Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

AMCO

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:	Great Northern Retail Stores, Inc.	**License Number:**	20366		
License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	2600 E. Tudor Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99507-1134

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Morse Capital, LLC		
Title:	Great Northern Cannabis, Inc. Shareholder		
SSN:	AK Entity #10042246	**Date of Birth:**	Est. 10/10/2016

AMCO
JUL 22 2019

AMCO

CONTROL OFFICE

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Alaska Marijuana Control Board

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

Aaron P. Morse

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: Feb. 17, 2020

Subscribed and sworn to before me this 20th day of February, 2019.

OFFICIAL SEAL
THE STATE OF ALASKA
NOTARY PUBLIC
Mary Anne B. Enrique
Comm. Number 16021700
Comm. Expires Feb. 17, 2020

AMCO
JUL 22 2019

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	2600 E. Tudor Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99507-1134

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Donna Clark		
Title:	Great Northern Cannabis, Inc. Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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JUL 22 2019

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Signature of licensee

Donna Clark
Printed name of licensee

PATRICIA A. GRAIKA
My Commission Expires
NOTARY PUBLIC
Oct. 24, 2021
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 10/24/21

Subscribed and sworn to before me this 23rd day of January, 2019.

AMCO
JUL 22 2019