



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: November 3, 2023

FROM: Audrey Saylor OLE

RE: #2924 dba Mug Shot Saloon

**Requested
Action:**

Request additionally 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 October 20,2023 AMCO received the attached request from Carlson Law Group, counsel for the personal representatives, for a extension to complete a transfer application. The death of the licensee with controlling interest occurred on 7/27/2023. On 08/17/2023 an informal probate action was initiated personal representatives were recently appointed. They are requesting a six month extension to complete a transfer.

Attachments: Letter of Request
Documentation

October 20, 2023

Via Electronic Mail to amco.licensing@alaska.gov

Alcohol & Marijuana Control Office
550 West 7th Avenue, Suite 1600
Anchorage, Alaska 99501

Re: EXTENSION OF TIME FOR LICENSE NO. 2924
MTM, Inc., d/b/a Mug-Shot Saloon
Our File No.: 2309-12

Dear Chair Walukiewicz and Members of the Alcoholic Beverage Control Board:

Our firm represents MTM, Inc., d/b/a the Mug-Shot Saloon, Beverage Dispensary License No. 2924. Pursuant to 3 AAC 304.216 (b), Mug-Shot Saloon respectfully requests that the Board grant an extension of six months for the filing of a transfer application following the death of an individual who owns a controlling interest in the corporation. As License No. 2924 will expire on December 31, 2023, MTM, Inc. further requests that the Board renew its license notwithstanding the passing of a person who owns a controlling interest in the corporation.

MTM, Inc. is the owner of Beverage Dispensary License No. 2924, and is a business corporation in good standing with two shareholders: Ms. Megan Soczka, who owns 10% of the corporation's shares; and Mr. Theodore W. Anderson, Jr., who owns 90%.¹ Mr. Anderson passed away on July 27, 2023.² Prior to his passing, Mr. Anderson executed a *Last Will and Testament* and *Revocable Trust Agreement for the Theodore W. Anderson, Jr. Revocable Trust*. Through these documents, Mr. Anderson appointed MTM, Inc.'s Business Manager, Ms. Nicole M. Lee, and Mr. John Ashe as the co-personal representatives of his estate and Co-Trustees of the Trust.

On August 17, 2023, an informal probate action was initiated in the matter of Mr. Anderson's estate, bearing the case number 3PA-23-00683 PR. On September 26, 2023, the Court entered *Letters Testamentary* and a *Statement of Informal Probate of Will and Appointment of Co-Personal Representatives* in that matter, appointing Ms. Lee and Mr. Ashe as the personal representatives of the estate.³ Given recency of the appointment of Ms. Lee and Mr. Ashe as the personal representatives of the estate, MTM, Inc., respectfully requests a six-month extension of

¹ Attachment 1, *Entity Details*.

² Attachment 2, *State of Alaska Certificate of Death*.

³ Attachment 3, *Letters Testamentary*, 3PA-23-00683 PR.

time to identify an appropriate and suitable transferee for Beverage Dispensary License No. 2924 and submit an application for such a transfer.

If you have any questions, please contact our office at (907) 677-8111. Thank you.

Respectfully,

CARLSON LAW GROUP, LLC
ATTORNEYS FOR MTM, INCORPORATED,
D/B/A THE MUG-SHOT SALOON



Daniel N. Bellerive



Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS & PROFESSIONAL
 LICENSING**

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	MTM, INC.

Entity Type: Business Corporation

Entity #: 112857

Status: Good Standing

AK Formed Date: 12/13/2007

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2025

Entity Mailing Address: PO BOX 875163, WASILLA, AK 99687

Entity Physical Address: 251 W PARKS HWY, WASILLA, AK 99654

Registered Agent

Agent Name: Theodore W Anderson

Registered Mailing Address: PO BOX 875163, WASILLA, AK 99687

Registered Physical Address: 251 W PARKS HWY, WASILLA, AK 99654

Officials

Show Former

AK Entity #	Name	Titles	Owned
	Megan Soczka	Director, Secretary, Shareholder	10.00
	Theodore W. Anderson	Director, President, Shareholder, Treasurer	90.00

