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:	Volcano Flower LLC	**License Number:**	13615		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	VOLCANO FLOWER LLC				
Physical Address:	41253 Volcano View Ct.				
City:	Homer	**State:**	AK	**Zip Code:**	99603
Designated Licensee:	Timothy E Hamilton				
Email Address:	volcano@alaska.net				

Section 2 – Attached Items

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

Attached Items:	
2	three total pages including cover MJ-09

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

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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:	Volcano Flower LLC	**License Number:**	13615		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Volcano Flower LLC				
Premises Address:	41253 Volcano View Ct				
City:	Homer	**State:**	AK	**ZIP:**	99603

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Anne Hamilton		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[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.

Anne Hamilton
Signature of licensee

Doug L Bowen
Notary Public in and for the State of Alaska

NOTARY PUBLIC
STATE OF ALASKA
DOUGLAS L. BOWEN

Anne Hamilton
Printed name of licensee

My commission expires: 10-19-19

Subscribed and sworn to before me this 12 day of February, 2018.

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Doing Business As:	Volcano Flower LLC				
Premises Address:	41253 Volcano View ct.				
City:	Homer	**State:**	AK	**ZIP:**	99603

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Timothy E. Hamilton		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Notary Public in and for the State of Alaska

Timothy E. Hamilton
Printed name of licensee

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STATE OF ALASKA
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