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:	Cold Creek Gardens LLC	**License Number:**	21021		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Cold Creek Gardens				
Premises Address:	12668 W Westen Drive				
City:	Houston	**State:**	AK	**ZIP:**	99694

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Cade Inscho		
Title:	Manager & Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

RECEIVED
JUN 30 2025
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

AMCO Received 6.30.25

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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. C.I

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

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. C.I
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. C.I

Cade Inscho
Printed name of licensee

Signature of licensee

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Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Cold Creek Gardens LLC	**License Number:**	21021		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Cold Creek Gardens				
Premises Address:	12668 W Westen Drive				
City:	Houston	**State:**	AK	**ZIP:**	99694

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Steven Paul Johnson		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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AMCO Received 6.30.25

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Section 3 – Certifications

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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. Steven Johnson

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

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. Steven Johnson
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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. Steven Johnson

Steven Paul Johnson
Printed name of licensee

Steven Johnson (Feb 25, 2025 11:17 MST)
Signature of licensee

RECEIVED
JUN 30 2025
ALCOHOL & MARIJUANA CONTROL OFFICE
STATE OF ALASKA

AMCO Received 6.30.25