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:	ANCHORAGE BOWL, LLC.	**License Number:**	12316		
License Type:	Retail Marijuana Store				
Doing Business As:	Anchorage Bowl, LLC.				
Premises Address:	4000 Spenard Road				
City:	Anchorage	**State:**	AK.	**ZIP:**	99517

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Arthur A. Kanack
Title:	Member/manager, LLC
SSN:	[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 declare under penalty of perjury that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

Signature of licensee/affiliate

Arthur A Konack

Printed name

Subscribed and sworn to before me this 24th day of Feb., 20 17.

Notary Public in and for the State of Alaska.

My commission expires: 6·18·17

Notary Public
LANCE C WELLS
State of Alaska
My Commission Expires Jun 18, 2017

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City:	Anchorage	**State:**	AK.	**ZIP:**	99517

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jon D. Fischer
Title:	Member, LLC
SSN:	[redacted]

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Jon Fischer

Signature of licensee/affiliate

Jon Fischer

Printed name

Subscribed and sworn to before me this 24th day of Feb., 20 17.

Notary Public in and for the State of Alaska.

My commission expires: 6/18/17

Notary Public
LANCE C WELLS
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City:	Anchorage	**State:**	AK.	**ZIP:**	99517

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Shelton Landon
Title:	Member, LLC
SSN:	[redacted]

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Signature of licensee/affiliate

Shelton Landon

Printed name

Subscribed and sworn to before me this 24th day of Feb, 20 17.

LAUREN WELLS NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 6·18·17

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