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:	Top Shelf Herbs of Alaska LLC	**License Number:**	22150		
License Type:	Retail Marijuana Store				
Doing Business As:	Top Shelf Herbs of Alaska, LLC				
Premises Address:	901 Photo Ave (Suite A)				
City:	Anchorage	**State:**	AK.	**ZIP:**	99503

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Chism Leimbach		
Title:	Owner/Partner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
OCT 21 2019

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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

Notary Public in and for the State of Alaska

Chism Leimbach
Printed name of licensee

My commission expires: 3/21/21

Subscribed and sworn to before me this 21st day of October, 2019.

NOTARY PUBLIC
CHRISTIAN YAMBAO
STATE OF ALASKA

AMCO
OCT 21 2019

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Licensee:	Top Shelf Herbs of Alaska, LLC	**License Number:**	22150		
License Type:	Retail Marijuana Store				
Doing Business As:	Top Shelf Herbs of Alaska, LLC				
Premises Address:	901 Photo Ave Suite A				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Mark Fazio		
Title:	Owner / Partner		
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

MARK T FAZIO
Printed name of licensee

My commission expires: 12-01-21

Subscribed and sworn to before me this 21 day of October, 2019.

Official Seal
STATE OF ALASKA
Notary Public
Stephanie Renteria-Lopez
Commission Expires: 12/01/2021

AMCO
OCT 21 2019