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.

Licensees seeking to establish a security interest in the license transferred must submit all documentation required under 3 AAC 306.051.

Section 1 – Transferor Information

Enter information for the ***current*** licensee and licensed establishment.

Licensee:	PARALLEL 64, LLC	**License Number:**	10174		
License Type:	STANDARD CULTIVATION				
Doing Business As:	PARALLEL 64, LLC				
Premises Address:	2128 NORTH POST ROAD				
City:	ANCHORAGE	**State:**	Alaska	**ZIP:**	99501
Email:	ANWAR@PARALLEL64.NET				
Local Government:	GOVERNMENT HILL				

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

☐ Transfer with security interest ☐ Compelled retransfer

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:	PARALLEL 64, LLC	**Alaska Entity #**	10033643		
Mailing Address:	205 E. DIMOND BLVD #464				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99517
Doing Business As:	PARALLEL 64, LLC				
Business License #:	1028839	**Business Phone:**	9072290088		

Designated Licensee:	ANWAR AMAR-ROGERS		
Contact Email:	ANWAR@PARALLEL64.NET	**Phone #**	9072290088

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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:	ANWAR AMAR-ROGERS				
Title(s):	CEO	**Phone:**	9072290088	**% Owned:**	93.5
Email:	ANWAR@PARALLEL64.NET				
Mailing Address:	205 E DIMOND BLVD #464				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99515

Entity Official Name:	STEPHEN GARCIA				
Title(s):	OPERATION MANAGER	**Phone:**	9074407206	**% Owned:**	6.5
Email:	STEVE@PARALLEL64.NET				
Mailing Address:	205 E DIMOND BLVD #464				
City:	ANCHORAGE	**State:**	AK	**ZIP:**	99515

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):

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. [AR]

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

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. [AR]

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

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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

ARIELLE SCHRAM NOTARY PUBLIC STATE OF ALASKA My Commission Expires November 15, 2028

Notary Public in and for the State of Alaska.

ANEURE AMAIA ROLDES

Printed name of transferee

My commission expires: 11/15/28

Subscribed and sworn to before me this 2nd day of July, 2025

License #_____

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

Dimitri Amar

Printed name of transferor

ARIELLE SCHRAM NOTARY PUBLIC STATE OF ALASKA My Commission Expires November 15, 2028

Notary Public in and for the State of Alaska.

My commission expires: 11/15/28

Subscribed and sworn to before me this 2nd day of July, 2025.

Signature of transferor

Notary Public in and for the State of Alaska.

Printed name of transferor

My commission expires: _____

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

Signature of transferor

Notary Public in and for the State of Alaska.

Printed name of transferor

My commission expires: _____

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

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License #_____