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:	DENALI FIRE GREEN LLC	**License Number:**	14083		
License Type:	RETAIL STORE				
Doing Business As:	ALASKA WEEDS				
Premises Address:	6209 MIKE ST STE 2A				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	KALLA JOSHUA PEACOCK		
Title:	MEMBER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
AUG 07 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

KALLA J PEACOCK

Printed name of licensee

Notary Public in and for the State of Alaska

ANDREW L. AZELTON NOTARY PUBLIC STATE OF ALASKA

My commission expires: 4-14-21

Subscribed and sworn to before me this 31 day of July, 2019.

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AUG 07 2019

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Premises Address:	6209 MIKE ST STE 2A				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	JAMES WILLIAM STEVENS		
Title:	MEMBER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

JAMES STEVENS
Printed name of licensee

Notary Public in and for the State of Alaska

ANDREW L. AZELTON NOTARY PUBLIC STATE OF ALASKA

My commission expires: 4-14-21

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Premises Address:	6209 MIKE ST STE 2A				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	JASON CHARLES EVANS		
Title:	MEMBER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Notary Public in and for the State of Alaska

JASON CHARLES EVANS

Printed name of licensee

ANDREW L. AZELTON NOTARY PUBLIC STATE OF ALASKA

My commission expires: 4-14-21

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City:	ANCHORAGE	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	ELI LEHRMANN		
Title:	MEMBER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Notary Public
JOHN MARTIN
State of Alaska
My Commission Expires June 8, 2021

J. Martin
Notary Public in and for the State of Alaska

ELI LEHRMANN
Printed name of licensee

My commission expires: 06/08/21

Subscribed and sworn to before me this 17 day of July, 2019.

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Doing Business As:	ALASKA WEEDS				
Premises Address:	6209 MIKE ST STE 2A				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	RAQUEL LEHRMANN		
Title:	MEMBER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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JOHN MARTIN
State of Alaska
My Commission Expires June 8, 2021

J. Martin
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RAQUEL LEHRMANN
Printed name of licensee

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