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:** | winter greens llc | **License Number:** | 15061 | | |
| **License Type:** | retail marijuana store | | | | |
| **Doing Business As:** | winter greens llc | | | | |
| **Premises Address:** | 75 beach road | | | | |
| **City:** | haines | **State:** | ak | **ZIP:** | 99827 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | william adams |
| **Title:** | owner |
| **SSN:** | [redacted] |



Received by AMCO 4.16.18

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STATE OF ALASKA

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## 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.

William Adams

Signature of licensee/affiliate

william adams

Printed name

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

TINA OLSEN NOTARY PUBLIC STATE OF ALASKA

Tina Olsen

Notary Public in and for the State of Alaska.

My commission expires: 6/15/2019