Alcohol & 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

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

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

Licensee:	SEU LLC	**License Number:**	10307		
License Type:	Retail Marijuana Store				
Doing Business As:	ALASKA FIREWEED				
Physical Address:	715 W 4th Ave				
City:	Anchorage	**State:**	AK	**Zip Code:**	99501
Designated Licensee:	Susan Nowland				
Email Address:	snowtz@aol.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items: MJ-17	Pg 1

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

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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:	SCU LLC	**License Number:**	10307		
License Type:	Retail marijuana Store				
Doing Business As:	Alaska Fireweed				
Premises Address:	715 W 4th Ave				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99501
Email:	snowtz@aol.com				
Local Government:	Downtown				

☐ 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.

Licensee:	SCU LLC	**Alaska Entity #**	10028588		
Mailing Address:	715 W 4th Ave				
City:	Anchorage	**State:**	AK	**ZIP:**	99501
Business License #:	10367776	**Business Phone:**	907-258-9333		

Designated Licensee:	Susan Nowland
Contact Phone:	907-230-5069
Contact Email:	snowtz@aol.com

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Marijuana Establishment
Form MJ-17c: License Transfer Application

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:	Susan Nowland				
Title(s):	member	**Phone:**	907230-5069	**% Owned:**	100
Email:	snowtze aol.com				
Mailing Address:	12015 Wilderness				
City:	Anchorage	**State:**	AK	**ZIP:**	99516

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
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):

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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Marijuana Establishment
Form MJ-17c: License Transfer Application

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

Anthony Mann
Printed name of transferor

Subscribed and sworn to before me this 17 day of November, 20 17.

STATE OF ALASKA
NOTARY PUBLIC
G. Cruickshank
My Commission Expires: June 6, 2021

Notary Public in and for the State of Alaska.

My commission expires: 6/6/21

+ Signature of transferor

Susan Nowland
Printed name of transferor

Subscribed and sworn to before me this 24th day of January, 20 18.

ERIKA J. ROSENBERGER
Notary Public
State of Alaska
My Commission Expires Oct 27, 2020

Notary Public in and for the State of Alaska.

My commission expires: 10/27/2020

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Marijuana Establishment
Form MJ-17c: License Transfer Application

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. SN

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

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. SN

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

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

Susan Nowland

Printed name of transferee

Subscribed and sworn to before me this 20th day of November, 2017.

ERIKA J. ROSENBERGER
Notary Public
State of Alaska
My Commission Expires Oct 27, 2020

Erika J. Rosenberger
Notary Public in and for the State of Alaska.

My commission expires: 10/27/2020

Received by AMCO 12.04.17