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:	Flower Mountain LLC	**License Number:**	15061		
License Type:	Retail Marijuana Store				
Doing Business As:	Flower Mountain				
Premises Address:	75 Beach Rd				
City:	Haines	**State:**	AK	**ZIP:**	99827

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Emily Julian		
Title:	Owning Partner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 8.18.25

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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. ERJ

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

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

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. ERJ

Emily Julian
Printed name of licensee

Emily Julian
Signature of licensee

AMCO Received 8.18.25

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City:	Haines	**State:**	AK	**ZIP:**	99827

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Ethan Julian		
Title:	Owning Partner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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ALCOHOL & MARIJUANA AMCO CONTROL OFFICE

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Ethan Julian
Printed name of licensee

Signature of licensee

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Doing Business As:	Flower Mountain				
Premises Address:	75 Beach Rd				
City:	Haines	**State:**	AK	**ZIP:**	99827

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Joel Stuk		
Title:	Owning Partner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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mar[illegible]licensing[illegible]gov
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Joel Stuk
Printed name of licensee

Signature of licensee

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City:	Haines	**State:**	AK	**ZIP:**	99827

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Kelsey Gay		
Title:	Owning Partner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Kelsey Gay
Printed name of licensee

Kelsey Gay
Signature of licensee

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City:	Haines	**State:**	AK	**ZIP:**	99827

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Kenneth Waldo		
Title:	Owning Partner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 8.18.25

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Kenneth Waldo
Printed name of licensee

Kenneth E Waldo
Signature of licensee

AMCO Received 8.18.25