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

Why is this form needed?

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 Anchorage 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:	AKO FARMS LLC	**License Number:**	39575		
License Type:	RETAIL				
Doing Business As:	HIGH TIDE CANNABIS				
Premises Address:	4509 HALIBUT POINT ROAD				
City:	SITKA	**State:**	AK	**ZIP:**	99835

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	ELIZABETH MARTIN		
Title:	OWNER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 6.12.25

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Section 3 – Certifications

You must be able to certify the statements below. Read the following and then sign your initials in the boxes to the right:	Initials
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.	EM
I further certify that any ownership change shall be reported to the board as required under 3 AAC 306.040.	EM
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.*	EM
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.	EM

ELIZABETH MARTIN
Printed name of licensee

Elizabeth Martin
Signature of licensee

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License Type:	RETAIL				
Doing Business As:	HIGH TIDE CANNABIS				
Premises Address:	4509 HALIBUT POINT ROAD				
City:	SITKA	**State:**	AK	**ZIP:**	

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	MARTY MARTIN		
Title:	OWNER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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I further certify that any ownership change shall be reported to the board as required under 3 AAC 306.040. MM

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. MM
The procedures for obtaining a change, correction, or updating an FBI identification record are set farth in Title 28, CFR, 16.34.

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MARTY MARTIN
Printed name of licensee

Signature of licensee

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License Type:	RETAIL				
Doing Business As:	HIGH TIDE CANNABIS				
Premises Address:	4509 HALIBUT POINT ROAD				
City:	SITKA	**State:**	AK	**ZIP:**	

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	JUSTIN BROWN		
Title:	OWNER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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I further certify that any ownership change shall be reported to the board as required under 3 AAC 306.040. JB

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. JB
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JUSTIN BROWN
Printed name of licensee

Signature of licensee

AMCO Received 6.12.25