



## MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: February 24, 2023

FROM: Carrie Craig, RLS

RE: #3925 dba Boon Dox Bar

**Requested  
Action:**

Second request time extension to submit a transfer application and to allow continued operations.

**Statutory  
Authority:**

AS 04.11.030(a): "The executor or administrator of the estate of a person who was operating a business as a sole licensee under a licensed authorized by this title may continue to operate the licensed business until an application for transfer of a license to another person is approved or until the licensed is forfeited under (b) of this section."

AS 04.11.030(b): "If an application for the transfer of ownership of a license from a deceased licensee is not made within 90 days of the death of the licensee or within an additional 90 days if an application for transfer of ownership made by the executor is denied, or no petition is made to the board for an extension of time under (c) of this section within the time, the license is forfeited."

AS 04.11.030(c): "The board may extend the time limits in (b) of this section on petition of the executor or administrator."

3 AAC 304.216

"(a) Upon the death of an individual who owns a controlling interest in a partnership, including a limited partnership, a limited liability company, or a corporation that holds a license under AS 04 and this chapter, the business entity may continue to operate the licensed business but shall file, not later than 90 days after the individual's death, a transfer application as required under AS 04.11.040 and 3 AAC 304.175 or a time extension request under (b) of this section. If a transfer application or time extension request is not filed by the 90-day deadline, the business shall cease operation until a transfer application is filed.

(b) Upon receipt of a time extension request, the board may grant an extension not to exceed one year. A written request to extend the applicable deadline must be submitted before the expiration of the applicable deadline, unless the board approves a request submitted after the deadline for good cause. Additional extensions may be granted by the board only for good cause."

**Background:** On November 30, 2021 Michael Stormont, 100% owner of the license, passed away. Clyde Stormont, surviving son, is requesting the ABC Board allow an extension to the 90-day time frame referenced in the above statutes and regulations. A specific time frame was not included in the request. A transfer application has not been submitted to AMCO for review.

The board granted 180-day extension at the April 12, 2022 meeting. Mr. Stormont is requesting a second extension due to the difficulty of locating a buyer for the license.

Attachments:   Second   Request   Email  
                    Letter of Request  
                    Statement of Informal Appointment of Personal Representative Intestacy  
                    Acceptance of Duties  
                    Letters of Administration  
                    Certificate of Death  
                    Letter from Fairbanks Funeral Home

**From:** [Alcohol Licensing, CED ABC \(CED sponsored\)](#)  
**To:** [Craig, Carrie D \(CED\)](#)  
**Subject:** FW: License 3925 Boon Doo Bar - Request To Extend  
**Date:** Friday, February 17, 2023 1:54:43 PM

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*Carrie Craig*

Records and Licensing Supervisor  
Alcohol and Marijuana Control Office  
550 West 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
907-269-0350

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**From:** Clyde Stormont <mcstormont.estate@gmail.com>  
**Sent:** Friday, February 17, 2023 11:03 AM  
**To:** Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov>  
**Subject:** License 3925 Boon Doo Bar - Request To Extend

**CAUTION:** This email originated from outside the State of Alaska mail system.  
Do not click links or open attachments unless you recognize the sender and know  
the content is safe.

Hello,

I would like to request an additional extension to transfer this license. Despite several price reductions, I have been unsuccessful in finding a buyer for the establishment and license to date. I am currently exploring the possibility of selling the license apart establishment and/or placing both license and property up for auction. I will be, by any means, transferring this license this year.

Thank you in advance for this consideration.

Clyde Stormont  
415-377-8580

December 15, 2021

Alcohol and Marijuana Control Office  
550 W. 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501

RE: Boon Dox Bar Alcohol Dispensary License #3925 – Letter of Explanation to accompany Form AB-17  
General Renewal Application

Dear Licensing Unit,

Please find the AB-17 General Renewal Application, and application and renewal fees of \$300 and \$2,500 enclosed.

