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:	Arctic Bakery, LLC	**License Number:**	16006		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	David C. Lanning		
Title:	Manager/Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.28.19

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Alaska Marijuana Control Board

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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.

david lanning
Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

S. Quintana
Notary Public in and for the State of Alaska

David C. Lanning
Printed name of licensee

My commission expires: 11/23/19

Subscribed and sworn to before me this 11 day of June, 20 19.

Received by AMCO 6.28.19

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Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Morgan H. Evans		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.28.19

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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

Notary Public in and for the State of ~~Alaska~~ Washington

Morgan H. Evans
Printed name of licensee

My commission expires: 12-30-2020

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

ROBYN WESTERGARD
NOTARY PUBLIC
COMM. EXPIRES
DEC. 30, 2020
STATE OF WASHINGTON

Received by AMCO 6.28.19

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Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Robert G. Parr		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.28.19

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Robert G Parr
Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

S. Quintana
Notary Public in and for the State of Alaska

Robert G. Parr
Printed name of licensee

My commission expires: 11/23/19

Subscribed and sworn to before me this 11 day of June, 2019.

Received by AMCO 6.28.19

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Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Sandra M. Lanning		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Sandra Lanning
Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Notary Public in and for the State of Alaska

Sandra M. Lanning
Printed name of licensee

My commission expires: 11/23/19

Subscribed and sworn to before me this 11 day of June, 2019.

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Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well Street				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Shawn C. Evans		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Notary Public in and for the State of Alaska

Shawn C. Evans
Printed name of licensee

My commission expires: 11/23/19

Subscribed and sworn to before me this 11 day of June, 2019.

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