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:** | 21417 | | |
| **License Type:** | Retail Marijuana Store | | | | |
| **Doing Business As:** | Cosmic SeaWeed, LLC | | | | |
| **Premises Address:** | 261 East Bunnell Ave | | | | |
| **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] |



Received by AMCO 5.22.19

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

## 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.

Christopher Corey
Signature of licensee

Printed name of licensee

AUTUMN B. JOHNSON
NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 8, 2022
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: June 8, 2022

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



Received by AMCO 5.22.19

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:** | 21417 | | |
| **License Type:** | Retail Marijuana Store | | | | |
| **Doing Business As:** | Cosmic SeaWeed, LLC | | | | |
| **Premises Address:** | 261 East Bunnell Ave | | | | |
| **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] |



Received by AMCO 5.22.19

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

## 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

Notary Public
TALENA KINDER
State of Alaska
My Commission Expires May 23, 2022

Talena Kinder
Notary Public in and for the State of Alaska

Chris Long
Printed name of licensee

My commission expires: May 23 2022

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



Received by AMCO 5.22.19

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:** | 21417 | | |
| **License Type:** | Retail Marijuana Store | | | | |
| **Doing Business As:** | Cosmic SeaWeed, LLC | | | | |
| **Premises Address:** | 261 East Bunnell Ave | | | | |
| **City:** | Homer | **State:** | AK | **ZIP:** | 99603 |

## Section 2 – Individual Information

Enter information for the individual licensee.

| | | | |
|---|---|---|---|
| **Name:** | Christina Logan | | |
| **Title:** | Owner, Managing Partner | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |



Received by AMCO 5.22.19

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

## 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
ROBERT L. ANDERSON
State of Alaska
My Commission Expires June 26, 2021

Notary Public in and for the State of Alaska

CHRISTINA LOGAN
Printed name of licensee

My commission expires: JUNE 26, 2021

Subscribed and sworn to before me this 22ND day of MAY, 2019.



Received by AMCO 5.22.19