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:	Alaska Cannabis Exchange LLC	**License Number:**	12437		
License Type:	Retail Marijuana Store				
Doing Business As:	Alaska Cannabis Exchange LLC				
Premises Address:	2906 Spenard Road				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99503

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Aaron Ralph		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
FEB 14 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.

STATE OF ALASKA
NOTARY PUBLIC
G. Cruickshank
My Commission Expires: June 6, 2021

Signature of licensee

Notary Public in and for the State of Alaska

AARON C. RAPP

Printed name of licensee

My commission expires: 6/6/21

Subscribed and sworn to before me this 23rd day of Oct, 2018.

RECEIVED
OCT 24 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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City:	Anchorage	**State:**	Alaska	**ZIP:**	99503

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Thomas P. Cowen III		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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NOTARY PUBLIC
G. Cruickshank
My Commission Expires: June 6, 2021

Signature of licensee

Notary Public in and for the State of Alaska

THOMAS P COWEN III
Printed name of licensee

My commission expires: 6/6/21

Subscribed and sworn to before me this 23rd day of Oct, 2018.

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City:	Anchorage	**State:**	Alaska	**ZIP:**	99503

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Andrea S Hobbs		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
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NOTARY PUBLIC
G. Cruickshank
My Commission Expires: June 6, 2021

Andrea Hobbs
Signature of licensee

G Cruickshank
Notary Public in and for the State of Alaska

Andrea S. Hobbs
Printed name of licensee

My commission expires: 6/6/21

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