- **The applicant and licensee, Michael Clyde Stormont, died on November 30, 2021.** Enclosed AMCO will find a verification of death from the funeral home in lieu of the official death certificate, which is pending completion and certification.
- Per AMCO licensing staff guidance via a phone call on or about December 7, 2021: I, Clyde James Stormont, the applicant, and licensee's only son and next of kin, completed the application (AB-17) to the best of my knowledge with the information I had available to me at the time of completion, and signed the application on behalf of the applicant and licensee. Enclosed is a photocopy of my California Driver's License for identification purposes.
- The entries in the attached AB-17 match the AMCO records for this license. The contact information contained therein is no longer valid. My contact info is:
  - 2896 Honeysuckle Way  
Sacramento, CA 95826  
415-377-8580  
clydestormont@gmail.com

I, Clyde James Stormont, kindly request AMCO to provide additional time and/or an extension if additional and/or supporting information is required to process the application in consideration of the circumstances. Once authority has been granted by the courts, I or the personal representative for the estate will take steps to transfer the license to a valid party.

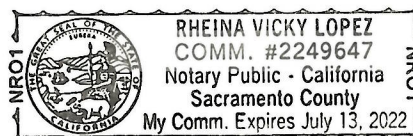
Signed,



Clyde James Stormont

Notary Public in and for the State of:

Subscribed and sworn before me this 21 day of DECEMBER, 20 21



Signature of Notary Public

CALIFORNIA

AMCO

DEC 28 2021



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA ) SS  
COUNTY OF SACRAMENTO )

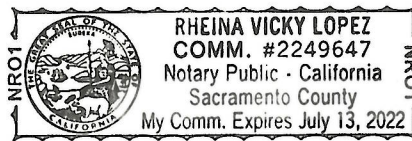
On DECEMBER 21, 2021, before me, RHEINA VICKY LOPEZ,  
Notary Public, personally appeared CLYDE J. STORMONT

\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



[Signature]

*This area for official notarial seal*

AMCO

DEC 28 2021

In the Matter of the Estate of: )  
 )  
MICHAEL CLYDE STORMONT, ) **Case No. 4FA-22-00084 PR**  
 )  
Decedent. )  
\_\_\_\_\_ )



FEB 16 2022

By \_\_\_\_\_ Deputy

**IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
FOURTH JUDICIAL DISTRICT AT FAIRBANKS**

In the Matter of the Estate of: )  
 )  
MICHAEL CLYDE STORMONT, ) Case No. 4FA-22-00084 PR  
 )  
Decedent. )  
\_\_\_\_\_ )

**ACCEPTANCE OF DUTIES**  
**(AS 13.16.015)**

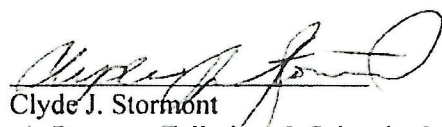
I, Clyde James Stormont, accept the duties and promise to perform the duties as required by law of the office of Personal Representative of the Estate of Michael Clyde Stormont. I acknowledge my duties as Personal Representative to:

- (a) take possession and control of decedent's property as required by AS 13.16.380, determine the liabilities of the estate, and complete an inventory as required by AS 13.16.365;
- (b) provide notice to heirs and devisees as required by AS 13.16.360, except as provided by AS 13.16.690;
- (c) provide notice to creditors as required by law, publish notice when required, and review and either accept or reject claims as required by AS 13.16.455-.515;
- (d) advise the court in writing of my address and telephone number as required by Probate Rule 8;
- (e) file returns for income, property, and estate taxes, if required by AS 43.31.121 and AS 43.31.250;
- (f) pay homestead, exempt property and family allowances as required by AS 13.11.125-.140, costs of administration and other claims as required by AS 13.16.470, and distribute the assets of the estate; and
- (g) close the estate as soon as appropriate as required by AS 13.16.670.

**Downes,  
Tallerico &  
Schwalm**  
Law Firm, LLC  
29 College Rd., Suite 5  
Fairbanks, AK 99701  
Phone: (907) 474-4529  
Fax: (907) 531-1451

www.goldenheartlaw.com

Date 2/9/2022

  
Clyde J. Stormont  
c/o Downes, Tallerico, & Schwalm Law Firm  
29 College Rd., Suite 5  
Fairbanks, Alaska 99701  
(907) 474-4529



IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
FOURTH JUDICIAL DISTRICT AT FAIRBANKS

In the Matter of the Estate of: )

MICHAEL CLYDE STORMONT, )

Decedent. )

Case No. 4FA-22-00084 PR

LETTERS OF ADMINISTRATION  
(AS 13.16.245)

The Statement of Informal Appointment of Personal Representative having been signed by the Magistrate Judge, Clyde James Stormont is appointed personal representative of the estate. Bond is waived.

