



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: September 5, 2024

FROM: Sonya Irwin, Licensing Examiner III

RE: #4346 Bernie's Bar, LLC

**Requested
Action:**

Request for time extension to submit a transfer. Requesting 360 day extension.

**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 180 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 305.620. Death of an individual with a controlling interest in a license issued to a business entity. (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 a transfer application as required under AS 04.11.040 and 3 AAC 305.060 or a time extension request under (b) of this section not later than 180 days after the individual's death. If the business entity fails to file a transfer application or time extension by the 180-day deadline the business shall stop operation until the business entity files a transfer application."

Background: On April 29, 2024 AMCO received notification from Anabel A. Ballao informing the department that her husband and business partner Bernie V. Ballao (50% owner of license) had passed away and asked for a time extension in order to file a transfer of the license.

Staff Recommendation: Three hundred sixty-day extension or what the Board deems appropriate.

(d) This section does not authorize the transfer of a liquor license by an administrator or executor to the estate of a decedent.

(e) The board may transfer a license to an executor or administrator only in the executor's or administrator's individual capacity.

Sonya Irwin

Records and Licensing Supervisor

Alcohol and Marijuana Control Office

550 W. 7th Avenue, Suite 1600

Anchorage, Ak 99501

(907)269-0350

Alcohol.licensing@alaska.gov

From: anne <aballao@yahoo.com>

Sent: Monday, April 29, 2024 7:41 AM

To: CED AMCO REGS (CED sponsored) <amco.regs@alaska.gov>; Irwin, Sonya A (CED) <sonya.irwin@alaska.gov>

Subject: Re: Death of a partner in business

You don't often get email from aballao@yahoo.com. [Learn why this is important](#)

Thank you.

On Monday, April 29, 2024, 7:40 AM, CED AMCO REGS (CED sponsored) <amco.regs@alaska.gov> wrote:

Hello,

I am sending your inquiry to the alcohol licensing supervisor, Sonya Irwin at sonya.irwin@alaska.gov and she will help you navigate the operation requirements at this difficult time.

Thank you,

Kristina Serezhenkov
Regulations Specialist 2
Alcohol and Marijuana Control Office
550 West 7th Avenue, Suite 1600
Anchorage, Alaska 99501

907-269-0359

From: anne <aballao@yahoo.com>
Sent: Thursday, April 25, 2024 4:59 PM
To: CED AMCO REGS (CED sponsored) <amco.regs@alaska.gov>
Subject: Death of a partner in business

You don't often get email from aballao@yahoo.com. [Learn why this is important](#)

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.

Hello,

Our business Bernie's Bar LLC with Liquor license number 4346 has 50% share. My spouse and business partner Bernie V Ballao just passed away. I would like to know what are the requirements needed to continue the operation of the business and to be in compliance.

Thank you so much.

Anabel A Ballao
Owner
Bernie's Bar LLC
Kodiak, AK 99615
(907) 654-4202

RECEIVED
APR 29 2024

STATE OF ALASKA

CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS
P.O. BOX 110875 Juneau, Alaska 99811-0875

DATE FILED 04/24/2024

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)
BERNARDINO VELASCO BALLAO AKA BERNIE VELASCO BALLAO

2. SEX
MALE

3. SOCIAL SECURITY NUMBER
[REDACTED]

4a. AGE-Last Birthday (Years)
76

4b. UNDER 1 YEAR
Months: Days: Hours: Minutes:

4c. UNDER 1 DAY

5. DATE OF BIRTH (MM/DD/YY)
[REDACTED]

6. BIRTHPLACE (City and State or Foreign Country)
PHILIPPINES

7a. RESIDENCE-STATE
ALASKA

7b. COUNTY
KODIAK ISLAND

7c. CITY OR TOWN
KODIAK

7d. STREET AND NUMBER
1407 SPRUCE AVE

7e. APT. No.

7f. ZIP CODE
99615

7g. INSIDE CITY LIMITS?
☒ Yes ☐ No

8. EVER IN US ARMED FORCES?
☒ Yes ☐ No ☐ Unknown

9. MARITAL STATUS AT TIME OF DEATH
MARRIED

10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
ANABEL ALCASID

11. FATHER'S NAME (First, Middle, Last)
DOMINGO BALLAO

12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
[REDACTED]

13a. INFORMANT'S NAME
ANABEL BALLAO

13b. RELATIONSHIP TO DECEDENT
SPOUSE

13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
PO BOX 1529 KODIAK, ALASKA 99615

14. COLLEGE, BUT NO DEGREE

15. DECEDENT OF HISPANIC ORIGIN?
☒ No, not Spanish/Hispanic/Latino(a)
☐ Yes, Mexican, Mexican American, Chicano(a)
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino(a)

