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:	BROWN BEAR ENTERPRISES LLC	**License Number:**	14619		
License Type:	PRODUCT MANUFACTURING				
Doing Business As:	BROWN BEAR LABS				
Premises Address:	6209 MIKE ST STE 2B				
City:	ANCHORAGE	**State:**	Alaska	**ZIP:**	99518
Email:	eslehrmann@gmail.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. The business license # should be issued for the DBA listed below, and held by the transferee.

Licensee:	DENALI FIRE BROWN LLC	**Alaska Entity #**	10108287		
Mailing Address:	500 W INTERNATIONAL AIRPORT RD STE F				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99508
Doing Business As:	DENALI FIRE EXTRACTS				
Business License #:	2089239	**Business Phone:**	907-538-2522		

Designated Licensee:	ELI LEHRMANN		
Contact Email:	eslehrmann@gmail.com AMCO	**Phone #**	907-440-4047

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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**, list each ***officer or director, and owner of any of the corporation's stock.***
- If the applicant is a **limited liability company**, list each ***member holding any ownership interest and each manager.***
- If the applicant is a **partnership** or **limited partnership**, list each ***partner holding any interest and each general partner.***

Entity Official Name:	DENALI FIRE LLC #10107851				
Title(s):	MEMBER	**Phone:**	907-538-2522	**% Owned:**	100
Email:	license@denalifire.com				
Mailing Address:	500 W INTERNATIONAL AIRPORT RD STE F				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99508

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:**	

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

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Entity Official Name:	ONE DENALI LLC #10107740				
Title(s):	MEMBER	**Phone:**	907-538-2522	**% Owned:**	40
Email:	info@financialalaska.com				
Mailing Address:	500 W INTERNATIONAL AIRPORT RD STE F				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99508

Entity Official Name:	MAVERICK VENTURES LLC #10105026				
Title(s):	MEMBER	**Phone:**	907-242-9405	**% Owned:**	30
Email:	james@denalifire.com				
Mailing Address:	3021 CONCORD LANE				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99502

Entity Official Name:	DIGITAL DYNAMICS LLC #10107106				
Title(s):	MEMBER	**Phone:**	907-440-4047	**% Owned:**	30
Email:	eslehrmann@gmail.com				
Mailing Address:	1120 HUFFMAN RD STE 24211				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99515

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:**	AMCO	**ZIP:**	

Alaska Marijuana Control Board

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- If the applicant is a corporation, list each ***officer or director, and owner of any of the corporation's stock.***
- If the applicant is a limited liability company, list each ***member holding any ownership interest and each manager.***
- If the applicant is a partnership or limited partnership, list each ***partner holding any interest and each general partner.***

Entity Official Name:	JASON C EVANS (50% MEMBER - ONE DENALI LLC)				
Title(s):	MEMBER	**Phone:**	907-538-2522	**% Owned:**	
Email:	jason@denalifire.com				
Mailing Address:	500 W INTERNATIONAL AIRPORT RD STE F				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99508

Entity Official Name:	KALLA J PEACOCK (50% MEMBER - ONE DENALI LLC)				
Title(s):	MEMBER	**Phone:**	907-312-8521	**% Owned:**	
Email:	kalla@denalifire.com				
Mailing Address:	500 W INTERNATIONAL AIRPORT RD STE F				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99508

Entity Official Name:	JAMES W STEVENS (100% MEMBER, MANAGER - MAVERICK VENTURES LLC)				
Title(s):	MEMBER	**Phone:**	907-242-9405	**% Owned:**	
Email:	james@denalifire.com				
Mailing Address:	3021 CONCORD LANE				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99502

Entity Official Name:	RAQUEL V LEHRMANN (50% MEMBER -DIGITAL DYNAMICS LLC)				
Title(s):	MEMBER	**Phone:**	907-632-8969	**% Owned:**	
Email:	raquel@denalifire.com				
Mailing Address:	1120 HUFFMAN RD STE 24211				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99515

Entity Official Name:	ELI LEHRMANN (50% MEMBER - DIGITAL DYNAMICS LLC)				
Title(s):	MEMBER	**Phone:**	907-440-4047	**% Owned:**	
Email:	eli@denalifire.com				
Mailing Address:	1120 HUFFMAN RD STE 24211				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99515

Received by AMCO 10/1/19

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 - #17764 - RETAIL STORE (ALASKA GROWN PRODUCTS LLC)
KALLA PEACOCK - #11119 - RETAIL STORE (ALASKA GROWN PRODUCTS LLC)
JAMES STEVENS - #10890 - RETAIL STORE (PAKALOLO OCEANSIDE LLC)
ELI LEHRMANN - #14073 - STANDARD CULTIVATION (BLACK BEAR ENTERPRISES LLC)
ELI LEHRMANN - #14083 - RETAIL STORE (GREEN BEAR ENTERPRISES LLC)
RAQUEL LEHRMANN - #14073 - STANDARD CULTIVATION (BLACK BEAR ENTERPRISES LLC)
RAQUEL LEHRMANN - #14083 - RETAIL STORE (GREEN BEAR ENTERPRISES LLC)

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:

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) have been listed on this application.	EL
Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form.	EL
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.	EL
I agree to provide all information required by the Marijuana Control Board in support of this application.	EL

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

Notary Public
JOHN MARTIN
State of Alaska
My Commission Expires June 8, 2021

J. Martin
Notary Public in and for the State of Alaska.

ELI LEHRMANN
Printed name of transferee

AMCO

My commission expires: 06/08/2021

Subscribed and sworn to before me this 17th day of July, 2019.

AUG 07 2019

License # 14619

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

ELI LEHRMANN

Printed name of transferor

J. Mart

Notary Public in and for the State of Alaska.

My commission expires: ~~07~~ JM 06/08/2021

Subscribed and sworn to before me this 17 day of July, 2019.

Notary Public
JOHN MARTIN
State of Alaska
My Commission Expires June 8, 2021

Signature of transferor

RAQUEL LEHRMANN

Printed name of transferor

J. Mart

Notary Public in and for the State of Alaska.

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Subscribed and sworn to before me this 17 day of July, 2019.

Notary Public
JOHN MARTIN
State of Alaska
My Commission Expires June 8, 2021

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____.

AMCO
AUG 07 2019