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:** | King Street Ventures, Inc. | **License Number:** | 13394 | | |
| **License Type:** | Retail Marijuana Store | | | | |
| **Doing Business As:** | High Flower on King | | | | |
| **Premises Address:** | 9525 King Street, Suite 1 | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Catherine Moncrieff |
| **Title:** | Owner |
| **SSN:** | [redacted] |



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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

Catherine Moncrieff

Printed name

CHRISTINA THIBODEAUX
Notary Public
State of Alaska
My Commission Expires Mar 31, 2021

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

Christina Thibodeaux

Notary Public in and for the State of Alaska.

My commission expires: March 31, 2021



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