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:** | Croy's Enterprises LLC | **License Number:** | 10273 | | |
| **License Type:** | Retail Marijuana Store | | | | |
| **Doing Business As:** | Pine Street Cannabis Company | | | | |
| **Premises Address:** | 36130 Pine St. | | | | |
| **City:** | Soldotna | **State:** | Alaska | **ZIP:** | 99669 |
| **Email:** | pinestcannabis@gmail.com | | | | |
| **Local Government:** | Kenai Peninsula Borough | | | | |

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

## Section 2 – Transferee Information

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

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Croy's Enterprises LLC | **Alaska Entity #** | 10035916 | | |
| **Mailing Address:** | 36130 Pine St. | | | | |
| **City:** | Soldotna | **State:** | AK | **ZIP:** | 99669 |
| **Business License #:** | 1056442 | **Business Phone:** | 907-260-3330 | | |

| | |
|---|---|
| **Designated Licensee:** | Richard C. Ebenezer |
| **Contact Phone:** | 907-301-0683 |
| **Contact Email:** | pinestcannabis@gmail.com |



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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 / Entity Official 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, as needed.**

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

| | | | | | |
|---|---|---|---|---|---|
| **Entity / Entity Official:** | Croy's Enterprises LLC/Richard C. Ebenezer | | | | |
| **Title(s):** | Owner | **Phone:** | 907-301-0683 | **% Owned:** | 100 |
| **Email:** | pinestcannabis@gmail.com | | | | |
| **Mailing Address:** | 36130 Pine St. | | | | |
| **City:** | Soldotna | **State:** | AK | **ZIP:** | 99669 |

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

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

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



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# Marijuana Establishment
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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):**

Croy's Enterprises LLC/Richard C. Ebenezer has financial interest in License #10137, Standard Marijuana Cultivation Facility.

## 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:**



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## Section 6 – 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

Richard C. Ebenezer
Printed name of transferor

Subscribed and sworn to before me this 21st day of November, 2017.

OFFICIAL SEAL
Katie Ring
Notary Public - State of Alaska

Notary Public in and for the State of Alaska.

My commission expires: 9.20.19

Signature of transferor

James M. Harris
Printed name of transferor

Subscribed and sworn to before me this 2nd day of January, 2018.

OFFICIAL SEAL
Katie Ring
Notary Public - State of Alaska

Notary Public in and for the State of Alaska.

My commission expires: 9.20.19

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## Section 7 – Transferee Certifications

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

I certify that all proposed licensees (as defined in 3 AAC 306.020) and affiliates have been listed on this application. RE

Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form. RE

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. RE

I agree to provide all information required by the Marijuana Control Board in support of this application. RE

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

Richard C. Ebenezer
Printed name of transferee

Subscribed and sworn to before me this 21st day of November, 2017.

OFFICIAL SEAL
Katie Ring
Notary Public - State of Alaska

Notary Public in and for the State of Alaska.

My commission expires: 9-20-19



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