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:	Karma Grown Gardens, LLC	**License Number:**	14885		
License Type:	Limited Cultivation Facility				
Doing Business As:	Karma Grown Gardens, LLC				
Premises Address:	11928 Looking Glass Drive				
City:	Houston	**State:**	AK	**ZIP:**	99694

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Thomas Holohan
Title:	Owner
SSN:	[redacted]

Received by AMCO 10/13/17

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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 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

Thomas Holohan

Printed name

Subscribed and sworn to before me this 12th day of October, 20 17.

OFFICIAL SEAL
Tawnya M. McCracken
Notary Public-State of Alaska
My Comm. Expires 11/15/2020

Tawnya M McCracken
Notary Public in and for the State of Alaska.

My commission expires: 11-15-2020

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Doing Business As:	Karma Grown Gardens, LLC				
Premises Address:	11928 Looking Glass Drive				
City:	Houston	**State:**	AK	**ZIP:**	99694

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Stacy Holohan
Title:	Owner
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.

Stacy Holohan

Signature of licensee/affiliate

Stacy Holohan

Printed name

Subscribed and sworn to before me this 12th day of October, 2017.

OFFICIAL SEAL
Temukisa Mose
Notary Public-State of Alaska
My Comm. Expires 11/01/2020

Notary Public in and for the State of Alaska.

My commission expires: 11/01/2020

Received by AMCO 10/13/17