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

Why is this form needed?

This form must be used to apply for a transfer of ownership to another person and/or location of a marijuana establishment license under 3 AAC 306.045 and 3 AAC 306.046. This transfer application must be completed and submitted to AMCO's Anchorage 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, and/or location 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 (from):	SupHerb, LLC	**License Number:**	23652		
License Type:	Retail Marijauna Store				
Doing Business As:	SupHerb				
Premises Address:	2121 N Post Rd				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99501
Email:	Supherb907@gmail.com				
Local Government:	Government Hill				

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

Section 2 – Transferee Information

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

Licensee (to):	SupHerb, LLC	**Alaska Entity #**	10117164		
Mailing Address:	2121 N. Post rd				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99501
Doing Business As:	SupHerb				
New Premises Address (Skip if you are not changing location):					
City (Skip if you are not changing location):		**Local Government** (Skip if you are not changing location):			
State of AK Business License #:	2094860	**Business Phone:**	907-600-9928		

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Designated Licensee (a licensee who will be the main contact):	Oscar Velasco		
Contact Email:	Supherb907@gmail.com	**Phone #**	907-600-9928

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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:	Oscar Velasco				
Title(s):	Member / Manager	**Phone:**	907-302-9542	**% Owned:**	45
Email:	Velascoinvestments907@gmail.com				
Mailing Address:	1531 Oxford dr				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

Entity Official Name:	Christine Williams				
Title(s):	Member / Manager	**Phone:**	907-600-2298	**% Owned:**	35
Email:	ckwilliams1005@gmail.com				
Mailing Address:	1531 Oxford dr				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

Entity Official Name:	Roberto Vallejo				
Title(s):	Member	**Phone:**	626-639-9073	**% Owned:**	20
Email:	velascoinvestments907@gmail.com				
Mailing Address:	1531 Oxford Dr				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

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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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):

SupHerb Standard Marijauna Cultivation - 23653
SupHerb Product Manufacturing Facility - 36957

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:

Jessika Smith - Agent Lance Wells - Lawyer

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.	OV
Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form.	OV
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.	OV
I agree to provide all information required by the Marijuana Control Board in support of this application.	OV
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.	OV

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Signature of transferee

Oscar Velasco

Printed name of transferee

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 09.15.2027

Subscribed and sworn to before me this 11th day of October, 2023.

STATE OF ALASKA
NOTARY PUBLIC
Aloisa Myra Tomas
My Commission Expires Sep 15, 2027

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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 hereby certify 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. 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.

Signature of transferor

Michelle Velasco

Printed name of transferor

Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 6/3/24

Subscribed and sworn to before me this 10th day of October, 20 23

STATE OF ALASKA
NOTARY PUBLIC
Kristina McDaniel
My Commission Expires: June 3, 2024

Signature of transferor

Printed name of transferor

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____

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

Signature of transferor

Printed name of transferor

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____

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

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OCT 12 2023