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:	North Star Gardens, Inc.	**License Number:**	15245		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	NORTH STAR GARDENS				
Premises Address:	5310 COMMERCIAL BLVD 2A				
City:	Juneau	**State:**	AK	**ZIP:**	99801

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jamie Letterman
Title:	Owner
SSN:	[redacted]

Received by AMCO 12.19.17

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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

Jamie Lefferman
Printed name

Subscribed and sworn to before me this 24th day of October, 2017.

STATE OF ALASKA
OFFICIAL SEAL
Spencer E. Untalasco
NOTARY PUBLIC
My Commission Expires 04/24/21

Notary Public in and for the State of Alaska.

My commission expires: 04/24/2021

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City:	Juneau	**State:**	AK	**ZIP:**	99801

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Robert Lonsdale
Title:	Owner
SSN:	[redacted]

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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

Robert W Lonsdale
Printed name

Subscribed and sworn to before me this 24 day of Oct, 2017.

Notary Public
CECILIA PEREZ-FELIPE
State of Alaska
My Commission Expires Aug. 17, 2021

Notary Public in and for the State of Alaska.

My commission expires: Aug. 17, 2021

Received by AMCO 12.19.17