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:	RCJ LEGACY LLC.	**License Number:**	16791		
License Type:	LIMITED MARIJUANA CULTIVATION				
Doing Business As:	RCJ LEGACY LLC.				
Premises Address:	2893 S BIG LAKE RD. #2				
City:	BIG LAKE	**State:**	AK	**ZIP:**	99652

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	ROBERT JILLSON		
Title:	OWNER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 8/14/2018
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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 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.

Robert Tillson
Signature of licensee

Robert Tillson
Printed name of licensee

Jo G. Cassidy
Notary Public in and for the State of Alaska

My commission expires: Oct. 12, 2021

Subscribed and sworn to before me this 8 day of February, 2018.

OFFICIAL SEAL
Jo G. Cassidy
NOTARY PUBLIC-STATE OF ALASKA
My Comm. Expires October 12, 2021

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Premises Address:	2893 S BIG LAKE RD. #2				
City:	BIG LAKE	**State:**	AK	**ZIP:**	99652

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JOLYN JILLSON		
Title:	OWNER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Jolyn Jillson
Printed name of licensee

Jo G. Cassidy
Notary Public in and for the State of Alaska

My commission expires: Oct. 12, 2021

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