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:	Black Rapids LLC	**License Number:**	10027		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Black Rapids				
Premises Address:	721 Cloud Road				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99705
Email:	Grant@blackrapidsak.com				
Local Government:	Fairbanks North Star Borough				

☐ 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:	Black Rapids LLC	**Alaska Entity #**	10035364		
Mailing Address:	607 Old Steese Hwy Ste B Box 303				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	997098
Business License #:	1032790	**Business Phone:**	(907) 347-7961		

Designated Licensee:	Kyle Wendler
Contact Phone:	(907) 347-7961
Contact Email:	Kyle@blackrapidsak.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 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, 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 Official Name:	Kyle Wendler				
Title(s):	Owner	**Phone:**	907-347-7961	**% Owned:**	33.33
Email:	Kyle@blackrapidsak.com				
Mailing Address:	607 Old Steese Hwy Ste B Box 303				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Entity Official Name:	Miguel Espinosa				
Title(s):	Owner	**Phone:**		**% Owned:**	33.34
Email:	Miguel@blackrapidsak.com				
Mailing Address:	607 Old Steese Hwy Ste B Box 303				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Entity Official Name:	Apollo, LLC (William St. Pierre)				
Title(s):	Member	**Phone:**	907-322-5336	**% Owned:**	33.33
Email:	bill@tvtc.co				
Mailing Address:	PO Box 84662				
City:	Fairbanks	**State:**	AK	**ZIP:**	99708

Entity Official Name:	William St. Pierre				
Title(s):	Sole Member of Apollo, LLC	**Phone:**	907-322-5336	**% Owned:**	
Email:	bill@tvtc.co				
Mailing Address:	PO Box 84662				
City:	Fairbanks	**State:**	AK	**ZIP:**	99708

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):

Kyle Wendler - Rebel Roots LLC (License Number 13119), Fox Creek LLC (License Number 14477)
Miguel Espinosa - Rebel Roots LLC (License Number 13119), Fox Creek LLC (License Number 14477)
Apollo, LLC - Rebel Roots LLC (License Number 13119), Fox Creek LLC (License Number 14477)

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:

Jason Brandeis, attorney.

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) and affiliates have been listed on this application. ME

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

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. ME

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

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.

Miguel Espinosa
Signature of transferee

Miguel Espinosa
Printed name of transferee

"Official Seal" Notary Public Kelsey Stein State of Alaska Commission #171220006 Expires: 12/20/21

Notary Public in and for the State of Alaska.

My commission expires: 12/20/2021

Subscribed and sworn to before me this 1st day of october, 2018.

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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):

Kyle Wendler - Rebel Roots LLC (License Number 13119), Fox Creek LLC (License Number 14477)
Miguel Espinosa - Rebel Roots LLC (License Number 13119), Fox Creek LLC (License Number 14477)
Apollo, LLC - Rebel Roots LLC (License Number 13119), Fox Creek LLC (License Number 14477)

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:

Jason Brandeis, attorney

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) and affiliates have been listed on this application. KW

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

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. KW

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

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

Kyle Wendler

Printed name of transferee

"Official Seal" Notary Public Kelsey Stein State of Alaska Commission #171220006 Expires: 12/20/21

Notary Public in and for the State of Alaska.

My commission expires: 12/20/2021

Subscribed and sworn to before me this 1st day of October, 2018.

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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

Grant Anderson

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: 12/20/2021

Subscribed and sworn to before me this 1st day of October, 2018.

"Official Seal"
Notary Public
Kelsey Stein
State of Alaska
Commission #171220006 Expires: 12/20/21

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____.

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