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:	Highliner Crafts LLC	**License Number:**	19532		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Highliner Crafts LLC				
Premises Address:	98 Kian Street				
City:	Ketchikan	**State:**	AK	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Andrew Burton		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
NOV 26 2018

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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

STATE OF ALASKA
NOTARY PUBLIC
SHARON E WAGNER
My Commission Expires Nov. 7, 2020

S. E. Wagner
Notary Public in and for the State of Alaska

ANDREW BURTON
Printed name of licensee

My commission expires: 11/07/2020

Subscribed and sworn to before me this 20th day of November, 2018.

AMCO
NOV 26 2018

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Enter information for the business seeking to be licensed, as identified on the license application.

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License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Highliner Crafts LLC				
Premises Address:	98 Kian Street				
City:	Ketchikan	**State:**	AK	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Andrew (Aj) Robinson		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
NOV 26 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.

A.J. R

Signature of licensee

STATE OF ALASKA
NOTARY PUBLIC
SHARON E WAGNER
My Commission Expires Nov. 7, 2020

S.E. Wagner

Notary Public in and for the State of Alaska

Andrew (AJ) Robinson

Printed name of licensee

My commission expires: 11/07/2020

Subscribed and sworn to before me this 15th day of November, 2018.

AMCO
NOV 26 2018

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License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Highliner Crafts LLC				
Premises Address:	98 Kian Street				
City:	Ketchikan	**State:**	AK	**ZIP:**	99901

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Walter Trent Headley Jr.		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 3.18.19

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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

Walter Trent Headley Jr.

Printed name of licensee

Colleen Castle

Notary Public in and for the State of Alaska

My commission expires: 6/22/22

Subscribed and sworn to before me this 18 day of March, 2019.

COLLEEN CASTLE
NOTARY PUBLIC
State of Alaska
My Commission Expires June 22, 2022

Received by AMCO 3.18.19