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

AMCO
JUL 22 2019

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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

Larry 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

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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:	Ann E. DeSalvo		
Title:	Great Northern Cannabis, Inc. Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JUL 22 2019

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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

Ann E. DeSalvo
Printed name of licensee

Miranda Ray
Notary Public in and for the State of Alaska

My commission expires: Feb 3rd 2021

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

Notary Public
MIRANDA RAY
State of Alaska
My Commission Expires Feb. 3, 2021

AMCO
JUL 22 2019

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AMCO

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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:	Tom DeSalvo		
Title:	Great Northern Cannabis, Inc. Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JUL 22 2019

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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

Tom DeSalvo
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 12/15/2022

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

STATE OF ALASKA
NOTARY PUBLIC
Karen L. Cassel
My Commission Expires: December 15, 2022

AMCO
JUL 22 2019

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ALCOHOL & MARIJUANA AMCO CONTROL OFFICE

Alaska Marijuana Control Board

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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:	Michael Ellenburg		
Title:	Sole Member and Manager of Murder Lake, LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JUL 22 2019

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Alaska Marijuana Control Board

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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

Michael Ellenburg
Printed name of licensee

ANNA TISHINA NOTARY PUBLIC STATE OF ALASKA My Commission Expires: May 1, 21

Notary Public in and for the State of Alaska

My commission expires: May 1, 21

Subscribed and sworn to before me this 30th day of Jan., 2019.

AMCO
JUL 22 2019

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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:	Patrick Flynn		
Title:	Great Northern Cannabis, Inc. Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JUL 22 2019

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Signature of licensee

Patrick Flynn

Printed name of licensee

MIRANDA HONEST
My Commission Expires
NOTARY PUBLIC
Jul 21, 2019
STATE OF ALASKA

Miranda Honest

Notary Public in and for the State of Alaska

My commission expires: 7/21/19

Subscribed and sworn to before me this 16 day of January, 2019.

AMCO
JUL 22 2019

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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:	Andrew Halcro		
Title:	Great Northern Cannabis, Inc. Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JUL 22 2019

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Signature of licensee

Andrew Halcro

Printed name of licensee

Melinda Gant

Notary Public in and for the State of Alaska

My commission expires: 12-22-2022

Subscribed and sworn to before me this 21 day of February, 2019.

OFFICIAL SEAL
MELINDA M. GANT
NOTARY PUBLIC-STATE OF ALASKA
My Comm. Expires December 22, 2022

AMCO
JUL 22 2019