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:** | No Limit, LLC | **License Number:** | 25205 | | |
| **License Type:** | Marijuana Concentrate Manufacturing Facility | | | | |
| **Doing Business As:** | Cannabaska Concentrates | | | | |
| **Premises Address:** | 521 W Tudor Road, Suite 203 | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99503 |
| **Email:** | smadi@cannabaska.com | | | | |
| **Local Government:** | Municipality of Anchorage | | | | |

- [x] 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:** | Northernlight101, LLC | **Alaska Entity #** | 10325526 | | |
| **Mailing Address:** | 521 W Tudor Road | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99503 |
| **Doing Business As:** | No Limit | | | | |
| **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 #:** | 2228467 | **Business Phone:** | 515-707-3010 | | |

| | | | |
|---|---|---|---|
| **Designated Licensee:** A main contact person. | Yotam Levi | | |
| **Contact Email:** | Yotam@cannabaska.com | **Phone Number:** | (515)-707-3010 |



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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:** | Yotam Levi | | | | |
| **Title(s):** | Member | **Phone:** | (515)-707-3010 | **% Owned:** | 100 |
| **Email:** | Yotam@cannabaska.com | | | | |
| **Mailing Address:** | 521 W Tudor Road | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99503 |
| **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:** | |



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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):**

Retail License #10236 & Retail License #10254

## 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:**

Attorney John Crone and Attorney Jana Weltzin - JDW Counsel & 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. | YL |
| Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form. | YL |
| 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. | YL |
| I agree to provide all information required by the Marijuana Control Board in support of this application. | YL |

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

Yotam Levi
Printed name of transferee

BRENDA MILLS
My Commission Expires
NOTARY PUBLIC
May 27, 2029
STATE OF ALASKA

Brenda Mills
Notary Public in and for the State of Alaska.
My commission expires: May 27, 2029

Subscribed and sworn to before me this 16th day of January, 2026.



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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

Smadar Warden
Printed name of transferor

BRENDA MILLS
My Commission Expires
NOTARY PUBLIC
May 27, 2029
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: May 27, 2029

Subscribed and sworn to before me this 16 day of January, 20 26.

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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