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-19: Creditors Affidavit

**Why is this form needed?**

This form must be completed by the **current holder** (transferor) of a marijuana establishment license in order to report all debts of and taxes owed by the business, as required by 3 AAC 306.045(b)(2). The Marijuana Control Board will deny an application for transfer of a license to another person if the Board finds that the transferor has not paid all debts or taxes arising from the operation of the licensed business, unless the transferor gives security for the payment of the debts or taxes satisfactory to the creditor or taxing authority, per 3 AAC 306.080(c)(2).

**You must submit a completed copy of Form MJ-17c: License Transfer Application to each creditor listed on this form. This form must be completed and submitted to AMCO's Anchorage office before any license transfer application will be considered complete.**

## Section 1 – Transferor Information

Enter information for the ***current*** licensee and licensed establishment.

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Hillside Natural Wellness, LLC | **License Number:** | 10837 | | |
| **License Type:** | Retail Marijuana Store | | | | |
| **Doing Business As:** | Anchorage Dispensary Hillside Natural Wellness | | | | |
| **Premises Address:** | 8639 Toloff St. Suite 1 | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99507 |
| [redacted] | | | | | |

## Section 2 – Debts and Taxes Owed

Enter information for each creditor or taxing authority to which debts or taxes are owed. If there are no debts or taxes owed by the business, write "None" in the first field. You will be required to correct this form if a response of "N/A" is written in any field. Attach additional pages or documentation as necessary.

| Creditor / Taxing Authority | Current Valid Email or Mailing Address of Creditor | Amount Owed |
|---|---|---|
| NONE | | |
| | | |
| | | |
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AMCO RCVD 8/31/2023

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## Section 3 – Transferor Certifications

**Read each line below, and then sign your initials in the box to the right of each statement:** Initials

I certify that all debts of the business and all taxes the business owes are listed on Page 1 of this form, and that the contact information provided for each creditor is current. MP

I certify that I have submitted a completed copy of Form MJ-17c: License Transfer Application to each creditor listed on Page 1 of this form. MP

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. MP

Signature of transferor

Mathew Peterson
Printed name of transferor

Signature of Notary Public

Notary Public in and for the State of UTAH.

My commission expires: 8/10/2025

Subscribed and sworn to before me this 4th day of August, 2023.

DIANATHA H BARNHART
Notary Public State of Utah
My Commission Expires on:
August 10, 2025
Comm. Number: 719810



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