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:	HIGH TIDE FARMS, LLC.	**License Number:**	12482		
License Type:	Marijuana Concentrate Manufacturing Facility				
Doing Business As:	HIGH TIDE FARMS, LLC				
Physical Address:	6875 West Snuffy's Road				
City:	Wasilla	**State:**	AK	**Zip Code:**	99654
Designated Licensee:	Kyle Lutz				
Email Address:	kyle.lutz21@gmail.com				

Section 2 – Attached Items

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

Attached Items:	MJ-09 Kyle Lutz MJ-09 Kamie Moran

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

Received by AMCO 10.03.2017

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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:	High Tide Farms, LLC	**License Number:**	12482		
License Type:	Marijuana Concentrate Manufacturing Facility				
Doing Business As:	High Tide Farms, LLC				
Premises Address:	6875 West Snuffy's Rd				
City:	Wasilla	**State:**	Alaska	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kyle Lutz
Title:	Owner
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 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.

Kyle Lutz
Signature of licensee/affiliate

Kyle Lutz
Printed name

Subscribed and sworn to before me this 27 day of September, 2017.

Karen L. Cassel
Notary Public in and for the State of Alaska.

STATE OF ALASKA
NOTARY PUBLIC
Karen L. Cassel
My Commission Expires: December 15, 2018

My commission expires: 12/15/2018

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Section 1 – Establishment Information

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

Licensee:	High Tide Farms,LLC	**License Number:**	12482		
License Type:	Marijuana Concentrate Manufacturing Facility				
Doing Business As:	High Tide Farms, LLC				
Premises Address:	6875 West Snuffy's Rd				
City:	Wasilla	**State:**	Alaska	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kamie Moran
Title:	Owner
SSN:	[redacted]

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Form MJ-09: Statement of Financial Interest

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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.

Kamie L Moran
Signature of licensee/affiliate

Kamie L. Moran
Printed name

Subscribed and sworn to before me this 3rd day of October, 2017.

Helen A. Duarte
Notary Public in and for the State of Alaska.

Official Seal
Helen A. Duarte
Notary Public-State of Alaska
My Comm. Expires 11/09/2020

My commission expires: 11/09/2020

Received by AMCO 10.03.2017