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)) 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 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:	OutPost, LLC	**License Number:**	17068		
License Type:	Retail				
Doing Business As:	OutPost				
Premises Address:	1044 S. Old Glenn Hwy				
City:	Palmer	**State:**	AK	**ZIP:**	99645

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Phillip Izon		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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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

Phillip A. Izon II MBR
Printed name of licensee

Nichole Bouchard
Notary Public in and for the State of Alaska

My commission expires: 12-30-2020

Subscribed and sworn to before me this 22nd day of March, 2018.

Official Seal
STATE OF ALASKA
Notary Public
Nichole Bouchard
Commission Expires:12/30/2020

RECEIVED
MAR 27 2018
ALCOHOL MARIJUANA CONTROL OFFICE
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:	OutPost LLC	**License Number:**	17068		
License Type:	Retail License				
Doing Business As:	OutPost				
Premises Address:	1044 S. Old Glenn Hwy				
City:	Palmer	**State:**	AK	**ZIP:**	99645

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kenneth M Izon		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Notary Public in and for the State of Alaska

Kenneth Izon
Printed name of licensee

My commission expires: 12-30-2020

Subscribed and sworn to before me this 22nd day of March, 2018.

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STATE OF ALASKA
Notary Public
Nichole Bouchard

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Notary Public
Nichole Bouchard
Commission Expires:12/30/2020

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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:	OutPost LLC	**License Number:**	17068		
License Type:	Retail Marijuana Store				
Doing Business As:	Outpost				
Premises Address:	1044 S. Old Glenn Highway				
City:	Palmer	**State:**	AK	**ZIP:**	99645

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jason E. Reynolds		
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.

Signature of licensee

Notary Public
JOSETTE M. MUÑOZ
State of Alaska
My Commission Expires April 7, 2019

Notary Public in and for the State of Alaska

Jason E. Reynolds

Printed name of licensee

My commission expires: April 07, 2019

Subscribed and sworn to before me this 23 day of February, 2018.

RECEIVED
MAR 27 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA