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

Marijuana Establishment

Form MJ-17c: License Transfer Application

What is this form?

This form must be used to initiate a transfer of ownership of a marijuana establishment license under 3 AAC 306.045. This transfer application must be completed and submitted to AMCO's main office, along with all necessary supplemental documents and fees listed in **Form MJ-17b: License Transfer Application Checklist**, before a transfer of ownership, including a change that affects the controlling interest of an entity, will be considered by the Marijuana Control Board.

Please note that licensees seeking to change controlling interest of an entity that owns multiple licenses must submit a separate completed copy of this form and the required supplemental documents and fees for each license.

Section 1 – Transferor Information

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

Licensee:	Alaska Loven it, LLC	**License Number:**	12833		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Alaska Loven It, LLC				
Premises Address:	2908 Kachemak Drive				
City:	Homer	**State:**	Alaska	**ZIP:**	99603
Email:	jstevens@ak.net				
Local Government:	City of Homer				

☐ Regular ownership transfer ☒ Transfer of controlling interest in the licensed entity

Section 2 – Transferee Information

Enter information for the ***new*** applicant seeking to be licensed. The business license # should be issued for the DBA listed below, and held by the transferee.

Licensee:	Alaska Loven It, LLC	**Alaska Entity #**	10056827		
Mailing Address:	Box 1571				
City:	Homer	**State:**	Alaska	**ZIP:**	99603
Doing Business As:	Alaska Loven It, LLC				
Business License #:	1052906	**Business Phone:**	907-942-5618		

Designated Licensee:	janiese Stevens		
Contact Email:	jstevens@ak.net	**Phone #**	907-942-5618

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Section 3 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 4. If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the supplemental documents and fingerprint fees listed on Form MJ-17b required for each individual entity official. Entity documents must be submitted for each entity listed on this form.

If more space is needed, please attach additional completed copies of this page.

- If the applicant is a **corporation**, list each ***officer or director, and owner of any of the corporation's stock***.
- If the applicant is a **limited liability company**, list each ***member holding any ownership interest and each manager***.
- If the applicant is a **partnership** or **limited partnership**, list each ***partner holding any interest and each general partner***.

Entity Official Name:	Janiese Stevens 21.5% Member of Hibernation Holding Company LLC				
Title(s):	Manager of Hibernation Holding COmpany, LLC	**Phone:**	907-942-5618	**% Owned:**	
Email:	jstevens@ak.net				
Mailing Address:	P.O Box 8593				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Entity Official Name:	Dan Coglianese - 21.5% Member of Hibernation Holding Company LLC				
Title(s):	Member of Hibernation Holding Company, LLC	**Phone:**	907-942-5618	**% Owned:**	
Email:	alaskacitysupply@gmail.com				
Mailing Address:	P.O Box 8593				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Entity Official Name:	Kim Perkins - 14.25% Member of Hibernation Holding Company LLC				
Title(s):	Member of Hibernation Holding Company, LLC	**Phone:**	907-942-5618	**% Owned:**	
Email:	fvphantom@gmail.com				
Mailing Address:	1365 Sawmill Cir				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Entity Official Name:	Erik Fellows - 14.25% Member of Hibernation Holding Company LLC				
Title(s):	Member of Hibernation Holding Company, LLC	**Phone:**	907-942-5618	**% Owned:**	
Email:	alaskavalkyrie@gmail.com				
Mailing Address:	P.O Box 1065				
City:	Homer	**State:**	Alaska	**ZIP:**	99603

Entity Official Name:	Louie Rocheleau - 14.25% Member of Hibernation Holding Company LLC				
Title(s):	Member of Hibernation Holding Company, LLC	**Phone:**	907-942-5618	**% Owned:**	
Email:	rockkodiak@gmail.com				
Mailing Address:	P.O Box 8593				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

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Section 3 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 4. If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the supplemental documents and fingerprint fees listed on Form MJ-17b required for each individual entity official. Entity documents must be submitted for each entity listed on this form.

If more space is needed, please attach additional completed copies of this page.

- If the applicant is a **corporation**, list each ***officer or director, and owner of any of the corporation's stock***.
- If the applicant is a **limited liability company**, list each ***member holding any ownership interest and each manager***.
- If the applicant is a **partnership** or **limited partnership**, list each ***partner holding any interest and each general partner***.

Entity Official Name:	George Kirk - 14.25% Member of Hibernation Holding Company, LLC				
Title(s):	Member of Hibernation Holding Company, LLC	**Phone:**	907-942-5618	**% Owned:**	
Email:	fvphantom2@gmail.com				
Mailing Address:	PO Box 2796				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Entity Official Name:	Hibernation Holding Company, LLC. AK Entity #10100965				
Title(s):	Manager/Member	**Phone:**	907-942-5618	**% Owned:**	100
Email:	jstevens@ak.net				
Mailing Address:	2705 Millbay Road, Suite 205				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

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Form MJ-17c: License Transfer Application

Section 4 – Other Licenses

Ownership and financial interest in other marijuana establishments:

	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other marijuana establishment that is licensed in Alaska?	✔	

If "Yes", disclose which individual(s) has the financial interest, which license number(s), and license type(s):

Janiese Stevens, Dan Coglianese, Kim Perkins, George Kirk, Robert Erik Fellows, and Louis Rocheleau all have a financial interest in Wildflower License#21069

Section 5 – Authorization

Communication with AMCO staff:

	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	✔	

If "Yes", disclose the name of the individual and the reason for this authorization:

JDW, LLC - Jana Weltzin and staff

Section 6 – Transferee Certifications

Read the line below, and then sign your initials in the box to the right of the statement:	Initials
I certify that all proposed licensees (as defined in 3 AAC 306.020) have been listed on this application.	KP
Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form.	KP
I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.	KP
I agree to provide all information required by the Marijuana Control Board in support of this application.	KP

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of transferee

Kim Perkins

Printed name of transferee

AMBER SCOTT NOTARY PUBLIC MY COMMISSION EXPIRES MARCH 28, 2022 STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: March 28, 2022

Subscribed and sworn to before me this 21st day of October, 2020.

Received by AMCO 11/19/2020

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Section 7 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of unsworn falsification that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) approve of the transfer of this license, and that the information on this form is true, correct, and complete.

Signature of transferor

Janiese Stevens

Printed name of transferor

ALMA N. FINNERTY NOTARY PUBLIC My Comm. Exp. March 5, 2023 STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 03·05·2023

Subscribed and sworn to before me this 24th day of January, 20 20.

Signature of transferor

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature of transferor

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Section 7 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of unsworn falsification that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) approve of the transfer of this license, and that the information on this form is true, correct, and complete.

Signature of transferor

Janiese Stevens (Manager of Hibernation Holding)

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Dan Coglianese

Signature of transferor

Dan Coglianese (Member of Hibernation Holding)

Printed name of transferor

BRITTANY M. WILLIAMS
NOTARY PUBLIC
MY COMMISSION EXPIRES August 4, 2020
STATE OF ALASKA

Brittany M. Williams

Notary Public in and for the State of Alaska.

My commission expires: 08/04/2020

Subscribed and sworn to before me this 22 day of April, 2020.

Signature of transferor

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Received by AMCO 11/19/2020