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

Transfer Required

Form MJ-17a: Temporary Ownership Change Report

What is this form?

This temporary ownership change report must be completed and submitted to AMCO's main office, along with all necessary supplemental documents and fees, before an ownership change that requires a transfer application, including a change that affects the controlling interest of an entity, occurs.

The following must be submitted for each new person being added as a licensee or affiliate on the license. Once the online transfer application is available, you will not be required to resubmit duplicates of these documents:

- A completed copy of **Form MJ-00:** Application Certifications
- A completed copy of **Form MJ-09:** Statement of Financial Interest
- A completed **fingerprint card**
- **Fingerprint fees** ($47.00 per person)
- If the transferee is an entity, a copy of the completed **Notice of Change of Officials** or **Creation Filing** that has been or will be filed with the Alaska Division of Corporations, Business & Professional Licensing
- Entity documents:
  - If the entity is a corporation, the **certificate of incorporation**, and a **list of all shareholders**, with the percentage of ownership of each shareholder
  - If the entity is an LLC, an updated copy of the LLC's **operating agreement**
  - If the entity is a partnership, an updated copy of the **partnership agreement**

If there is any change in ownership that will require an application for transfer, including a change in controlling interest of the marijuana establishment license, the establishment must file an application for transfer of license to another person under 3 AAC 306.045 as soon as the online transfer application becomes available. 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 for each license.

Section 1 – Transferor Information

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

Licensee:	Tara Ann Bass	**License Number:**	10149		
License Type:	Retail Marijuana Store				
Doing Business As:	Remedy Shoppe				
Premises Address:	371 3rd Avenue				
City:	Skagway	**State:**	AK	**ZIP:**	99840

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Section 2 – Transferee Information

Enter information for the ***new*** applicant seeking to be licensed.

Licensee:	Remedy Shoppe, LLC				
Mailing Address:	P.O. Box 193				
City:	Skagway	**State:**	Alaska	**ZIP:**	99840
Business License #:	1046490	**Business Phone:**	(907) 983-3345		
Alaska Entity #:	10047436				

Designated Licensee:	Tara Ann Bass
Contact Phone:	(907) 612-0277
Contact Email:	info@remedyshoppe907.com

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 4.
If more space is needed, please attach a separate sheet with the required information.
The following information must be completed for each licensee and each affiliate.

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		**State:**		**ZIP:**	
Contact Phone:					

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		**State:**		**ZIP:**	
Contact Phone:					

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Section 4 – 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 5.
If more space is needed, please attach additional completed copies of this page, as needed.

- If the applicant is a **corporation**, the following information must be completed for each ***officer or owner of any of the corporation's stock***.
- If the applicant is a **limited liability company**, the following information must be completed for each ***member holding any ownership interest***.
- If the applicant is a **partnership**, including a **limited partnership**, the following information must be completed for each ***partner holding any interest*** in the partnership.

Entity Official:	Tara Ann Bass				
Title(s):	Managing Member	**Phone:**	(907) 612-0277	**% Owned:**	100
Address:	P.O. Box 193				
City:	Skagway	**State:**	Alaska	**ZIP:**	99840

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

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

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

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Section 5 – 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

Tara Ann Bass

Printed name of transferor

Subscribed and sworn to before me this 22 day of December, 2016.

KAYLEIGH KIESEL NOTARY PUBLIC STATE OF ALASKA

Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 9-18-18

Signature of transferor

Printed name of transferor

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

Notary Public in and for the State of Alaska.

My commission expires: _____

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Section 6 – Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement: Initials

Completed copies of all required documents and fees listed on Page 1 of this form are attached.

I understand that submission of this form is solely for **temporary** reporting purposes, and that this form does not substitute or satisfy the transfer application that is required under 3 AAC 306.045. I certify that **I will submit a transfer application**, including all required supplemental documents and forms, as soon possible after the online transfer application becomes available.

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. I understand that completion and submission of this form in no way guarantees board approval of my future transfer application.

Signature of transferee

Remedy Shoppe, LLC, Tara Ann Bass, Managing Member

Printed name of transferee

Subscribed and sworn to before me this 22 day of December, 2016.

KAYLEIGH KIESEL NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 9.18.18