Dated: 02/17/22

MAGISTRATE JUDGE

Risa C. Leonard  
Standing Master

LODGED  
FEB 16 2022

Downes,  
Tallerico &  
Schwalm  
Law Firm, LLC

29 College Rd., Suite 5  
Fairbanks, AK 99701  
Phone: (907) 474-4529  
Fax: (907) 531-1451

www.goldenheartlaw.com



STATE OF ALASKA )  
FOURTH JUDICIAL DISTRICT ) SS

I, The undersigned, certify that this is a true and full copy of Letters Testamentary and Letters of Administration issued in the Trial Courts, Fourth Judicial District, State of Alaska and that the Personal Representative was appointed as such on the 17 day of February 2022, at Fairbanks, Alaska in an informal/formal proceeding. Witness my hand and the seal of the court this 18 day of February 2022, at Fairbanks, Alaska.

By R. Leonard  
Probate Deputy Clerk

I certify that on 2/22/22  
copies of this form were sent to:  
K. Schwalm

CLERK HS

AMCO Rcvd 3/22/2022



# STATE OF ALASKA

## CERTIFICATION OF VITAL RECORD

### STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES - BUREAU OF VITAL STATISTICS  
P.O. Box 110675, Juneau, AK 99811-0675

**CERTIFICATE OF DEATH** STATE FILE NO. **2021004696**

DATE FILED **12/14/2021**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>MICHAEL CLYDE STORMONT</b>				2. SEX <b>MALE</b>		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. AGE-Last Birthday (Years) <b>77</b>		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (MM/DD/YY) [REDACTED]	
7a. RESIDENCE-STATE <b>ALASKA</b>				7b. COUNTY <b>FAIRBANKS NORTH STAR</b>		7c. CITY OR TOWN <b>FAIRBANKS</b>	
7d. STREET AND NUMBER <b>828 2ND AVE</b>				7e. APT No. [REDACTED]		7f. ZIP CODE <b>99701</b>	
8. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9. MARITAL STATUS AT TIME OF DEATH <b>DIVORCED</b>		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
11. FATHER'S NAME (First, Middle, Last) <b>CLYDE STORMONT</b>				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last) <b>MARGUERITE BUTZEN</b>			
13a. INFORMANT'S NAME <b>CLYDE JAMES STORMONT</b>		13b. RELATIONSHIP TO DECEDENT <b>SON</b>		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>2896 HONEYSUCKLE WAY SACRAMENTO, CALIFORNIA 95826</b>			
14. DECEDENT'S EDUCATION 5. ASSOCIATE DEGREE (E.G., AA, AS)		16. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____		17. DECEDENT'S USUAL OCCUPATION <b>PLUMBER</b>		18. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
15. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino(a) <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano(a) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino(a)		16. DECEDENT'S RACE (Continued) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro(a) <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____					
19. PLACE OF DEATH <b>RESIDENCE</b>				20. FACILITY NAME (If not institution, give street & number) <b>828 2ND AVE</b>			
21. CITY OR TOWN, STATE AND ZIP CODE <b>FAIRBANKS, ALASKA 99701</b>				22. COUNTY OF DEATH <b>FAIRBANKS NORTH STAR</b>			
23. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____				24. PLACE OF DISPOSITION <b>LEGACY CREMATORY</b>			
25. LOCATION - CITY, TOWN AND STATE <b>FAIRBANKS, AK</b>				26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>FAIRBANKS FUNERAL HOME &amp; CREMATORY 3704 ERICKSON AVE FAIRBANKS, ALASKA 99709</b>			
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) <b>JENNICA E. WORLAND</b>				28. LICENSE NUMBER (Of Licensee) <b>365</b>			
29. DATE PRONOUNCED DEAD (MM/DD/YY)				30. TIME PRONOUNCED DEAD <b>13:17</b>			
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)				32. LICENSE NUMBER		33. DATE SIGNED (MM/DD/YY)	
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY) <b>11/30/2021</b>				35. ACTUAL OR PRESUMED TIME OF DEATH <b>13:17</b>		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. PART I. CAUSE OF DEATH						Approximate Interval Onset to death	
a. HEART FAILURE (PROBABLE)						YEARS	
b. ATRIAL FIBRILLATION Due to (or as a consequence of) _____						YEARS	
c. ALCOHOL ABUSE Due to (or as a consequence of) _____						YEARS	
d. _____							
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause						38. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No							
40. DID TOBACCO USE CONTRIBUTE TO DEATH? <b>N</b>		41. IF FEMALE (PREGNANCY STATUS) <b>8. NOT APPLICABLE.</b>		42. MANNER OF DEATH <b>NATURAL CAUSES</b>			
43. DATE OF INJURY (MM/DD/YY)		44. TIME OF INJURY		45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)			
47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zipcode)						46. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
48. DESCRIBE HOW INJURY OCCURRED						49. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____	

