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:	Rasta Farms, LLC	**License Number:**	14919		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Rasta Farms, LLC.				
Premises Address:	47291 S. Yancey Drive				
City:	Willow	**State:**	AK	**ZIP:**	99688

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Gregory A. Tartisel
Title:	Member / Manager LLC
SSN:	[redacted]

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NOV 13 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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

Gregory A Tartisel
Printed name

Subscribed and sworn to before me this 23rd day of Sept., 2017.

Notary Public in and for the State of Alaska.

My commission expires: 6·18·19

LANCE C. NOTARY PUBLIC STATE OF ALASKA

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Licensee:	RASTA FARMS, LLC	**License Number:**	14919		
License Type:	Limited MARIJUANA Cultivation Facility				
Doing Business As:	RASTA FARMS, LLC				
Premises Address:	47291 S. Yancey Drive				
City:	Willow	**State:**	AK	**ZIP:**	99688

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	CINDY ANN BOYD
Title:	Member / LLC
SSN:	[redacted]

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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.

Cindy Ann Boyd.
Signature of licensee/affiliate

CINDY ANN BOYD
Printed name

Subscribed and sworn to before me this 30 day of Sept, 2017.

Cecilia Perez-Felipe
Notary Public in and for the State of Alaska.

My commission expires: Aug. 17, 2021

Notary Public
CECILIA PEREZ-FELIPE
State of Alaska
My Commission Expires Aug. 17, 2021

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA