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:	BUDDING ALASKA, LLC.	**License Number:**	10025		
License Type:	STANDARD MARIJUANA CULTIVATION FACILITY				
Doing Business As:	BUDDING ALASKA, LLC.				
Premises Address:	32273 OLD NASH ROAD				
City:	SEWARD	**State:**	Alaska	**ZIP:**	99664
Email:	buddingalaskallc@gmail.com				
Local Government:	KENAI PENINSULA 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. The business license # should be issued for the DBA listed below, and held by the transferee.

Licensee:	MOOSE GARDEN, LLC.	**Alaska Entity #**	10101103		
Mailing Address:	PO BOX 190856				
City:	ANCHORAGE	**State:**	AK.	**ZIP:**	99508
Doing Business As:	MOOSE GARDEN, LLC.				
Business License #:	2083439	**Business Phone:**	561-632-9213		

Designated Licensee:	ANGELA YINH		
Contact Email:	amdelightak@gmail.com	**Phone #**	561-632-9213

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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**, 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:	ANGELA YINH				
Title(s):	MEMBER, LLC.	**Phone:**	318-541-0640	**% Owned:**	50
Email:	amdelightak@gmail.com				
Mailing Address:	PO Box 190856				
City:	Anchorage	**State:**	AK.	**ZIP:**	99519

Entity Official Name:	MARIUS YINH				
Title(s):	MANAGER/MEMBER, LLC.	**Phone:**	561-632-9213	**% Owned:**	50
Email:	amdelightak@gmail.com				
Mailing Address:	PO Box 190856				
City:	Anchorage	**State:**	AK.	**ZIP:**	99519

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):

Lic. No. 10267 - Retail Marijuana Store
Angela Yinh

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:

Lance Wells, Atty. (Attorney helping us)

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. AY

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

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. AY

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

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.

A. Yinh
Signature of transferee

Angela Yinh
Printed name of transferee

LANCE C. WELLS NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 6.18.21

Subscribed and sworn to before me this 28th day of March, 2019.

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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

Bruce R Martin
Printed name of transferor

SEE ATTACHED
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____.

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____.

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Joaquin

Subscribed and sworn to (or affirmed) before me on this 18 day of March,

2019 by Bruce R Martin,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature (Seal)

ELIZABETH WIDGREN
COMM. # 2139630
NOTARY PUBLIC • CALIFORNIA
SAN JOAQUIN COUNTY
Comm. Exp. FEB. 5, 2020
MGC1 MGC1

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Alaska Marijuana Control Board
(Title or description of attached document)

Form MJ-17C: License Transfer App.
(Title or description of attached document continued)

Number of Pages _____ Document Date 3/18/19

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information Is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

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