50a. CERTIFIER:  
**CERTIFYING PHYSICIAN**

50b. NAME OF CERTIFIER (SIGNATURE ON FILE)  
**NATHANIEL BUFFINGTON**

52. LICENSE NUMBER  
**124117**

53. DATE CERTIFIED (MM/DD/YY)  
**12/13/2021**

51. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH  
**1001 NOBLE ST FAIRBANKS AK 99701**

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED **December 17, 2021**

**State Registrar**

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**AMCO Received 2/7/2022**





**From:** [Clyde Stormont](#)  
**To:** [Alcohol Licensing, CED ABC \(CED sponsored\)](#)  
**Subject:** License #3925 - Boon Doo Bar - Supporting Document Attached  
**Date:** Monday, February 7, 2022 3:14:25 PM  
**Attachments:** [Scanned-image\\_02-07-2022-144408.pdf](#)

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You don't often get email from clydestormont@gmail.com. [Learn why this is important](#)

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

Please find the death certificate attached for the holder of the above license - Michael Clyde Stormont. In December 2021, I submitted the renewal application, renewal fee, and a statement regarding the situation with my father's estate.

My attorney is currently in the process of opening the probate case with the courts and expects my appointment to the personal representative of my father's estate within 2-4 months. At such time, I plan to seek a buyer for the establishment and license.

--

Thanks,

Clyde Stormont



# Fairbanks Funeral Home

3704 Erickson Avenue, Fairbanks, Alaska 99709

Phone: (907) 451-1110 FAX: (907) 451-7098

[fairbanks@legacyalaska.com](mailto:fairbanks@legacyalaska.com)

[www.legacyalaska.com](http://www.legacyalaska.com)

## VERIFICATION OF DEATH

**Deceased:** Michael Clyde Stormont  
**Social Security Number:** 564-62-4553  
**Date of Birth:** December 11, 1943  
**Date of Death:** November 30, 2021

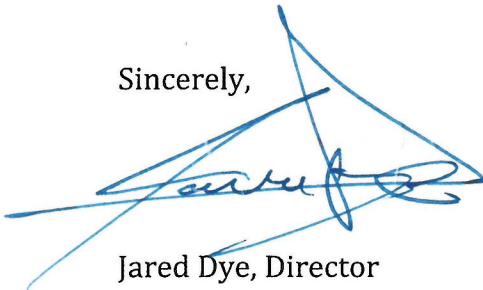
### **TO WHOM IT MAY CONCERN:**

This letter is to inform you that Fairbanks Funeral Home is handling the arrangements of the deceased **Michael Clyde Stormont**.

This letter is to serve as verification of death for the above-named deceased, in lieu of the Certificate of Death. The Certificate of Death can take many weeks to process and certify.

All courtesies shown to this family are greatly appreciated.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jared Dye", is written over a horizontal line.

Jared Dye, Director

AMCO

DEC 28 2021