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:	Arctic Bakery, LLC	**License Number:**	16006		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Robert G. Parr		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.13.18

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Alaska Marijuana Control Board

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.

Robert G. Parr
Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Notary Public in and for the State of Alaska

Robert G. Parr
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 5 day of February, 20 18.

Received by AMCO 6.13.18

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	David C. Lanning		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.13.18

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david lanning
Signature of licensee

S. Quintana
Notary Public in and for the State of Alaska

David C. Lanning
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 1 day of February, 20 18.

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Received by AMCO 6.13.18

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Section 1 – Establishment Information

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

Licensee:	Arctic Bakery, LLC	**License Number:**	16006		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Sandra M. Lanning		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.13.18

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Section 3 – Certifications

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Sandra M. Lanning
Signature of licensee

Notary Public in and for the State of Alaska

Sandra M. Lanning
Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 1 day of February, 20 18.

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Received by AMCO 6.13.18

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Morgan H. Evans		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.13.18

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Section 3 – Certifications

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Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Notary Public in and for the State of Alaska

Morgan H. Evans

Printed name of licensee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 5 day of February, 2018.

Received by AMCO 6.13.18

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Licensee:	Arctic Bakery, LLC	**License Number:**	16006		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Shawn C. Evans		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.13.18

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Signature of licensee

Shawn C. Evans
Printed name of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Notary Public in and for the State of Alaska

My commission expires: 11/23/2019

Subscribed and sworn to before me this 1 day of February, 2018.

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Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brian L. Simpson		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.13.18

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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

Brian L. Simpson
Printed name of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Notary Public in and for the State of Alaska

My commission expires: 11/23/2019

Subscribed and sworn to before me this 2 day of February, 2018.

Received by AMCO 6.13.18

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Section 1 – Establishment Information

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Nellie C. Scott		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.13.18

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Nellie Scott
Signature of licensee

Nellie C. Scott
Printed name of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

S. Quintana
Notary Public in and for the State of Alaska

My commission expires: 11/23/2019

Subscribed and sworn to before me this 5 day of February, 2018.

Received by AMCO 6.13.18