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:	Peak Analytical LLC	**License Number:**	15590		
License Type:	Marijuana Testing Facility				
Doing Business As:	Peak Analytical LLC				
Premises Address:	2208 Tongass Avenue				
City:	Ketchikan	**State:**	AK	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Timothy Jurczak
Title:	Vice President
SSN:	[redacted]

Received by AMCO 05.24.18

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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.

Signature of licensee/affiliate

Timothy Jurczak

Printed name

Subscribed and sworn to before me this 21 day of December, 2017.

Notary Public
MELINDA ESPOSITO
State of Alaska
My Commission Expires Jun 16, 2018

Notary Public in and for the State of Alaska.

My commission expires: 6-16-18

Received by AMCO 05.24.18

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City:	Ketchikan	**State:**	AK	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kara Jurczak
Title:	Scientific Director/CEO
SSN:	[redacted]

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Kara Jurczak

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