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

**Why is this form needed?**

This form must be used to apply for a transfer of ownership to another person and/or location of a marijuana establishment license under 3 AAC 306.045 and 3 AAC 306.046. This transfer application must be completed and submitted to AMCO's Anchorage 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, and/or location 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 (from):** | Hillside Natural Wellness, LLC | **License Number:** | 10837 | | |
| **License Type:** | Retail Marijuana Store | | | | |
| **Doing Business As:** | Anchorage Dispensary Hillside Natural Wellness | | | | |
| **Premises Address:** | 8639 Toloff St. Suite 1 | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99507 |
| **Email:** | shkalula@mac.com | | | | |
| **Local Government:** | Municipality of Anchorage | | | | |

☑ Regular ownership transfer ☐ Transfer of controlling interest in the licensed entity ☐ Transfer of location

## Section 2 – Transferee Information

Enter information for the ***new*** applicant/location seeking to be licensed. The business license # should be issued for the DBA listed below, and held by the transferee.

| | | | | | |
|---|---|---|---|---|---|
| **Licensee (to):** | Hillside Roots, LLC | | **Alaska Entity #** | 10237156 | |
| **Mailing Address:** | 501 Raspberry Rd | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99518 |
| **Doing Business As:** | Hillside Roots | | | | |
| **New Premises Address** (Skip if you are not changing location): | | | | | |
| **City** (Skip if you are not changing location): | | **Local Government** (Skip if you are not changing location): | | | |
| **State of AK Business License #:** | 2182488 | **Business Phone:** | 480-330-4033 | | |

| | | | |
|---|---|---|---|
| **Designated Licensee** (a licensee who will be the main contact): | Jerry Workman | | |
| **Contact Email:** | jerry@raspberryroots.com | **Phone #** | 480-330-4033 |

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:** | Jerry Workman | | | | |
| **Title(s):** | Manager, Member | **Phone:** | 480-330-4033 | **% Owned:** | 100 |
| **Email:** | jerry@raspberryroots.com | | | | |
| **Mailing Address:** | 501 Raspberry Road | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99518 |

| | | | | | |
|---|---|---|---|---|---|
| **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:** | |

## 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):**

10097 - Raspberry Roots Retail
10098 - Raspberry Roots Standard Cultivation
10856 - Raspberry Roots Product Manufacturing
10828 - JAM Sessions Product Manufacturing
10190 - Midtown Roots - Retail

## 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:**

JDW Counsel - Attorney Jana Weltzin and Staff

## 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. JW

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

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. JW

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

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. JW

Jerry Workman
Signature of transferee

Jerry Workman
Printed name of transferee

RANDI BAKER
My Commission Expires
NOTARY PUBLIC
Aug 8, 2026
STATE OF ALASKA

Signature of Notary Public

Notary Public in and for the State of ALASKA.

My commission expires: Aug 8, 2026

Subscribed and sworn to before me this 1 day of August, 2023

## 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 hereby certify 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. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

OFFICIAL SEAL
Amy Weiman
Notary Public-State of Alaska
My Comm. Expires 3-21-2025

Signature of transferor

Adam Boyd
Printed name of transferor

Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 3-21-2025

Subscribed and sworn to before me this 8th day of August, 2023.

Signature of transferor

John Grissom
Printed name of transferor

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature of transferor

Matthew Peterson
Printed name of transferor

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

## Section 7 – Transferor Certifications

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I hereby certify 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. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature of transferor

Adam Boyd

Printed name of transferor

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature of transferor

John Grissom

Printed name of transferor

Signature of Notary Public

Notary Public in and for the State of Idaho.

My commission expires: 3/5/27

Subscribed and sworn to before me this 4th day of August, 2023.

Randee E Goodwin
Notary Public
State of Idaho
Commission No. 20211027
My Commission Expires 03/05/2027

Signature of Notary Public

Signature of transferor

Matthew Peterson

Printed name of transferor

Notary Public in and for the State of _____.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

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 hereby certify 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. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature of Notary Public

Signature of transferor

Notary Public in and for the State of _____.

Adam Boyd

Printed name of transferor

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature of Notary Public

Signature of transferor

Notary Public in and for the State of _____.

John Grissom

Printed name of transferor

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Dianatha H Barnhart

Signature of Notary Public

Signature of transferor

Notary Public in and for the State of UTAH.

Matthew Peterson

Printed name of transferor

My commission expires: 8/10/2025

Subscribed and sworn to before me this 4th day of August, 2023

DIANATHA H BARNHART
Notary Public State of Utah
My Commission Expires on:
August 10, 2025
Comm. Number: 719810