



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: July 26, 2022

FROM: Kristina Serezhenkov, OLE

RE: #3820 Igloo Liquor

Requested Action: Request for time extension and continued operations

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: On July 26, 2022 AMCO received a notice from Angelita Fisher, personal representative of the estate of Douglas Fisher, that Douglas Fisher had passed away. Mr. Douglas Fisher was 50% owner of licensee Sunshine Liquor Inc which holds Package Store license #3820 dba Igloo Liquor. Ms. Angelita Fisher is requesting a time extension to file a controlling interest transfer application and to continue operations.

Attachments: Correspondence between AMCO and Angelita Fisher and current licensee Ms. Angelita Fisher's request for a time extension
Court documentation and death certificate



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

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

Alcohol and Marijuana Control Office

550 W. 7th Ave Suite 1600
Anchorage, Alaska 99501
Main: 907.269-0350
Commerce.alaska.gov/web/amco

July 26, 2022

Angelita S. Fisher
PO Box 521916
Big Lake, AK 99652

Dear Ms. Fisher

Our office has received your request for a time extension to submit transfer application for Package Store license #3820 dba Igloo Liquor located at 10160 Parks Hwy.

Our office has scheduled your request for a consideration of granting a time extension to submit the transfer application for the September 20, 2022 ABC Board meeting.

If available, submit the court documentation showing who the appointed representative of Mr. Douglas Fisher's estate. At this time our office assumes you may be the court appointed representative, but we will need the documentation.

Information on attending the meeting, as well as information on how to attend via zoom, will be posted and available on our website at <https://www.commerce.alaska.gov/web/amco/> The agenda will be available on our website as well and is generally posted a week in advance of the meeting.

Sincerely,

A handwritten signature in blue ink that reads "Kristina Serezhenkov".

Kristina Serezhenkov
Licensing Examiner

CC:
License File #3820

From: [Alcohol Licensing, CED ABC \(CED sponsored\)](#)
To: "bfisher@fishersfuelinc.com"; "blais@fishersfuelinc.com"
Cc: [Alcohol Licensing, CED ABC \(CED sponsored\)](#)
Subject: #3820 dba Igloo Liquor- Time Extension Request for Required Transfer
Date: Tuesday, July 26, 2022 2:34:00 PM

Good afternoon,

Our office received a request from Angelita Fisher regarding Package Store license #3820 dba Igloo Liquor. The request is for a time extension for submitting the required transfer of controlling interest application to our office. As her husband, Douglas Fishers, was 50% owner of Sunshine Liquor Inc. our office would generally require a transfer application within 90 days of the death of a licensee. However, a time extension request allows additional time- up to a year- to submit the transfer application to our office.

The request for a time extension to submit the transfer application will be considered at the September 20, 2022 ABC Board meeting. The meeting information as well as information on how to attend via zoom is available on our website.

Ms. Angelita Fisher will receive similar correspondence via us post as no email is on file for her.

Please let me know if you have any questions.

Thank you,

Kristina Serezhenkov
Licensing Examiner
Alcohol and Marijuana Control Office
550 West 7th Avenue, Suite 1600
Anchorage, Alaska 99501

3820

July 24th, 2022

Angelita S. Fisher
P.O. Box 521916
Big Lake, AK. 99652

State Of Alaska
AMCO Board
550 W. 7th Ave. STE 1600
Anchorage, Alaska 99501
Re: Extension request for transfer of package liquor license for Sunshine Liquor Inc.
Entity #61951D

Hello,

I would like to request an extension for the package liquor license transfer for Sunshine Liquor Inc.

Douglas Fisher on this license, my husband, passed on March 15th 2022.

Per our phone conversation I have enclosed documents you requested.

Please let me know if you need any other information.

Thank you for your time and assistance in this matter.

Sincerely,



Angelita S. Fisher

907-232-0612

AMCO
JUL 26 2022

Details

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	SUNSHINE LIQUOR, INC.

Entity Type: Business Corporation

Entity #: 61951D

Status: Good Standing

AK Formed Date: 9/24/1997

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: PO BOX 520209, BIG LAKE, AK 99652

Entity Physical Address: 10160 W. PARKS HWY., BIG LAKE, AK 99652-0209

Registered Agent

Agent Name: BRADLEY FISHER

Registered Mailing Address: PO BOX 520209, BIG LAKE, AK 99652

Registered Physical Address: Mi 51.5 Parks Hwy, Big Lake, AK 99652

Officials

Show Former

AK Entity #	Name	Titles	Owned
	BRADLEY FISHER	President, Shareholder, Treasurer	50.00
	Douglas Fisher	Director, Secretary, Shareholder	50.00

