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:	HERBAL DREAMS, LLC.	**License Number:**	16170		
License Type:	STANDARD CULTIVATION FACILITY				
Doing Business As:	HERBAL DREAMS, LLC.				
Premises Address:	12825 W. Big Lake Rd				
City:	WASILLA	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	DANIEL C ROGERS JR.		
Title:	MEMBER / MANAGER LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

RECEIVED
JAN 24 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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

Notary Public in and for the State of Alaska

DANIEL C ROGERS
Printed name of licensee

My commission expires: 6/18/19

Subscribed and sworn to before me this 24th day of JAN., 2018.

LANCE C. WELLS
NOTARY PUBLIC
STATE OF ALASKA

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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:	Herbal Dreams, LLC	**License Number:**	16170		
License Type:	Standard Cultivation Facility				
Doing Business As:	Herbal Dreams, LLC				
Premises Address:	12825 W. Big Lake Road				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Thomas D. Russell		
Title:	Member		
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.

Thomas D. Russell
Signature of licensee

Notary Public in and for the State of Alaska

Thomas D. Russell
Printed name of licensee

My commission expires: 6-18-19

Subscribed and sworn to before me this 24th day of Jan, 2018.

LANCE C. WELLS
NOTARY
PUBLIC
STATE OF ALASKA

RECEIVED
JAN 24 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA