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

September 16, 2024

State Fire Marshal
Attn: Timothy Fisher, timothy.fisher@alaska.gov
Isobelle Mahoney, isobelle.mahoney@alaska.gov

License Number:	10800
License Type:	Retail Marijuana Store
Physical Address:	237 Front St. Juneau Juneau, AK 99801

Transferor (current licensee):	The Fireweed Factory LLC – see yellow highlight for breakdown of ownership and changes
Doing Business As:	THE FIREWEED FACTORY LLC
Designated Licensee:	Paul V Disdier
Phone Number:	907-957-2670
Email Address:	thefireweedfactory@gmail.com

Transferee (new licensee):	The Fireweed Factory LLC – see yellow highlight for breakdown of new ownership
Doing Business As:	THE FIREWEED FACTORY LLC
Designated Licensee:	Paul V Disdier
Phone Number:	907-957-2670
Email Address:	thefireweedfactory@gmail.com

☒ **Transfer of Controlling Interest:** Current structure: The Fireweed Factory LLC owned by Paul V. Disdier – 52%, Paul F Disdier – 14%, James F. Disdier – 9%, Shane Quigley – 8%, Robert Banghart – 5%, Joseph Lilly – 5%, Michael Stark – 4%, and Callahan Dillon – 3%. New structure: Paul V. Disdier – 10%, Paul F Disdier – 30%, James F. Disdier – 27%, Shane Quigley – 9%, Robert Banghart – 6%, Joseph Lilly – 6%, Michael Stark – 5%, Callahan Dillon – 4% and Joel Easton – 3%.

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. Application documents will be sent to you separately via ZendTo. **Please complete and return this form to the AMCO office at the email below**.

REVIEWER: _____ ☐ Fire Marshal

DATE: _____ PHONE: _____ ☐ Compliant ☐ Non-compliant

COMMENTS: _____

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