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:	Cosmic SeaWeed, LLC	**License Number:**	19728		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	COSMIC SEAWEED, LLC				
Premises Address:	262 Charles Way				
City:	Homer	**State:**	AK	**ZIP:**	99603

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Chris C. Long		
Title:	Owner/ Managing Partner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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.

Chris Long
Signature of licensee

Chris Long
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 08/30/2021

Subscribed and sworn to before me this 19th day of November, 2018.

Notary Public
MEGAN N. LEGGETT
State of Alaska
My Commission Expires Aug. 30, 2021

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Premises Address:	262 Charles Way				
City:	Homer	**State:**	AK	**ZIP:**	99603

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Christopher B. Corey		
Title:	Owner/Managing Partner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Notary Public in and for the State of Alaska

Christopher Corey
Printed name of licensee

My commission expires: 01/22/2022

Subscribed and sworn to before me this 13 day of November, 20 18.

BRIAN P. BLANKENSHIP
NOTARY PUBLIC
MY COMMISSION EXPIRES January 22, 2022
STATE OF ALASKA

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Doing Business As:	COSMIC SEAWEED, LLC				
Premises Address:	262 Charles Way				
City:	Homer	**State:**	AK	**ZIP:**	99603

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Christina A. Logan		
Title:	Owner/ Managing 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

Christina Logan
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 04/17/2021

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

Notary Public
MYRA RENFRO
State of Alaska
My Commission Expires April 17, 2021

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