Alcohol & 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

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	GOOD BUDS LLC	**License Number:**	16529		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD BUDS LLC				
Physical Address:	11770 Seward highway				
City:	Seward	**State:**	AK	**Zip Code:**	99664 - 1463
Designated Licensee:	Jared Wallace				
Email Address:	good.buds.907@gmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	MJ-09 for all

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

Received by AMCO 3.16.18

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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:	Good Buds LLC	**License Number:**	16529		
License Type:	Retail Marijuana Store				
Doing Business As:	Good Buds LLC				
Premises Address:	11770 Seward Highway				
City:	Seward	**State:**	AK	**ZIP:**	99664

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jared Wallace		
Title:	Co-Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 3.16.18

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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 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.

Signature of licensee

Jared Wallace

Printed name of licensee

MELINDA MADDOX
NOTARY PUBLIC
MY COMM. EXPIRES JANUARY 03, 2021
STATE OF ALASKA

Melinda Maddox

Notary Public in and for the State of Alaska

My commission expires: 01/03/2021

Subscribed and sworn to before me this 13th day of March, 2018.

Received by AMCO 3.16.18

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Licensee:	Good Buds LLC	**License Number:**	16529		
License Type:	Retail Marijuana Store				
Doing Business As:	Good Buds LLC				
Premises Address:	11770 Seward Highway				
City:	Seward	**State:**	AK	**ZIP:**	99664

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Tekoa Wallace		
Title:	Co-Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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

Signature of licensee

Tekoa Wallace

Printed name of licensee

JESSICA CALHOUN
My Commission Expires
NOTARY PUBLIC
June 9, 2019
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires 06/09/2019

Subscribed and sworn to before me this 14 day of March, 2018.

Received by AMCO 3.16.18

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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:	Good Buds LLC	License Number:	16529		
License Type:	Retail Marijuana Store				
Doing Business As:	Good Buds LLC				
Premises Address:	11770 Seward Highway				
City:	Seward	State:	AK	ZIP:	99664

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Charles Spalding		
Title:	Co-Owner		
SSN:	[redacted]	Date of Birth:	[redacted]

Received by AMCO 3.16.18

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Form MJ-09: Statement of Financial Interest

Section 3 – Certifications

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

Signature of licensee

Notary Public in and for the State of Alaska

Charles Spalding

Printed name of licensee

My commission expires: 5/21/19

Subscribed and sworn to before me this 6th day of March, 2018.

Received by AMCO 3.16.18