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

AMCO
JUL 22 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.

Signature of licensee

Notary Public in and for the State of Alaska

Victoria Halcro

Printed name of licensee

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
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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:	Terry Lee Hennessey		
Title:	Great Northern Cannabis, Inc. Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Terry Lee Hennessey

Printed name of licensee

Angela C Miller

Notary Public in and for the State of Alaska

My commission expires: 9.11.20

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

STATE OF ALASKA
NOTARY PUBLIC
Angela C. Miller
My Commission Expires Sep 11, 2020

AMCO
JUL 22 2019

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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:	Darcy P. Holt		
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

Darcy P. Holt

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 8/30/2021

Subscribed and sworn to before me this 31st day of January, 2019.

STATE OF ALASKA
NOTARY PUBLIC
Jillian L. McCoy
My Commission Expires 8/30/2021

AMCO
JUL 22 2019

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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:	Jordan Huss		
Title:	Great Northern Cannabis, Inc. Shareholder		
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

Jordan Huss

Printed name of licensee

JOY EMELIE ROMERO
My Commission Expires
NOTARY PUBLIC
FEBRUARY 24, 2019
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 02-24-19

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

AMCO
JUL 22 2019

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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:	Allyson Parker-Lauck		
Title:	Great Northern Cannabis, Inc. Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Allyson Parker-Lauck
Signature of licensee

Notary Public in and for the State of Alaska

Allyson Parker-Lauck
Printed name of licensee

My commission expires: [illegible]

Subscribed and sworn to before me this 3 day of February, 20 19.

Notary Public
SHENG M. SEVERNS
State of Alaska
My Commission Expires April 7, 2019

AMCO
JUL 22 2019