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:** | AlasKind LLC | **License Number:** | 13881 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | ALASKIND LLC | | | | |
| **Physical Address:** | 278 East Bias Drive | | | | |
| **City:** | Fairbanks | **State:** | AK | **Zip Code:** | 99712 - 2501 |
| **Designated Licensee:** | Aaron Heath | | | | |
| **Email Address:** | Ajhworkman@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 |

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

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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:** | ALASKIND LLC | **License Number:** | 13881 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | ALASKIND LLC | | | | |
| **Premises Address:** | 278 Bias Dr. East | | | | |
| **City:** | Fairbanks | **State:** | Ak | **ZIP:** | 99712 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Aaron Heath |
| **Title:** | Owner Operator |
| [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.

Signature of licensee/affiliate

Aaron Heath

Printed name

Subscribed and sworn to before me this 22nd day of September, 20 17.

Notary Public
JASMINE STOKES
State of Alaska
My Commission Expires Dec. 1, 2020

Notary Public in and for the State of Alaska.

My commission expires: 12/01/2020



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