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:	ANCHORAGE BOWL LLC	**License Number:**	12316		
License Type:	RETAIL MARIJUANA STORE				
Doing Business As:	ANCHORAGE BOWL LLC				
Premises Address:	4000 SPENARD RD				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99517

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	SHELTON LANDON		
Title:	OWNER / OPERATOR		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 2/15/2022

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.

LISA L. WILLIAMS
NOTARY PUBLIC, STATE OF ALASKA
Commission # 210517012
My Commission Expires
May 17, 2025

Signature of licensee

Notary Public in and for the State of Alaska

Shelter Landon

Printed name of licensee

My commission expires: 05-17-2025

Subscribed and sworn to before me this 9th day of FEBRUARY, 20 22.

Received by AMCO 2/15/2022