NOTIFICATIONS

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

Alcohol and Marijuana Control Office

550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

May 25, 2021

Department of Revenue, Tax Division
Department of Labor, Employment Security
Department of Labor, Workers' Compensation
Via email: theresa.mitchell@alaska.gov
Elizabeth.glooschenko@alaska.gov
velma.thomas@alaska.gov
erwin.fariolan@alaska.gov
kelly.mazzei@alaska.gov

License Number:	15025
License Type:	Limited Marijuana Cultivation Facility
Physical Address:	4980 W. Greensward Drive Wasilla, AK 99623

Transferor:	Mark Ridl; Maria Tapia
Doing Business As:	Mad Mota
Phone Number:	907-399-4076
Email Address:	madmota907@gmail.com
EIN:	83-1823278

Transferee:	Mark Ridl
Doing Business As:	Mad Mota
Phone Number:	907-399-4076
Email Address:	madmota907@gmail.com

☒ **Transfer of Ownership Application** ☐ **Transfer of Controlling Interest**

3 AAC 306.300(a)(2)(B), 3 AAC 306.400(b)(2)(B), 3 AAC 306.500(b)(2)(B), and 3 AAC 306.605(b)(2)(B) require that an applicant for a marijuana establishment license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local government in which the applicant's proposed licensed premises are located. This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (see attached application documents for more information). **Please complete and return this form to the AMCO office at the email below**.

REVIEWER: _____

DATE: 5/28/2021 PHONE: 907-931-3338

COMMENTS: _____

☐ DOR Tax Division
☒ Employment Security
☐ Workers' Compensation

☒ Compliant/Does not owe tax
☐ Non-compliant/Owes tax

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Glen Klinkhart, Director

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GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

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REVIEWER: Erwin Fariolan

DATE: 5/27/2021 PHONE: (907) 465-6919

COMMENTS: _____

☐ DOR Tax Division
☐ Employment Security
☑ Workers' Compensation

☑ Compliant/Does not owe tax
☐ Non-compliant/Owes tax

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Glen Klinkhart, Director

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

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550 West 7th Avenue, Suite 1600
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May 25, 2021

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REVIEWER: Kelly Mazzei
DATE: 5/25/21 PHONE: 269-1018
COMMENTS: Reviewed attached Form MJ-17c to see if any persons with a financial interest owe past due taxes.

☒ DOR Tax Division
☐ Employment Security
☐ Workers' Compensation

☒ Compliant/Does not owe tax
☐ Non-compliant/Owes tax

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Glen Klinkhart, Director

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:	Mark Ridl/Maria Elsa Tapia	**License Number:**		15025	
License Type:	Limited Cultivation Facility				
Doing Business As:	Mad Mota				
Premises Address:	4980 W. Greensward dr.				
City:	Wasilla	**State:**	Alaska	**ZIP:**	99623
Email:	madmota907@gmail.com				
Local Government:	Mat-Su 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:	Mark Ridl		**Alaska Entity #**		
Mailing Address:	4980 W. Greensward dr.				
City:	Wasilla	**State:**	Alaska	**ZIP:**	99623
Doing Business As:	Mad Mota				
Business License #:	2096878	**Business Phone:**	907-399-4076		

Designated Licensee:	Mark Ridl		
Contact Email:	madmota907@gmail.com	**Phone #**	907-399-4076

AMCO
NOV - 9 2020

Alaska Marijuana Control Board

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:					
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:**		**ZIP:**	

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

License #_____

AMCO

MAY 17 2021

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:

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. MR

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

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. MR

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

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

Mark Ridl
Printed name of transferee

Notary Public
LAUREN GALDERIO
State of Alaska
My Commission Expires Dec. 1, 2022

Lauren Galderio
Notary Public in and for the State of Alaska.

My commission expires: 12/01/2022

Subscribed and sworn to before me this 9th day of November, 2020.

AMCO
NOV - 9 2020

License # 15025

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.

