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:	Chongkee Farms LLC	**License Number:**	13827		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Chongkee Farms LLC				
Premises Address:	691 Brewster St.				
City:	Fairbanks	**State:**	AK	**ZIP:**	99712-2352

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Daniel Nova Brower
Title:	Organizer
[redacted]	

Received by AMCO 6/24/18

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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

Printed name

Subscribed and sworn to before me this 31ST day of AUGUST, 2017.

BILLIE J. LOPEZ NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 4-30-2020

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City:	Fairbanks	**State:**	AK	**ZIP:**	99712-2352

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Carlos Manuel Rivera
Title:	Organizer
[redacted]	

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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.

Carlos M. Rivera
Signature of licensee/affiliate

Carlos M. Rivera
Printed name

Subscribed and sworn to before me this 29th day of August, 2017.

STATE OF ALASKA
OFFICIAL SEAL
Spencer E. Untalasco
NOTARY PUBLIC
My Commission Expires 4/24/2021

Notary Public in and for the State of Alaska.

My commission expires: April 24th, 2021

Received by AMCO 6/24/18