Filed Documents

Date Filed	Type	Filing	Certificate
1/01/1997	Biennial Report		
9/24/1997	Creation Filing		
9/17/1999	Biennial Report	Click to View	
3/20/2000	Admin Dissolution	Click to View	
1/02/2001	Biennial Report	Click to View	
4/11/2003	Biennial Report	Click to View	
7/21/2005	Biennial Report	Click to View	
7/25/2005	Agent Change	Click to View	
10/27/2006	Biennial Report	Click to View	

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT Palmer

JUN 26 2022

In the Matter of the Estate of:

Clerk of the Trial Courts
By _____ Deputy

Douglas E. FISHER
Person who Died (Decedent)
Date of Birth: [REDACTED]

CASE NO. 3PA-22-278 PR

****Leave This Portion Blank for the Court to Fill Out****

LETTERS OF ADMINISTRATION BY COURT

(Court Opens Probate and Appoints a Personal Representative When There is No Will)

The appointed personal representative is: Angelita Fisher

The personal representative is:

- not supervised.
- supervised. The personal representative shall not make any distribution of the estate or exercise the following powers without prior order of the court:

[Signature]
Date

[Signature]
Signature of Registrar or Judicial Officer¹

Anna Cometa
Printed Name

I certify that I sent the following:
Certified Copy: A. Fisher

Courtesy Copy: _____
By BP 6/28/22
Clerk Date

I hereby certify that this is a true and correct copy of the original on file in my office:
ATTEST:
Clerk of the Trial Courts
By BPackha 6/28/22
Deputy Date

AMCO
AUG - 9 2022

APR 12 2022

Informal appointment under AS 13.16.115 can be made by the registrar without hearing or notice.
Formal appointment under AS 13.16.145 must be made by a judge after hearing and notice.

STATE OF ALASKA
CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

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



DATE FILED 03/29/2022

CERTIFICATE OF DEATH

STATE FILE NO. 2022000998

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) **DOUGLAS ELLSWORTH FISHER** 2. SEX **MALE** 3. SOCIAL SECURITY NUMBER

4a. AGE-Last Birthday (Years) **68** 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes 5. DATE OF BIRTH (MM/DD/YY) 6. BIRTHPLACE (City and State or Foreign Country) **ANCHORAGE, ALASKA**

7a. RESIDENCE-STATE **ALASKA** 7b. COUNTY **MATANUSKA SUSITNA** 7c. CITY OR TOWN **BIG LAKE**

7d. STREET AND NUMBER **16200 NORTH SHORE DRIVE** 7e. APT No. 7f. ZIP CODE **99652** 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) **ANGELITA SALDIVAR**

11. FATHER'S NAME (First, Middle, Last) **ROBERT FISHER** 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last) **BARBARA ANDERSON**

13a. INFORMANT'S NAME **ANGELITA FISHER** 13b. RELATIONSHIP TO DECEDENT **SPOUSE** 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) **PO BOX 521916 BIG LAKE, ALASKA 99652**

14. DECEDENT'S EDUCATION: 4. COLLEGE, BUT NO DEGREE 16. DECEDENT'S RACE: White Black or African American American Indian or Alaskan Native Tribe Affiliation: 17. DECEDENT'S USUAL OCCUPATION **MECHANIC**

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) (Name of the enrolled or principal tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro(a) Samoan Other Pacific Islander (Specify) Other (Specify) 18. KIND OF BUSINESS OR INDUSTRY **FUEL**

19. PLACE OF DEATH: **EMERGENCY ROOM/OUTPATIENT**

20. FACILITY NAME (If not institution, give street & number) **MAT-SU REGIONAL MEDICAL CENTER** 21. CITY OR TOWN, STATE AND ZIP CODE **PALMER, ALASKA 99645** 22. COUNTY OF DEATH **MATANUSKA SUSITNA**

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 (SIGNATURE ON FILE): **AMANDA K. HASARA** 28. LICENSE NUMBER (Of Licensee) **385**

29. DATE PRONOUNCED DEAD (MM/DD/YY) **03/15/2022** 30. TIME PRONOUNCED DEAD **23:01**

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) **03/15/2022** 35. ACTUAL OR PRESUMED TIME OF DEATH **23:01** 36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No

37. PART I. CAUSE OF DEATH a. **PROSTATE CANCER** 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 **UNKNOWN**

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)

47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zipcode) 46. INJURY AT WORK? Yes No

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 (SIGNATURE ON FILE) **RICHARD BLAKE**

51. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH **3600 E WICKERSHAM WAY WASILLA AK 99654**

52. LICENSE NUMBER **482** 53. DATE CERTIFIED (MM/DD/YY) **03/23/2022**

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 **March 30, 2022**

Richard Blake
State Registrar

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



AMCO
JUL 26 2022