial Interest

Document Date 02/27/2018 Number of Pages 3

Signer(s) Other Than Named Above

FO01-000DSG5350CA-01

DSG5350CA (Rev 02 - 05/17)

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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:	TLG Garden LLC	**License Number:**	13344		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	TLG Garden LLC				
Premises Address:	9193 W Margin Way				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Terry Goosen
Title:	Owner
SSN:	[redacted]

RECEIVED
DEC 2 0 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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550 W 7th Avenue, Suite 1600
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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

Terry Goosen

Printed name

Subscribed and sworn to before me this 26th day of December, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 11/15/20

ASANYA LLOYD
NOTARY PUBLIC
MY COMM. EXPIRES NOVEMBER 15, 2020
STATE OF ALASKA

RECEIVED
DEC 26 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA