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:	T.M.T, LLC	**License Number:**	10890		
License Type:	Retail Marijuana Store				
Doing Business As:	Pakalolo Oceanside				
Premises Address:	735 W. 4th Ave.				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	James Stevens		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 3/18/2020

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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.
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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

James Stevens
Printed name of licensee

AIMEE ROCUSH
My Commission
NOTARY PUBLIC
Expires 08-29-2023
STATE OF ALASKA

Aimee Rocush
Notary Public in and for the State of Alaska

My commission expires: 8/29/2023

Subscribed and sworn to before me this 19 day of December, 2019.

AMCO Received 3/18/2020

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City:	Anchorage	**State:**	Alaska	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Michael Ward		
Title:	Manager/Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 3/18/2020

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Signature of licensee

Michael Ward
Printed name of licensee

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My Commission
NOTARY PUBLIC
Expires 08-29-2023
STATE OF ALASKA

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Premises Address:	735 W. 4th Ave.				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Travis Smith		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 3/18/2020

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Signature of licensee

Travis Smith
Printed name of licensee

AIMEE ROCUSH
My Commission
NOTARY PUBLIC
Expires 08-29-2023
STATE OF ALASKA

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City:	Anchorage	**State:**	Alaska	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Howard Hollister		
Title:	Member of Pakalolo Management Services, LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 5/5/2020

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GWENDOLYN MURDOCK
Notary Public
State of Alaska
My Commission Expires Dec 26, 2022

Signature of licensee

Notary Public in and for the State of Alaska

Howard Hollister

Printed name of licensee

My commission expires: DEC. 26, 2022

Subscribed and sworn to before me this 7 day of April, 2020

AMCO Received 5/5/2020

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City:	Anchorage	**State:**	Alaska	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Keenan Hollister		
Title:	Member of Pakalolo Management Services, LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 5/5/2020

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Signature of licensee

Notary Public in and for the State of Alaska

Keenan Hollister

Printed name of licensee

My commission expires: DEC. 26, 2022

Subscribed and sworn to before me this 7 day of April, 2020.

GWENDOLYN MURDOCK
Notary Public
State of Alaska
My Commission Expires Dec 26, 2022

AMCO Received 5/5/2020

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City:	Anchorage	**State:**	Alaska	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Tyler Hollister		
Title:	Member of Pakalolo Management Services, LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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GWENDOLYN HUBBOCK
Notary Public
State of Alaska
My Commission Expires Dec 26, 2022

Signature of licensee

Notary Public in and for the State of Alaska

Tyler Hollister

Printed name of licensee

My commission expires: Dec. 26, 2022

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AMCO Received 5/5/2020