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
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 to 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 ensure 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
ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES • BUREAU OF VITAL STATISTICS
P.O. Box 11057, Juneau, AK 99811-0675
CERTIFICATE OF DEATH

STATE FILE NO. 2021002344

DATE FILED: 09/01/2021

1. DECEDENT'S LEGAL NAME (Include AK's if any) (First, Middle, Last)
DENNIS JOEL ALEXANDER

2. SEX
MALE

3. SOCIAL SECURITY NUMBER

4. AGE-Last Birthday (Years)
69

5. DATE OF BIRTH (MM/DD/YYYY)

6. BIRTHPLACE (City and State or Foreign Country)
WILLIAMSPORT, PENNSYLVANIA

7. RESIDENCE-STATE
ALASKA

8. STREET AND NUMBER
1085 TUNGSTEN TRAIL

9. MARITAL STATUS AT TIME OF DEATH
MARRIED

10. SURVIVING SPOUSE'S NAME (If single, give first 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

13. INFORMANT'S NAME
REBEKAH CLARA ALEXANDER

14. DECEDENT'S EDUCATION

15. ASSOCIATE DEGREE (E.G., AA, AS)

16. DECEDENT'S RACE:
□ White
□ Black or African American
□ American Indian or Alaskan Native
□ Yes, Mexican, Mexican American, Chicano(a)
□ Yes, Puerto Rican
□ Yes, Cuban
□ Yes, other Spanish/Hispanic/Latino(a)
□ Asian Indian
□ Chinese
□ Filipino
□ Japanese
□ Korean
□ Vietnamese
□ Other Asian (Specify)

17. DECEDENT'S USUAL OCCUPATION
US ARMY

18. KIND OF BUSINESS OR INDUSTRY
MILITARY

19. PLACE OF DEATH
INPATIENT

20. FACILITY NAME (If not hospital, 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:
□ Burial
□ Cremation
□ Donation
□ Entombment
□ Removal from State
□ 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/YYYY)
08/07/2021

30. TIME PRONOUNCED DEAD
07:45

31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)

32. LICENSE NUMBER

33. DATE SIGNED (MM/DD/YYYY)

34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY)
08/07/2021

35. ACTUAL OR PRESUMED TIME OF DEATH
07:45

36. WAS MEDICAL EXAMINER OR CORONER CONTACTED?
□ Yes □ No

37. PART I. CAUSE OF DEATH

a. ENDSTAGE CARDIAC PATHOPATHY
Due to (or as a consequence of):

b. CARDIAC SARCOSIDOSIS
Due to (or as a consequence of):

c. ACUTE CHRONIC KIDNEY DISEASE
Due to (or as a consequence of):

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause

38. WAS AN AUTOPSY PERFORMED?
□ Yes □ No

39. WHERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
□ Yes □ 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/YYYY)
44. TIME OF INJURY
45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)

46. INJURY AT WORK?
□ Yes □ No

47. LOCATION OF INJURY (Street & Number, Apt. No., City or Town, State, Zipcode)

48. DESCRIBE HOW INJURY OCCURRED:

50%. CERTIFYING PHYSICIAN
Romel Wrenn

51. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH
1639 COLWES ST 4TH FLOOR FAIRBANKS AK 99701

52. LICENSE NUMBER

53. DATE CERTIFIED (MM/DD/YYYY)
08/07/2021

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 or engraved border displaying the date, seal and signature of the Alaska State Registrar.