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

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:	Lily Shimek and Joseph Shimek	**License Number:**	11547		
License Type:	retail dispensary				
Doing Business As:	Cloudberry Cannabis				
Premises Address:	3307 Spenard Road				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99503
Email:	kicker304@live.com				
Local Government:	Anchorage				

☐ Regular ownership transfer ☑ Transfer of controlling interest in the licensed entity
☐ Transfer with security interest ☐ Compelled re-transfer ☐ Transfer of Location

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:	Lily Shimek, Joseph Shimek, Zachary McGuire, Jennifer Cardona, Luke Stokes3307	**Alaska Entity #**			
Mailing Address:	3307 Spenard Road				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99503
Doing Business As:	Cloudberry Cannabis				
New Premises Address: (Skip if location remains the same).					
City: (Skip if location remains the same).		**Local Government:** (Skip if location remains the same):			
State of Alaska Business License #:	1087372	**Business Phone:**	307 350 8886		

Designated Licensee: A main contact person.	Lily Shimek		
Contact Email:	kicker204@live.com	**Phone Number:**	907 350 8886

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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:	Lily A. Shimek				
Title(s):	partner	Phone:	907 350 8886	% Owned:	20
Email:	kicker204@live.com				
Mailing Address:	6601 Chevigny St.				
City:	Anchorage	State:	AK	ZIP:	99502
Entity Official Name:	Joseph D. Shimek				
Title(s):	partner	Phone:	907 317 3380	% Owned:	20
Email:	avalantek@gmail.com				
Mailing Address:	6601 Chevigny St.				
City:	Anchorage	State:	AK	ZIP:	99502
Entity Official Name:	Zachary McGuire				
Title(s):	partner	Phone:	907 632 1647	% Owned:	20
Email:	zem_216@yahoo.com				
Mailing Address:	6601 Chevigny St.				
City:	Anchorage	State:	AK	ZIP:	99502
Entity Official Name:	Jennifer Cardona				
Title(s):	partner	Phone:	503 778 0560	% Owned:	20
Email:	cardelling@gmail.com				
Mailing Address:	6242 Spruce Meadows Drive				
City:	Anchorage	State:	AK	ZIP:	99507
Entity Official Name:					
Title(s):	Luke Stokes	Phone:	907 351 9424	% Owned:	20
Email:	lukecable@gmail.com				
Mailing Address:	6160 Farpoint Drive				
City:	Anchorage	State:	AK	ZIP:	99507

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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):

the transferees are filing a 17b application for the other license (11635 cultivation [redacted]) --- the owners (and percentage of ownership) of Cloudberry retail and Cloudberry cultivation will be identical after the applications are approved

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:

David Shimek (907 360 8802) handles regulatory matters for 11547 and 11635

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

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.

9/8/25

Signature of transferee

Zachary McGuire

Printed name of transferee

Official Seal
STATE OF ALASKA
Notary Public
Lisa Sharp

Notary Public in and for the State of Alaska

My commission expires: 03/30/2026

Subscribed and sworn to before me this 8 day of Sept, 2025

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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.

9/8/25

Signature of transferor

Lily A. Shimek

Printed name of transferor

Official Seal
STATE OF ALASKA
Notary Public
Lisa Sharp
Commission # 20230010 Commission Expires 03/30/2026

Notary Public in and for the State of Alaska.

My commission expires: 03/30/2026

Subscribed and sworn to before me this 8 day of Sept, 2025.

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____.

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