



THE STATE  
*of* **ALASKA**  
GOVERNOR MIKE DUNLEAVY

**Department of Commerce, Community,  
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE  
550 West 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
Main: 907.269.0350

**MEMORANDUM**

TO: Alcoholic Beverage Control Board

DATE: November 23, 2022

FROM: Kristina Serezhenkov, OLE

RE: #2683 Gateway Liquor & Food Mart

**Requested  
Action:**

Request for time extension related to the death of a licensee.

**Statutory  
Authority:**

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."

**Background:** The licensee requests additional time for submitting a transfer application.

Attachments: Licensee request

11-21-22

Tracie A Williams  
11698 Old Exit Glacier Road  
PO Box 121  
Seward, Alaska 99664  
[twodogs@gci.net](mailto:twodogs@gci.net)

Alaska Alcohol Beverage Control Board  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
Re: Liquor License #2683

Dear members of the Alaska Alcohol Beverage Control Board,  
I, Tracie A Williams am the daughter and executor of James T Pruitt's estate. Mr. Pruitt passed away 10-29-22. I respectfully request for 1 year to transfer the liquor license into my name.

Respectfully,

  
Tracie A Williams

AMCO Received 11/21/22

# STATE OF ALASKA

## CERTIFICATION OF VITAL RECORD

# STATE OF ALASKA

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



DATE FILED **11/01/2022**

**CERTIFICATE OF DEATH**

STATE FILE NO. **2022004217**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>JAMES THOMAS PRUITT</b>				2. SEX <b>MALE</b>		3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
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) <b>[REDACTED]</b>	
6. BIRTHPLACE (City and State or Foreign Country) <b>SANTA FE, NEW MEXICO</b>							
7a. RESIDENCE-STATE <b>ALASKA</b>		7b. COUNTY <b>KENAI PENINSULA</b>		7c. CITY OR TOWN <b>SEWARD</b>			
7d. STREET AND NUMBER <b>2506 MAPLE STREET</b>				7e. APT No. <b>[REDACTED]</b>		7f. ZIP CODE <b>99664</b>	
7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" 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>WILLIAM HARDING PRUITT</b>				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last) <b>MAXINE BURNHAM</b>			
13a. INFORMANT'S NAME <b>CRAIG PRUITT</b>		13b. RELATIONSHIP TO DECEDENT <b>SON</b>		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>1415 COMMERCIAL AVENUE ANACORTES, WASHINGTON 98221</b>			
14. DECEDENT'S EDUCATION: 4. COLLEGE, BUT NO DEGREE		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) _____		17. DECEDENT'S USUAL OCCUPATION <b>OWNER / OPERATOR</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)		18. KIND OF BUSINESS OR INDUSTRY <b>SHIP YARD</b>					
19. PLACE OF DEATH: <b>RESIDENCE</b>		20. FACILITY NAME (If not institution, give street & number) <b>2506 MAPLE STREET</b>		21. CITY OR TOWN, STATE AND ZIP CODE <b>SEWARD, ALASKA 99664</b>		22. COUNTY OF DEATH <b>KENAI PENINSULA</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>JANSSEN'S ALASKA CREMATION CENTER</b>					
25. LOCATION - CITY, TOWN AND STATE <b>ANCHORAGE, AK</b>		26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>JANSSEN'S EVERGREEN MEMORIAL CHAPEL 737 E STREET ANCHORAGE, ALASKA 99501</b>					
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) <b>JORDAN C. EASTMAN</b>				28. LICENSE NUMBER (Of Licensee) <b>403</b>			
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) <b>10/29/2022</b>		35. ACTUAL OR PRESUMED TIME OF DEATH <b>00:33</b>		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
37. PART I. CAUSE OF DEATH a. <b>PROSTATE CANCER</b> Due to (or as a consequence of): _____ b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____				Approximate Interval: Onset to death <b>12 YEARS</b>			
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)			
46. 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)  
**BRENT URSEL**

52. LICENSE NUMBER  
**PADA202**

53. DATE CERTIFIED (MM/DD/YY)  
**10/31/2022**

51. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH  
**11724 SEWARD HWY SEWARD AK 99664**

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 **November 2, 2022**

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

*Puberca W. Apol*  
**State Registrar**

**AMCO Received 11/21/22**

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

0501

**LIQUOR LICENSE**  
**2022 - 2023**

**2683**

**ISSUED**

**04/20/2022**

**ABC BOARD**

LICENSE RENEWAL APPLICATION DUE  
DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT  
FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE:

Package Store

LICENSE FEE:

\$1,500.00

1150

CITY / BOROUGH:

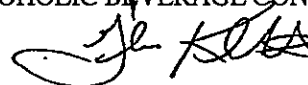
Seward

Kenai Peninsula Borough

This license cannot be transferred without permission  
of the Alcoholic Beverage Control Board

☐ Special restriction - see reverse side

ISSUED BY ORDER OF THE  
ALCOHOLIC BEVERAGE CONTROL BOARD



DIRECTOR

D/B/A:

Gateway Liquor & Food Mart  
1400 B Third Avenue

Mail Address:

Harbor Gateway, Inc.  
PO Box 944  
Seward, AK 99664

04-900 (REV 7/21)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

AMCO Received 11/21/22

**From:** [twodogs@gci.net](mailto:twodogs@gci.net)  
**To:** [Alcohol Licensing, CED ABC \(CED sponsored\)](#)  
**Subject:** Letter of request for deferral of transfer.  
**Date:** Monday, November 21, 2022 3:26:56 PM  
**Attachments:** [Letter of request AMCO.pdf](#)  
[Letter of request AMCO Director.pdf](#)  
**Importance:** High

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**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.

To Whom it may concern,  
Please find attached two letters of request for additional time, copy of liquor license, copy of death certificate. Please let me know if anything else is needed. Thank you

Respectfully,  
Tracie Williams  
907-362-2209  
[twodogs@gci.net](mailto:twodogs@gci.net)