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:	Bristol Bay Bud Company, LLC	**License Number:**	16915		
License Type:	Retail Marijuana Store				
Doing Business As:	Bristol Bay Bud Company				
Premises Address:	233 Airport Road				
City:	Dillingham	**State:**	AK	**ZIP:**	99576

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	HRGS Enterprises, LLC		
Title:	Sole Member of Bristol Bay Bud Company, LLC		
SSN:	AK Entity # 10077205	**Date of Birth:**	1/30/18

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MAY 03 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.

Heather Allen
Signature of licensee

Heather Allen
Printed name of licensee

DENISE GAGNON NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 12/25/20

Subscribed and sworn to before me this 3rd day of May, 2018.

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STATE OF ALASKA

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Doing Business As:	Bristol Bay Bud Company				
Premises Address:	233 Airport Rd				
City:	Dillingham	**State:**	AK	**ZIP:**	99576

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Richard Allen		
Title:	Co-Owner HRGS ENTS.		
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

Notary Public in and for the State of Alaska

Richard Allen
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 17 day of April, 2018

KAULEN PEVAN
NOTARY PUBLIC
MY COMMISSION EXPIRES NOVEMBER 23, 2019
STATE OF ALASKA

RECEIVED
MAY 03 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Bristol Bay Bud Company				
Premises Address:	233 Airport Rd				
City:	Dillingham	**State:**	AK	**ZIP:**	99576

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Susan Isaacs		
Title:	Co-Owner HRGS ENTS.		
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.

Susan Isaacs
Signature of licensee

Notary Public in and for the State of Alaska

Susan Isaacs
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 17 day of April, 2018.

KAULEN PEVAN
NOTARY PUBLIC
MY COMMISSION EXPIRES NOVEMBER 23, 2019
STATE OF ALASKA

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Doing Business As:	Bristol Bay Bud Company				
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City:	Dillingham	**State:**	AK	**ZIP:**	99576

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Gorden Isaacs		
Title:	Co-Owner HRGS ENTS.		
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

Notary Public in and for the State of Alaska

Gorden Isaacs

Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 17 day of April, 2018

KAULEN PEVAN
NOTARY PUBLIC
MY COMMISSION EXPIRES NOVEMBER 23, 2019
STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Bristol Bay Bud Company				
Premises Address:	233 Airport Road				
City:	Dillingham	**State:**	AK	**ZIP:**	99576

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Heather Allen		
Title:	Co-Owner of HRGS Enterprises, LLC and manager of Bristol Bay Bud Company, LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 11/7/18

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Heather Allen
Signature of licensee

Heather Allen
Printed name of licensee

Lyndsay Hubbard
Notary Public in and for the State of Alaska

My commission expires: 11·01·2020

Subscribed and sworn to before me this 10th day of April, 2019

OFFICIAL SEAL
Lyndsay Hubbard
Notary Public-State of Alaska
My Comm. Expires 11/01/2020

RECEIVED
MAY 03 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA