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:	Arctic Bakery, LLC	**License Number:**	16006		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Arctic Bakery, LLC				
Premises Address:	1409 Well St				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701
Email:	david@arcticbakery.com				
Local Government:	City of Fairbanks				

☐ 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:	Arctic Bakery, LLC	**Alaska Entity #**	10071254		
Mailing Address:	1409 Well St				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701
Doing Business As:	Arctic Bakery, LLC				
Business License #:	1061979	**Business Phone:**	907-460-1557		

Designated Licensee:	David C. Lanning		
Contact Email:	david@arcticbakery.com	**Phone #**	907-460-1557

Received by AMCO 8.22.19

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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:	David C. Lanning				
Title(s):	Member/Manager	**Phone:**	907-460-1557	**% Owned:**	12.5
Email:	david@arcticbakery.com				
Mailing Address:	PO Box 470				
City:	Ester	**State:**	AK	**ZIP:**	99725

Entity Official Name:	Sandra M. Lanning				
Title(s):	Member	**Phone:**	907-987-9508	**% Owned:**	12.5
Email:	lanningak@acsalaska.net				
Mailing Address:	PO Box 470				
City:	Ester	**State:**	AK	**ZIP:**	99725

Entity Official Name:	Robert G. Parr				
Title(s):	Member	**Phone:**	907-378-7142	**% Owned:**	25
Email:	hnddrm.bobp@gmail.com				
Mailing Address:	PO Box 10326				
City:	Fairbanks	**State:**	AK	**ZIP:**	99710

Entity Official Name:	Shawn C. Evans				
Title(s):	Member	**Phone:**	907-378-4791	**% Owned:**	25
Email:	sce@realtyalaska.com				
Mailing Address:	346 Crystal Road				
City:	Fairbanks	**State:**	AK	**ZIP:**	99712

Entity Official Name:	Morgan H. Evans				
Title(s):	Member	**Phone:**	907-378-4719	**% Owned:**	25
Email:	morganevans40@gmail.com				
Mailing Address:	1409 Well St.				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

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):

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, JDW, LLC - Attorney and employees

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

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.

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Signature of transferee

Notary Public in and for the State of Alaska.

David C. Lanning
Printed name of transferee

My commission expires: 11/23/19

Subscribed and sworn to before me this 6 day of June, 2019.

Received by AMCO 8.22.19

Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

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):

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, JDW, LLC - Attorney and employees

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

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.

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

Sandra Lanning
Signature of transferee

Sandra M. Lanning
Printed name of transferee

Notary Public in and for the State of Alaska.

My commission expires: 11/23/19

Subscribed and sworn to before me this 6 day of June, 20 19.

Received by AMCO 8.22.19

Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

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):

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, JDW, LLC - Attorney and employees

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

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.

Robert G Parr
Signature of transferee

Robert G. Parr
Printed name of transferee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

S. Quintana
Notary Public in and for the State of Alaska.

My commission expires: 11/23/19

Subscribed and sworn to before me this 6 day of June, 2019.

Received by AMCO 8.22.19

Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

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):

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, JDW, LLC - Attorney and employees

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

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.

Shawn C. Evans
Signature of transferee

NOTARY PUBLIC
S. Quintana
STATE OF ALASKA
Exp November 23, 2019

S. Quintana
Notary Public in and for the State of Alaska.

Shawn C. Evans
Printed name of transferee

My commission expires: 11/23/2019

Subscribed and sworn to before me this 3 day of June, 20 19.

Received by AMCO 8.22.19

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):

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, JDW, LLC - Attorney and employees

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

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.

ROBYN WESTERGARD
NOTARY PUBLIC
COMM. EXPIRES
DEC. 30, 2020
STATE OF WASHINGTON

Signature of transferee

Morgan H. Evans
Printed name of transferee

Notary Public in and for the State of ~~Alaska~~ Washington

My commission expires: 12-30-2020

Subscribed and sworn to before me this 3 day of June, 2019.

Received by AMCO 8.22.19

Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

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

Brian Simpson

Printed name of transferor

Lisa Cooper

Notary Public in and for the State of Alaska.

My commission expires: 4/6/22

Subscribed and sworn to before me this 30 day of May, 2019.

STATE OF ALASKA
NOTARY PUBLIC
Lisa Cooper
#180406004
My Commission Expires: April 6, 2022

Signature of transferor

Nellie Scott

Printed name of transferor

Lisa Cooper

Notary Public in and for the State of Alaska.

My commission expires: 4/6/22

Subscribed and sworn to before me this 30 day of May, 2019.

STATE OF ALASKA
NOTARY PUBLIC
Lisa Cooper
#180406004
My Commission Expires: April 6, 2022

Signature of transferor

DAVID C. LANNING

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: 3/10/2020

Subscribed and sworn to before me this 20th day of August, 2019.

NB

STATE OF ALASKA
NOTARY PUBLIC
Maddie Boyd
My Commission Expires

STATE OF ALASKA
NOTARY PUBLIC
Maddie Boyd
My Commission Expires March 10, 2020

Received by AMCO 8.22.19