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:	ROBIN C THOMAS	**License Number:**	11119		
License Type:	Retail Marijuana Store				
Doing Business As:	GUDLIEF ORGANIZATION				
Premises Address:	303-C West E. Street				
City:	Nome	**State:**	Alaska	**ZIP:**	99762
Email:	gudyul@gmail.com				
Local Government:	City of Nome				

☐ 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:	Gudlief Organization, LLC	**Alaska Entity #**	10057617		
Mailing Address:	PO Box 397				
City:	Nome	**State:**	AK	**ZIP:**	99762
Business License #:	1088331	**Business Phone:**	907-304-5054		

Designated Licensee:	Robin Thomas
Contact Phone:	907-304-5054
Contact Email:	gudyul@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 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:	ROBIN C THOMAS				
Title(s):	Member of Gudlief Org, LLC	**Phone:**	907-304-5054	**% Owned:**	51
Email:	gudyul@gmail.com				
Mailing Address:	PO Box 397				
City:	Nome	**State:**	AK	**ZIP:**	99762

Entity Official Name:	Alaskan Grown Products, LLC - Entity Number 10079221				
Title(s):	Member of Gudlief Org, LLC	**Phone:**	(907) 312-8521	**% Owned:**	49
Email:	kpeacock1@hotmail.com				
Mailing Address:	HC89 BOX 255				
City:	Willow	**State:**	AK	**ZIP:**	99688

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:**	

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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:	Breakdown of Alaskan Grown Products, LLC - Entity Number 10079221				
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:	Kalla Peacock				
Title(s):	Member of Alaskan Grown Products, LLC	**Phone:**	(907) 312-8521	**% Owned:**	100
Email:	kpeacock1@hotmail.com				
Mailing Address:	HC89 BOX 255				
City:	Willow	**State:**	AK	**ZIP:**	99688

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:**	

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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):

Kalla Peacock - 10979 Cultivation -Robin was going transfer the limited grow to Gudlief Organization, LLC which Kalla is a member of, but since the time we submitted this form, Robin has decided to not to continue the grow.

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 & JDW Team

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. [KP]

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

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. [KP]

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

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

Kalla Peacock

Printed name of transferee

STATE OF ALASKA
NOTARY PUBLIC
Lahka Peacock

Notary Public in and for the State of Alaska.

My commission expires: 5-13-21

Subscribed and sworn to before me this 25th day of May, 2018.

Received by AMCO 11.21.18

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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

Robin C Thomas

Printed name of transferor

STATE OF ALASKA
NOTARY PUBLIC
Lahka Peacock

Notary Public in and for the State of Alaska.

My commission expires: 5-13-21

Subscribed and sworn to before me this 25th day of May, 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____.

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____.

Received by AMCO 11.21.18