Mari E Tapia
Signature of transferor

Maria E Tapia
Printed name of transferor

Lauren Galderio
Notary Public in and for the State of Alaska.

My commission expires: 12/01/2022

Subscribed and sworn to before me this 9th day of November, 2020.

Notary Public
LAUREN GALDERIO
State of Alaska
My Commission Expires Dec. 1, 2022

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____.

AMCO
NOV - 9 2020

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

May 25, 2021

State Fire Marshal
Attn: Lloyd Nakano, Lloyd.nakano@alaska.gov
Pam Bowden, pam.bowden@alaska.gov
Timothy Fisher, timothy.fisher@alaska.gov
Michelle Wagner, firecode@matsugov.us

2021ABC1041

License Number:	15025
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REVIEWER: _____ ☑ Fire Marshal

DATE: 5/28/21 PHONE: 571-499-1276 ☑ Compliant ☐ Non-compliant

COMMENTS: Owner Transfer

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

May 25, 2021

Meadow Lakes Community Council
Attn: President or Chair
VIA email: psfisher@gci.net
info@mlccak.org

License Number:	15025
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Transferee:	Mark Ridl
Doing Business As:	Mad Mota
Designated Licensee:	Mark Ridl
Phone Number:	907-399-4076
Email Address:	madmota907@gmail.com

☒ **Transfer of Ownership Application** ☐ **Transfer of Controlling Interest**

3 AAC 306.025(d)(3) and (4) requires that the Director shall provide written notice to a community council or any nonprofit organization that has requested notification about pending applications for marijuana licenses. This letter serves to provide written notice to the above referenced entities regarding the above application (application documents will be sent separately via ZendTo).

To object to the approval of this application pursuant to 3 AAC 306.065, you must furnish the director and the applicant with a clear and concise written statement of reasons for the objection within 30 days of the date of this notice. We recommend that you contact the local government with jurisdiction over the proposed premises to share objections you may have about the application.

If you have any questions, please send them to marijuana.licensing@alaska.gov.

Sincerely,

Glen Klinkhart, Director

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development
ALCOHOL & MARIJUANA CONTROL OFFICE
550 West Seventh Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

May 25, 2021

Matanuska-Susitna Borough
Attn: Adam Bradway
Via Email: adam.bradway@matsugov.us; alex.strawn@matsugov.us; permitcenter@matsugov.us

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Email Address:	madmota907@gmail.com

Transferee:	Mark Ridl
Doing Business As:	Mad Mota
Designated Licensee:	Mark Ridl
Phone Number:	907-399-4076
Email Address:	madmota907@gmail.com

☒ **Transfer of Ownership Application** ☐ **Transfer of Controlling Interest**

AMCO has received a complete application for a marijuana establishment within your jurisdiction. This notice is required under 3 AAC 306.045(c)(2). Application documents will be sent to you separately via ZendTo.

To protest the approval of this application pursuant to 3 AAC 306.060, you must furnish the director **and** the applicant with a clear and concise written statement of reasons for the protest within 60 days of the date of this notice, and provide AMCO proof of service of the protest upon the applicant. If the protest is a "conditional protest" as defined in 3 AAC 306.060(d)(2) and the application otherwise meets all the criteria set forth by the regulations, the Marijuana Control Board may approve the transfer, but require the applicant to show to the board's satisfaction that the requirements of the local government have been met before the director issues the license.

3 AAC 306.010, 3 AAC 306.080, and 3 AAC 306.250 provide that the board will deny an application for a marijuana establishment license if the board finds that the license is prohibited under AS 17.38 as a

result of an ordinance or election conducted under AS 17.38 and 3 AAC 306.200, or when a local government protests an application on the grounds that the proposed licensed premises are located in a place within the local government where a local zoning ordinance prohibits the marijuana establishment, unless the local government has approved a variance from the local ordinance.

This application will be in front of the Marijuana Control Board at our June 23-24, 2021 meeting.

Sincerely,

Glen Klinkhart, Director
amco.localgovernmentonly@alaska.gov