MEMORANDUM

TO: Alcoholic Beverage Control Board  DATE: April 6, 2022

FROM: Carrie Craig, RLS  RE: #3925 dba Boon Dox Bar

Requested Action: 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.

Attachments: 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
December 15, 2021

Alcohol and Marijuana Control Office
550 W. 7th 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

[Signature of Notary Public]

Notary Public in and for the State of:
Subscribed and sworn before me this 31st day of December, 2021

[AMCO Notary Public Stamp]
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, ____________________________, 
Notary Public, personally appeared ____________________________,
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

This area for official notarial seal

RHEINA VICKY LOPEZ
COMM. #2249547
Notary Public - California
Sacramento County
My Comm. Expires July 13, 2022

AMCO
DEC 28 2021
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-C0084 PR  

STATEMENT OF INFORMAL APPOINTMENT  
OF PERSONAL REPRESENTATIVE INTESTACY  
AS 13.16.115  

The Registrar makes the following findings based upon the application of Clyde James Stormont for formal appointment of a personal representative in intestacy:  

1) The application appears to be complete and contains the applicant's oath or affirmation that the statements contained therein are true to the best of the applicants knowledge and belief.  

2) The applicant is an interested person.  

3) Decedent died on November 30, 2021, and at least 120 hours have elapsed since decedent's death.  

4) Decedent was domiciled in Fairbanks, Fourth Judicial District, State of Alaska at the time of his death.  

5) Venue is proper because decedent was domiciled in this judicial district at the time of death.  

6) The time for appointment of personal representative has not expired.  

7) A personal representative has not been appointed in this or any other judicial district of the state.  

8) After the exercise of reasonable diligence, the applicant is unaware of any unrevoked testamentary instrument executed by decedent relating to property having a situs in this State.  

9) The person whose appointment is sought has priority for appointment as personal representative.  

ITMO the Estate of Michael Clyde Stormont: 4FA-22-  
PR STATEMENT OF INFORMAL APPOINTMENT OF PR INTESTACY  
Page 1 of 2
10) No bond is required because Clyde James Stormont is the sole heir of the
decedent’s estate.

11) Any notice required by the laws of this state has been given.

THEREFORE, IT IS ORDERED THAT:

1. Clyde James Stormont is hereby informally appointed personal
representative of the estate of Michael Clyde Stormont.

2. Letters of Administration shall be issued to Clyde James Stormont upon
his qualification.

Dated: __07/27/22__

MAGISTRATE JUDGE

Risa C. Leonard
Standing Master

I certify that on __02/22/22__
copies of this form were sent to:

K. Schwalm

CLERK HF

ITMC the Estate of Michael Clyde Stormont: 4FA-22-
STATEMENT OF INFORMAL APPOINTMENT OF PR INTESTACY
Page 2 of 2
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

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.

Date

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

I certify that on 2/22/22  
this form was sent to:  
K.Schwarz

CLERK HT

AMCO Recvd 3/22/2022
STATE OF ALASKA
CERTIFICATE OF DEATH
P.O. Box 110875, Juneau, AK 99811-0875
STATE FILE NO. 202104696

DATE FILED: 12/14/2021

DECEASED'S LEGAL NAME (Include AKA's if any): MICHAEL CLYDE STORMONT

AGE-BIRTHDAY (Years): 77

UNDER 1 YEAR

UNDER 1 DAY

DATE OF BIRTH (MM/DD/YY):

SEX:

SOCIAL SECURITY NUMBER:

RESIDENCE-STATE-ALASKA

FAIRBANKS NORTH STAR

COUNTY:

FAIRBANKS

CITY OR TOWN:

7e APT No:

ZIP CODE:

MADISON, WISCONSIN

628 2ND AVE

8 NEVER IN ARMED FORCES?

No

9 MARRITAL STATUS AT TIME OF DEATH:

10 SURVIVING SPOUSE'S NAME:

11 FATHER'S NAME (First, Middle, Last):

CLYDE STORMONT

12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last):

MARGUERITE BUTZEN

13a PERSON'S NAME:

CLYDE JAMES STORMONT

13b RELATIONSHIP TO DECEASED:

14 DECEASED'S EDUCATION:

15 DECEASED OF HISPANIC ORIGIN:

No, not Spanish/Hispanic/Latino(a)

16 DECEASED'S RACE:

White

17 DECEASED'S USUAL OCCUPATION:

PLUMBER

18 KIND OF BUSINESS OR INDUSTRY:

CONSTRUCTION

19 PLACE OF DEATH:

FAIRBANKS, ALASKA 99701

20 FACILITY NAME (If not institution, give street & number):

21 CITY OR TOWN, STATE AND ZIP CODE:

22 COUNTY OF DEATH:

FAIRBANKS NORTH STAR

23 METHOD OF DISPOSITION:

BURIAL

24 PLACE OF DISPOSITION:

LEGACY CREMATORY

25 LOCATION - CITY, TOWN AND STATE:

FAIRBANKS, AK

26 NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY:

27 NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE):

28 LICENSE NUMBER (OF LICENSEE):

365

JENNICA E. WORLAND

29 DATE PRONOUNCED DEAD (MM/DD/YY):

30 TIME PRONOUNCED DEAD:

13:17

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):

11/30/2021

35 ACTUAL OR PRESUMED TIME OF DEATH:

13:17

36 WAS MEDICAL EXAMINER OR CORONER CONTACTED?

Yes

37 PART I. CAUSE OF DEATH

a. HEART FAILURE (PROBABLE)

Due to (or as a consequence of):

b. ATRIAL FIBRILLATION

Due to (or as a consequence of):

c. ALCOHOL ABUSE

Due to (or as a consequence of):

d. OTHER (Specify)

38 WAS AN AUTOPSY PERFORMED?

Yes

39 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

THE CAUSE OF DEATH?

The cause of death was:

39 OTHER (Specify)

40 DID TOBACCO USE CONTRIBUTE TO DEATH?

41 IF FEMALE (PREGNANCY STATUS)

6 NOT APPLICABLE

42. METHOD 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?

Yes

47 LOCATION OF INJURY:

48 DESCRIBE HOW INJURY OCCURRED:

49 IF TRANSPORTATION INJURY, SPECIFY:

50a CERTIFIER:

50b NAME OF CERTIFIER (SIGNATURE ON FILE):

51 ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH:

52 LICENSE NUMBER:

124117

53 DATE CERTIFIED (MM/DD/YY):

12/13/2021

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: 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.
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    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,

[Signature]
Jared Dye, Director

AMCO
DEC 28 2021