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:	AK Rime, LLC	**License Number:**	10865		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	AK Rime				
Premises Address:	5200 A Street Suite 101				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99518
Email:	kyle@anseralaska.com				
Local Government:	MOA				

☐ 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:	AK Rime, LLC	**Alaska Entity #**	10037112		
Mailing Address:	PO Box 90064				
City:	Anchorage	**State:**	AK	**ZIP:**	99509
Business License #:	1034752	**Business Phone:**	907-561-2183		

Designated Licensee:	Kyle A. Denton
Contact Phone:	907-301-9793
Contact Email:	kyle@anseralaska.com

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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 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:	Blackstone Investments, LLC AK Entity # 10083469				
Title(s):	Member of AK Rime	**Phone:**	907-561-2183	**% Owned:**	100
Email:	kyle@anseralaska.com				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

Entity Official Name:	Kyle Denton				
Title(s):	Member of Blackstone	**Phone:**	907-301-9793	**% Owned:**	50
Email:	kyle@anseralaska.com				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

Entity Official Name:	Seth Anderson				
Title(s):	Member of Blackstone	**Phone:**	907-441-5772	**% Owned:**	5
Email:	arete.seth @gmail.com				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

Entity Official Name:	Marc Eide				
Title(s):	Member of Blackstone	**Phone:**	907-360-3062	**% Owned:**	5
Email:	marc.eide@farpointak.com				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

Entity Official Name:	David McConnell				
Title(s):	Member of Blackstone	**Phone:**	907-229-4923	**% Owned:**	2.5
Email:	dave@northacd.com				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

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- If the applicant is a **partnership** or **limited partnership**, complete the following for each ***partner holding any interest***.

Entity Official Name:	Carey Mills				
Title(s):	Member of Blackstone	**Phone:**	907-748-1107	**% Owned:**	5.0
Email:	careymills5@gmail.com				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

Entity Official Name:	Todd Olson				
Title(s):	Member of Blackstone	**Phone:**	907-227-3156	**% Owned:**	2.5
Email:	olsoneng@gci.net				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

Entity Official Name:	Harry Pritchard				
Title(s):	Member of Blackstone	**Phone:**	907-529-9007	**% Owned:**	5.0
Email:	arete.seth @gmail.com				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

Entity Official Name:	Kelly Wilmes				
Title(s):	Member of Blackstone	**Phone:**	907-227-8625	**% Owned:**	2.5
Email:	kelbob@gci.net				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

Entity Official Name:	Scott Young				
Title(s):	Member of Blackstone	**Phone:**	907-952-3999	**% Owned:**	10.0
Email:	scottyoung62357@me.com				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

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Section 3 – Entity Ownership Information

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- If the applicant is a **partnership** or **limited partnership**, complete the following for each ***partner holding any interest***.

Entity Official Name:	Todd Zietlow				
Title(s):	Member of Blackstone	**Phone:**	907-227-3156	**% Owned:**	2.5
Email:	info@safetwayelectric.com				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

Entity Official Name:	Tom Zietlow				
Title(s):	Member of Blackstone	**Phone:**	907-229-2575	**% Owned:**	10.0
Email:	tzietlow1@gci.net				
Mailing Address:	PO Box 90084				
City:	Anchorage	**State:**	AK	**ZIP:**	99509

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:**	

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

Alaska Marijuana Control Board

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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):

Blackstone Investments and its members as listed above are applying for concurrent transfers of; License 10248 - Standard Marijuana Cultivation Facility, License 10085 - Marijuana Product Manufacturing Facility and License 10086 - Marijuana Retail Store

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:

Jana Weltzin - 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. KD

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

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. KD

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

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 Denton

Blackstone Investments, LLC

Printed name of transferee

MARC F. EID NOTARY PUBLIC State of Alaska

Notary Public in and for the State of Alaska.

My commission expires: 2/19/2019

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

Received by AMCO 11.27.18

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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

Kyle A. Denton

Printed name of transferor

MARC F. EID NOTARY PUBLIC State Of Alaska

Notary Public in and for the State of Alaska.

My commission expires: 2/14/2019

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

Signature of transferor

David L. McConnell

Printed name of transferor

MARC F. EID NOTARY PUBLIC State Of Alaska

Notary Public in and for the State of Alaska.

My commission expires: 2/14/2019

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

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____.