

Transfer Application for Municipal Marijuana License (Ownership, License, Location)

Municipality of Anchorage
 Clerk's Office
 632 W 6th Ave., Ste. 250
 PO Box 196650
 Anchorage, AK 99519-6650

Please select type of transfer (multiple boxes may be checked):

- Transfer of Ownership Transfer of Location

Transferor Information

Name of Designated Licensee (3 AAC 306.020(d)) (Last, First, MI):	Municipal License Number: M
Business Owner Name (LLC, Inc.):	E-mail (required):
Doing Business As Name:	Business Physical Address:
License Type: <input type="checkbox"/> Cultivation Facility (including Limited Cultivation Facility) <input type="checkbox"/> Manufacturing Facility (including Concentrate Facility)	<input type="checkbox"/> Retail Sales Facility <input type="checkbox"/> Onsite Consumption Endorsement (must be attached to retail license)

Licensees and Affiliates: (Use additional sheet if necessary)

Last, First, MI		Last, First, MI	
Home Physical Address		Home Physical Address	
% Owned		% Owned	
Last, First, MI		Last, First, MI	
Home Physical Address		Home Physical Address	
% Owned		% Owned	

Transferee Information

Name of Designated Licensee (3 AAC 306.020(d)) (Last, First, MI):	
Business Owner Name (LLC, Inc.):	E-mail (required):
Doing Business As Name:	Business Physical Address:

Licensees and Affiliates: (Use additional sheet if necessary)

Last, First, MI		Last, First, MI	
Home Physical Address		Home Physical Address	
% Owned		% Owned	
Last, First, MI		Last, First, MI	
Home Physical Address		Home Physical Address	

% Owned		% Owned	
APPLICATION REQUIREMENTS: (Additional information may be required.)			
<input type="checkbox"/> Proof of associated State of Alaska marijuana license transfer form submitted to AMCO (MJ-17c or other relevant form) <input type="checkbox"/> If transfer of location, proof of SLUP from Planning Department. If proposed location does not have a valid SLUP, application must be made <input type="checkbox"/> If this application is submitted between April 30 and August 31 and the license is due for renewal, a renewal application must be submitted			

_____ (initial) I hereby certify that I have read, understand, and will comply with all provisions of AMC 10.80.120 regarding transfers of marijuana establishment licenses.

_____ (initial) I hereby certify that my establishment will remain in conformance with State Regulations and Municipal Code at all times.

_____ (initial) I understand that applications for transfer of a marijuana license require Assembly approval and that assigned hearing dates are tentative and may have to be postponed by the Planning Department, Municipal Clerk, or the Assembly, for administrative reasons or to meet legal requirements regarding notice and public hearings.

I state, under penalty of perjury, that my name and signature or mark are shown on this application and that I am the individual making the foregoing application and authorized agent for this business and affirm that the answers to the questions, the sworn statements regarding (1) a person other than the proposed licensee(s) may not have a direct or indirect financial interest in the business being issued the license per 3 AAC 306.015, and (2) listing all criminal convictions and all other information contained in this application are true and complete to my knowledge. **WARNING:** I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240.

Signature of Designated Licensee

Date