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:	Bristol Bay Bud Company, LLC	**License Number:**	17452		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Bristol Bay Bud Company				
Premises Address:	2439 S Ridgecrest Rd.				
City:	Wasilla	**State:**	Alaska	**ZIP:**	99654
Email:	heather@bristolbaybudcompany.com				
Local Government:	Matanuska-Susitna Borough				

- [x] 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:	HNP, Inc.	**Alaska Entity #**	10117822		
Mailing Address:	6570 W Trevett Cir				
City:	Wasilla	**State:**	AK	**ZIP:**	99623
Doing Business As:	Green Degree				
Business License #:	2095248	**Business Phone:**	907-884-3153		

Designated Licensee:	Kerby Coman		
Contact Email:	kerby@greendegree.net	**Phone #**	907-884-3153

AMCO Received 12.26.24

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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:	Kerby Coman				
Title(s):	President	**Phone:**	907-884-3153	**% Owned:**	100
Email:	kerby@greendegree.net				
Mailing Address:	6570 W Trevett Cir				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

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:**	

Alaska Marijuana Control Board

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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?	X	

If "Yes", disclose which individual(s) has the financial interest, which license number(s), and license type(s):

Kerby Coman Retail: 12023, 27096, 12635, 25902, Cultivation 23988, Manufacturing 23989

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?		X

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

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

Kerby Coman

Printed name of transferee

JASON PRIVETT
Notary Public - State of Florida
Commission # HH 331613
My Comm. Expires Nov 14, 2026

Notary Public in and for the State of Alaska.

My commission expires: 11/14/26

Subscribed and sworn to before me this 20 day of DECEMBER, 2024.

License # 17452

AMCO Received 12.26.24

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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.

Signature of transferor

Susan Isaacs

Printed name of transferor

JENNY R. DILL NOTARY PUBLIC My Comm. Exp. March 12, 2025 STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: March 12, 2025

Subscribed and sworn to before me this 8th day of November, 20 24.

Signature of transferor

Gorden Isaacs

Printed name of transferor

JENNY R. DILL NOTARY PUBLIC My Comm. Exp. March 12, 2025 STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: March 12, 2025

Subscribed and sworn to before me this 8th day of November, 20 24

Signature of transferor

Richard Allen

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 Received 12.26.24

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.

Heather Kelly
Signature of transferor

Heather Kelly
Printed name of transferor

Shanna D. Burkett
Notary Public in and for the State of Alaska.

My commission expires: _____

Subscribed and sworn to before me this 5th day of Nov., 20 24.

SHANNA D. BURKETT NOTARY PUBLIC Comm. Exp. 05/20/25 TOOMBS COUNTY, GA

_____
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 Received 12.26.24

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

Richard Allen
Printed name of transferor

Chloe Kaleak
Notary Public in and for the State of Alaska.

My commission expires: 10/14/2028

Subscribed and sworn to before me this 5 day of November, 2024.

Offical Seal
STATE OF ALASKA
Notary Public
Chloe Kaleak
Commission # 241014011 Commission Expires: 10/14/2028

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____.