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:	The Connoisseur Lounge, LLC	**License Number:**	27522		
License Type:	Retail Marijuana Store				
Doing Business As:	The Connoisseur Lounge				
Premises Address:	226 W. Evergreen Avenue				
City:	Palmer	**State:**	Alaska	**ZIP:**	99645

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Mathew Chambers		
Title:	Manager, Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 10.13.21

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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

Mathew Chambers
Printed name of licensee

ALEX HALCOM
STATE OF ALASKA
NOTARY PUBLIC
COMMISSION #210521006
EXPIRES MAY 27TH, 2025

Notary Public in and for the State of Alaska

My commission expires: 5-27-21

Subscribed and sworn to before me this 27th day of August, 2021.

Received by AMCO 10.13.21

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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:	Retail Marijuana Store				
Doing Business As:	The Connoisseur Lounge				
Premises Address:	226 W. Evergreen Avenue				
City:	Palmer	**State:**	Alaska	**ZIP:**	99645

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Sara Jean Berberich		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 10.13.21

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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.

Sara Berberich
Signature of licensee

Sara Jean Berberich
Printed name of licensee

Official Seal
STATE OF ALASKA
Notary Public
Mary A. Hutchinson
Comm. No.: 180106001
Commission Expires: 01/06/2022

Mary A. Hutchinson
Notary Public in and for the State of Alaska

My commission expires: Jan. 06, 2022

Subscribed and sworn to before me this 27th day of August, 2021.

Received by AMCO 10.13.21

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License Type:	Retail Marijuana Store				
Doing Business As:	The Connoisseur Lounge				
Premises Address:	226 W. Evergreen Avenue				
City:	Palmer	**State:**	Alaska	**ZIP:**	99645

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Trisha Torborg		
Title:	Member		
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

Trisha Torborg

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 8/3/24

Subscribed and sworn to before me this 27 day of August, 2021.

State of Alaska
NOTARY PUBLIC
Mary Veronica Schaefer
My Commission Expires Aug 3, 2024

Received by AMCO 10.13.21