



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: October 25, 2021

FROM: Carrie Craig, RLS

RE: #1731 dba Pleasant Valley Store

**Requested
Action:**

Request time extension to submit a transfer application.

**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 August 7, 2021 Dennis Alexander, 50% owner of the license, passed away. Rebekah Alexander, surviving spouse and licensee, 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.

Attachments: Ms. Alexander's request
Certificate of Death

From: Rebekah Alexander
To: [Alcohol Licensing, CED ABC \(CED sponsored\)](#)
Subject: License #1731
Date: Tuesday, October 5, 2021 11:51:14 AM

to the ABC Board,

On August 7, 2021, Dennis Alexander (my husband) passed away. I have called the ABC office to inquire what steps need to be taken remove his name from the current liquor license owned jointly by us.

I was informed to complete and submit our Renewal Application. It will be submitted by next week. Then, I must do a transfer of ownership to set things right with the ABC board. I am in the process of working to get the transfer complete in a timely manner. I would like to request an extension on this, past the 90-day period, to insure I have all the proper paperwork needed to complete the application.

Any help you can give me in this matter will be greatly appreciated. I have started with all the information on the website and will continue to work through this process as quickly as I can.

Questions I have...

If the premises location or layout has not changed, do I still need to complete a new diagram?

Will I need to submit fingerprints if you have mine on file already?

Thanks for your help,
Rebekah Alexander

PO Box 16161

Two Rivers, Alaska 99716

907-322-2115

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

DATE FILED **09/01/2021**

CERTIFICATE OF DEATH

STATE FILE NO. **2021002344**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) DENNIS JOEL ALEXANDER				2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. AGE-Last Birthday (Years) 69		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 YEAR Hours: _____ Minutes: _____		5. DATE OF BIRTH (MM/DD/YY) [REDACTED]	
6. BIRTHPLACE (City and State or Foreign Country) WILLIAMSPORT, PENNSYLVANIA							
7a. RESIDENCE-STATE ALASKA		7b. COUNTY FAIRBANKS NORTH STAR		7c. CITY OR TOWN FAIRBANKS			
7d. STREET AND NUMBER 1085 TUNGSTEN TRAIL		7e. APT. No.		7f. ZIP CODE 99712		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 MARRIED		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) REBEKAH CLARA BEARDEN			
11. FATHER'S NAME (First, Middle, Last) WALTER ALEXANDER				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last) GENEVIEVE ETTERS			
13a. INFORMANT'S NAME REBEKAH CLARA ALEXANDER		13b. RELATIONSHIP TO DECEDENT SPOUSE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) P O BOX 16161 TWO RIVERS, ALASKA 99716			
14. DECEDENT'S EDUCATION		15. 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) _____		16. DECEDENT'S USUAL OCCUPATION US ARMY		17. DECEDENT'S USUAL OCCUPATION US ARMY	
18. KIND OF BUSINESS OR INDUSTRY MILITARY							
19. PLACE OF DEATH: INPATIENT							
20. FACILITY NAME (If not institution, give street & number) FAIRBANKS MEMORIAL HOSPITAL				21. CITY OR TOWN, STATE AND ZIP CODE FAIRBANKS, ALASKA 99701		22. COUNTY OF DEATH FAIRBANKS NORTH STAR	
23. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input 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: PLEASANT VALLEY CEMETERY			
25. LOCATION - CITY, TOWN AND STATE TWO RIVERS, AK				26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BLANCHARD FAMILY FUNERAL HOME 611 NOBLE STREET FAIRBANKS, ALASKA 99701			
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) Keith Blanchard						28. LICENSE NUMBER (Of Licensee)	
29. DATE PRONOUNCED DEAD (MM/DD/YY)				30. TIME PRONOUNCED DEAD			
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) 08/07/2021				35. ACTUAL OR PRESUMED TIME OF DEATH 07:45		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. PART I. CAUSE OF DEATH a. ENDSTAGE CARSIMYOPATHY Due to (or as a consequence of): _____ b. CARDIAC SARCOIDOSIS Due to (or as a consequence of): _____ c. ACUTE ON CHRONIC KIDNEY DISEASE Due to (or as a consequence of): _____ d. _____						Approximate Interval: Onset to death UNKNOWN UNKNOWN UNKNOWN	
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? U		41. IF FEMALE (PREGNANCY STATUS) 8. NOT APPLICABLE		42. MANNER OF DEATH NATURAL CAUSES			
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)			
46. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No							
47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zipcode)						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)

ROMEL WRENN

51. ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

1650 COLWES ST 4TH FLOOR FAIRBANKS AK 99701

52. LICENSE NUMBER

7040

53. DATE CERTIFIED (MM/DD/YY)

08/24/2021

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 **September 4, 2021**

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

Rebecca W. Hapke
State Registrar

