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:	The Fairbanks Cut, LLC	**License Number:**	18187		
License Type:	Retail Marijuana Store				
Doing Business As:	The Fairbanks Cut , LLC				
Premises Address:	188 Bentley Trust Rd. , Suite A				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Craig Aglietti		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 11/21/2018

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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

DARIEN LOPEZ
Notary Public
State of Alaska
My Commission Expires Jan 18, 2022

Notary Public in and for the State of Alaska

Craig Aglietti

Printed name of licensee

My commission expires: 01-18-2022

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

AMCO Received 11/21/2018

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License Type:	Retail Marijuana Store				
Doing Business As:	The Fairbanks Cut , LLC				
Premises Address:	188 Bentley Trust Rd. , Suite A				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brad Bosshart		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 11/21/2018

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State of Alaska
My Commission Expires Jan 18, 2022

Notary Public in and for the State of Alaska

Brad Bosshart

Printed name of licensee

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License Type:	Retail Marijuana Store				
Doing Business As:	The Fairbanks Cut , LLC				
Premises Address:	188 Bentley Trust Rd., Suite A				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Stephanie Aglietti		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 11/21/2018

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Signature of licensee

DARIEN LOPEZ
Notary Public
State of Alaska
My Commission Expires Jan 18, 2022

Notary Public in and for the State of Alaska

Stephanie Aglietti
Printed name of licensee

My commission expires: 01-18-2022

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

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License Type:	Retail Marijuana Store				
Doing Business As:	The Fairbanks Cut , LLC				
Premises Address:	188 Bentley Trust Rd., Suite A				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Lily Bosshart		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 11/21/2018

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Signature of licensee

DARIEN LOPEZ
Notary Public
State of Alaska
My Commission Expires Jan 18, 2022

Notary Public in and for the State of Alaska

Lily Bosshart
Printed name of licensee

My commission expires: 01-18-2022

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

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Doing Business As:	The Fairbanks Cut, LLC				
Premises Address:	188 Bentley Trust Road, Suite A				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Dakota Sinclair		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 11/21/2018

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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

Dakota Sinclair
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: April 4, 2022

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

STATE OF ALASKA
NOTARY PUBLIC
Anna McCarthy
My Commission Ends April 4, 2022

AMCO Received 11/21/2018

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License Type:	Retail Marijuana Store				
Doing Business As:	The Fairbanks Cut, LLC				
Premises Address:	188 Bentley Trust Road, Suite A				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brittany Gitschel		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 11/21/2018

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Brittany Gitschel
Signature of licensee

Notary Public in and for the State of Alaska

Brittany Gitschel
Printed name of licensee

My commission expires: April 4, 2022

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

STATE OF ALASKA
NOTARY PUBLIC
Anna McCarthy
My Commission Ends April 4, 2022

AMCO Received 11/21/2018