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:	CHARLENE G FLORENCE; ERIC C WIEGMANN	**License Number:**	14002		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	CNE DEVELOPMENT				
Physical Address:	10985 sterling hwy,				
City:	Ninilchik	**State:**	AK	**Zip Code:**	99639 - 0740
Designated Licensee:	ERIC C WIEGMANN				
Email Address:	colonelmustarddrizzle@gmail.com				

Text

EW

Section 2 – Attached Items

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

Attached Items:	MJ-09

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

Received by AMCO 04.23.18

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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:	CHARLENE G FLORENCE; ERIC C WIEGMANN	**License Number:**	14002		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	CNE DEVELOPMENT				
Premises Address:	10985 sterling hwy,				
City:	Ninilchik	**State:**	AK	**ZIP:**	99639-0740

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	ERIC C WIEGMANN		
Title:	Licensee		
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.

Eric C. Wiegmann
Signature of licensee

OFFICIAL SEAL
Katie Ring
Notary Public - State of Alaska

Katie Ring
Notary Public in and for the State of Alaska

ERIC C. WIEGMANN
Printed name of licensee

My commission expires: 9-20-19

Subscribed and sworn to before me this 28 day of November, 2017.

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Premises Address:	10985 sterling hwy,				
City:	Ninilchik	**State:**	AK	**ZIP:**	99639-0740

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Charlene G Florence		
Title:	Licensee		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Charlene G. Florence
Signature of licensee

OFFICIAL SEAL
Katie Ring
Notary Public - State of Alaska

Katie Ring
Notary Public in and for the State of Alaska

CHARLENE G. FLORENCE
Printed name of licensee

My commission expires: 9-20-19

Subscribed and sworn to before me this 28 day of November, 20 17.

Received by AMCO 04.23.18