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:	Land & Seas Laboratory, LLC	**License Number:**	23634		
License Type:	Marijuana Testing Facility				
Doing Business As:	Land & Seas Laboratory				
Premises Address:	3516 W Coghlan Circle, Unit #3				
City:	Wasiila	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Jessica Alexander		
Title:	Owner/Lab Director		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 2/3/2020

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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.

Signature of licensee

Jessica Alexander
Printed name of licensee

OFFICIAL SEAL
Sierra Champ
Notary Public-State of Alaska
My Comm. Expires: 12/06/2023

Sierra Champ
Notary Public in and for the State of Alaska

My commission expires: 12/06/2023

Subscribed and sworn to before me this 29th day of January, 2020.

AMCO Received 2/3/2020

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Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

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License Type:	Marijuana Testing Facility				
Doing Business As:	Land & Seas Laboratory				
Premises Address:	3516 W Coghlan Circle, Unit #3				
City:	Wasiila	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Wade Alexander		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Wade Alexander

Printed name of licensee

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Premises Address:	3516 W Coghlan Circle, Unit #3				
City:	Wasiila	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Steven Larsen		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Steven Larsen
Printed name of licensee

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Doing Business As:	Land & Seas Laboratory				
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City:	Wasiila	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Billie Larsen		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Billie Larsen
Signature of licensee

Billie Larsen
Printed name of licensee

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