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:	Charles Elliott	**License Number:**	13910		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Alaskan Farmacy				
Premises Address:	34049 Klondike Ave. E.				
City:	Sterling	**State:**	Ak	**ZIP:**	99672

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Charles Troy Elliott
Title:	Owner/Operator
[redacted]	

Received by AMCO 4/06/18

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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

Charles Elliott

Printed name

Subscribed and sworn to before me this 18 day of September, 2017.

Lynn Smith

Notary Public in and for the State of Alaska.

My commission expires: w/ office

LYNN SMITH NOTARY PUBLIC STATE OF ALASKA

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