16. DECEDENT'S RACE
☐ White
☐ Black or African American
☐ American Indian or Alaskan Native
(Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☒ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)

17. DECEDENT'S USUAL OCCUPATION
BUSINESS OWNER

18. KIND OF BUSINESS OR INDUSTRY
BAR

19. PLACE OF DEATH
FAMILY HOME

20. FACILITY NAME (If not institution, give street & number)
11940 TOWN PARK CIRCLE

21. CITY OR TOWN, STATE AND ZIP CODE
EAGLE RIVER, ALASKA 99577

22. COUNTY OF DEATH
ANCHORAGE

23. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation
☐ Entombment ☐ Removal from State ☐ Other (Specify)

24. PLACE OF DISPOSITION
CREMATION SOCIETY OF ALASKA

25. LOCATION - CITY, TOWN AND STATE
ANCHORAGE, AK

26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
CREMATION SOCIETY OF ALASKA 1306 E 74TH AVENUE ANCHORAGE, ALASKA 99518

27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (ELECTRONICALLY SIGNED)
DOMINIC L. HASARA

28. LICENSE NUMBER (Of Licensee)
327

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

30. TIME PRONOUNCED DEAD
22:55

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)
04/09/2024

35. ACTUAL OR PRESUMED TIME OF DEATH
22:55

36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☒ No
Approximate interval: Onset to death
UNKNOWN

37. PART I. CAUSE OF DEATH
a. [REDACTED] Due to (or as a consequence of):
b. Due to (or as a consequence of):
c. Due to (or as a consequence of):
d. 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. WERE 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/YY)

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:

49. IF TRANSPORTATION INJURY, SPECIFY:
☐ Driver/Operator ☐ Passenger
☐ Pedestrian ☐ Unknown
☐ Other (Specify)

50a. CERTIFIER:
CERTIFYING PHYSICIAN

50b. NAME OF CERTIFIER (ELECTRONICALLY SIGNED)
JEFFREY MELENDEZ

52. LICENSE NUMBER
6554

53. DATE CERTIFIED (MM/DD/YY)
04/18/2024

51. ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH
P.O. BOX 1687 PALMER AK 99645

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, JUNEAU, ALASKA.

DATE ISSUED **April 30, 2024**

Aligail Newby-Kew
State Registrar

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

(ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE)

RECEIVED

APR 29 2024

Department of Commerce, Community, and Economic Development
ALCOHOL & MARIJUANA CONTROL OFFICE

State of Alaska / Commerce / Intranet / ABC License / Home / Add/Update License

ADD/UPDATE A LICENSE

License No.: 4346

Expiration Year: 2023

Data Entry:

Last Update: 10/13/2022 11:54:13 AM

Form No.: 257

Entered By:

☒ Valid ☐ Pending ☐ Expired

Updated By: SOA\krserezhenkov

DBA/Establishment: Bernie's Bar LLC

Owner: 5578 -- Bernie's Bar LLC ▼

Location: 320 Center Street

Address: PO Box 1529

City: Kodiak

State: AK

Zip: 99615

Community:

Council:

EIN: 88-2941535

Email: Bernies_lounge@yahoo.com; aball@

Phone: 907-654-4202 or 907-654-9464

Fax:

City Code: Kodiak ▼

Start Season:

Borough Code: Kodiak Island Borough ▼

End Season:

Department of Commerce, Community, and Economic Development
ALCOHOL & MARIJUANA CONTROL OFFICE

State of Alaska / Commerce / Intranet / ABC License / Home / Owner/Enterprise

ADD/UPDATE OWNER OR ENTERPRISE
LICENSES

ID:	<input type="text" value="5578"/>				
Name:	<input type="text" value="Bernie's Bar LLC"/>	<table><tr><td>4346</td><td>Bernie's Bar LLC</td><td>320 Center Street</td></tr></table>	4346	Bernie's Bar LLC	320 Center Street
4346	Bernie's Bar LLC	320 Center Street			
Address:	<input type="text" value="PO Box 1529"/>				
City:	<input type="text" value="Kodiak"/>				
State:	<input type="text" value="AK"/>				
ZIP:	<input type="text" value="99615"/>				
Email:	<input type="text" value="Bernies_lounge@yahoo.com; aball@"/>				
<div><input type="button" value="Save"/> <input type="button" value="Cancel"/></div>					

INTERESTED PARTIES

Add Interested Party

ID	Name	%	Aff	Pres	VP	Sec	Treas	Off	Mbr	Mgr		
437	Bernie V Ballao	50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Edit	Delete
438	Anabel A Ballao	50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Edit	Delete
	Total Percentage											

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