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:	Bluffside Gardens LLC	**License Number:**	16015		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Bluffside Gardens				
Premises Address:	39700 S. Parks Hwy.				
City:	Talkeetna	**State:**	AK	**ZIP:**	99676

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brian Tunnell
Title:	Owner
[redacted]	

Received by AMCO 12.26.17

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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 understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record.
The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Brian Tunnell
Signature of licensee

Cynthia K. Giddens
Notary Public in and for the State of Alaska

OFFICIAL SEAL
Cynthia K. Giddens
Notary Public-State of Alaska
My Comm. Expires 01/01/2019

Brian Tunnell
Printed name of licensee

My commission expires: 1-1-2019

Subscribed and sworn to before me this 8th day of December, 2017.

OFFICIAL SEAL
Cynthia K. Giddens
Notary Public-State of Alaska
My Comm. Expires 01/01/2019

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Doing Business As:	Bluffside Gardens				
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City:	Talkeetna	**State:**	AK	**ZIP:**	99676

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Clint Tunnell
Title:	Owner
[redacted]	

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Signature of licensee

OFFICIAL SEAL
Kay Nicole Zavas
Notary Public-State of Alaska
My Comm. Expires 04/25/2020

Notary Public in and for the State of Alaska

Clint Tunnell
Printed name of licensee

My commission expires: 04/25/20

Subscribed and sworn to before me this 11 day of December, 2017.

Received by AMCO 12.26.17