



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

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

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

MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: November 25, 2022

FROM: Carrie Craig, RLS

RE: #4504Venue Fairbanks

**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."

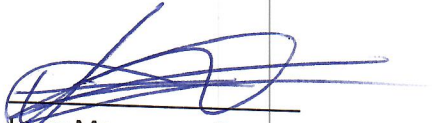
Background: The licensee requests additional time for submitting a transfer application.

Attachments: Licensee request

To Whom it May Concern;

I am requesting a one year extension on my liquor license #4504 so the business can continue operating as is. This will give me the time I need to submit the transfer application as required, since the passing of my wife. I am submitting the renewal for licensing #4504 the way it currently is. I am asking the board to please grant me this extension.

Sincerely,


A handwritten signature in blue ink, appearing to read 'Isaac Mangum', written over a horizontal line.

Isaac Mangum Date
Owner, Go Alaska Media LLC
D/B/A Venue Fairbanks

From: Isaac Mangum isaac.mangum@gmail.com
Subject: Renewal Alcohol Licensing #4504
Date: Nov 14, 2022 at 10:14:16 PM
To: alcohol.licensing@alaska.gov
Cc: Isaac Mangum isaacmangum@gmail.com

To Whom it May Concern:

I am writing in the process of getting ready to renew the liquor license # 4504 for Go Alaska Media LLC (D/B/A Venue Fairbanks). I need to know what I have to do to transfer my wife's percentage into my name. We are both currently 50% each. The reason for this request is my wife has recently passed away. Please let me know what I have to do and the time frame I have to make this happen.


Isaac Mangum 14 Nov 22
Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 07/25/2022
FEE NUMBER: 2715

CERTIFICATE NUMBER: 2022-037485

FIRST AND MIDDLE NAME(S): KARLA JEAN
LAST NAME(S): MANGUM

COUNTY OF DEATH: PIERCE
DATE OF DEATH: JULY 18, 2022
HOUR OF DEATH: 03:46 AM
SEX: FEMALE
AGE: 66 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: BELOIT, WI

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ISAAC MANGUM

OCCUPATION: ENTREPRENEUR
INDUSTRY: SMALL BUSINESS OWNER
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

INFORMANT: ISAAC MANGUM
RELATIONSHIP: HUSBAND
ADDRESS: 592 EASTVIEW DR. FAIRBANKS, AK 99712

CAUSE OF DEATH:
A: DISTRIBUTIVE SHOCK
INTERVAL: DAYS
B: ACUTE HEPATIC FAILURE
INTERVAL: DAYS
C: ACUTE ANURIC RENAL FAILURE
INTERVAL: DAYS
D: POORLY DIFFERENTIATED CARCINOMA OF UNKNOWN PRIMARY
INTERVAL: MONTHS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: MADIGAN ARMY MEDICAL CENTER
CITY, STATE, ZIP: FORT LEWIS, WASHINGTON 98431

RESIDENCE STREET: 592 EASTVIEW DR.
CITY, STATE, ZIP: FAIRBANKS, AK 99712
INSIDE CITY LIMITS: NO
COUNTY: FAIRBANKS NORTH STAR
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: DONALD LEROY HANSEN
MOTHER: GRACE MARIE BLAIR

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LAKEWOOD, WASHINGTON
DISPOSITION DATE: JULY 25, 2022

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: PO BOX 99947
CITY, STATE, ZIP: LAKEWOOD, WASHINGTON 98496
FUNERAL DIRECTOR: BOB JOHNSTON

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: WILLIAM HARNER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 9040 JACKSON AVENUE
CITY, STATE, ZIP: TACOMA, WASHINGTON 98431
DATE SIGNED: JULY 20, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHARA RIM
DATE RECEIVED: JULY 25, 2022