Filed Documents

Date Filed	Type	Filing	Certificate
12/13/2007	Creation Filing	Click to View	Click to View
12/18/2008	Biennial Report	Click to View	
12/18/2008	Initial Report	Click to View	
11/13/2012	Biennial Report	Click to View	
11/13/2012	Agent Change	Click to View	
1/19/2013	Biennial Report	Click to View	
12/23/2014	Biennial Report	Click to View	
12/28/2016	Biennial Report	Click to View	
12/31/2018	Biennial Report	Click to View	
11/30/2020	Biennial Report	Click to View	
12/27/2022	Biennial Report	Click to View	

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[CONTACT US](#)

STATE OF ALASKA
CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

P O BOX 110675 Juneau, Alaska 99811-0675

CERTIFICATE OF DEATH STATE FILE NO. **2023002866**



DATE FILED 08/10/2023				1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) THEODORE WILLIAM ANDERSON JR		2. SEX MALE		3. SOCIAL SECURITY NUMBER 470-60-7357	
4a. AGE-Last Birthday (Years) 74		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (MM/DD/YY) 09/29/1948		6. BIRTHPLACE (City and State or Foreign Country) VIRGINIA, MINNESOTA	
7a. RESIDENCE-STATE ALASKA			7b. COUNTY MATANUSKA SUSITNA			7c. CITY OR TOWN WASILLA			
7d. STREET AND NUMBER 1000 E FAIRVIEW LOOP				7e. APT. No.		7f. ZIP CODE 99654		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			9. MARITAL STATUS AT TIME OF DEATH WIDOWED			10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
11. FATHER'S NAME (First, Middle, Last) THEODORE WILLIAM ANDERSON SR					12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last) LOIS HANA CLARA FERNLUND				
13a. INFORMANT'S NAME MEGAN SOCZKA			13b. RELATIONSHIP TO DECEDENT DAUGHTER		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) PO BOX 875163 WASILLA, ALASKA 99687				
14. DECEDENT'S EDUCATION: 5. ASSOCIATE DEGREE (E.G., AA, AS)			16. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native			17. DECEDENT'S USUAL OCCUPATION BUSINESS OWNER			
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 BAR			16. (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify)			
19. PLACE OF DEATH: INPATIENT			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 <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: VALLEY FUNERAL HOME & CREMATORY					
25. LOCATION - CITY, TOWN AND STATE WASILLA, AK			26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY VALLEY FUNERAL HOME & CREMATORY 151 E HERNING AVENUE WASILLA, ALASKA 99654						
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) TODD GRANT						28. LICENSE NUMBER (Of Licensee) 438			
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) 07/27/2023			35. ACTUAL OR PRESUMED TIME OF DEATH 19:11		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
37. PART I. CAUSE OF DEATH a. CORONARY ARTERY DISEASE 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 YEARS			
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? 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? <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				51. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH 950 E. BOGARD RD #228 WASILLA AK 99654					
50b. NAME OF CERTIFIER (SIGNATURE ON FILE) JOHN CECIL BOSTON				52. LICENSE NUMBER 5285		53. DATE CERTIFIED (MM/DD/YY) 08/08/2023			

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 **August 21, 2023**

Liza M. Naselu
State Registrar

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

001864595



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Attachment 2
State of Alaska Certificate of Death

De Noble Law Offices LLC
11517 Old Glenn Highway, Suite 202
Eagle River, Alaska 99577
(907) 694-4345

FILED in the TRIAL COURTS
State of Alaska Third District
at Palmer, Alaska

SEP 26 2023

Clerk of the Trial Courts-
By _____ Deputy

**IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT PALMER**

In the Matter of the)
Estate of)
THEODORE WILLIAM ANDERSON,)
JR.,)
Deceased.) Case No. 3PA-23- 483 PR

LETTERS TESTAMENTARY

The will of Theodore William Anderson, Jr. having been admitted to probate, Nicole M. Lee and John W. Ashe are appointed as co-personal representatives of the estate.

9-26-23
Date

Derek Koehle
Registrar/~~Superior Court Judge~~

ACCEPTANCE

We, Nicole M. Lee and John W. Ashe, accept the duties and promise to perform the duties as required by law of the office of personal representative of the estate of Theodore William Anderson, Jr. We acknowledge our duty as personal representative to:

(a) take possession and control of Decedent's property as required by AS 13.16.380, determine the

Estate of Theodore William Anderson, Jr.
Letters Testamentary and Acceptance
Page 1 of 4

3PA-23- _____ PR

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 13.16.455-13.16.515;

(d) advise the court in writing of my address and telephone number as required by Probate Rule 8;

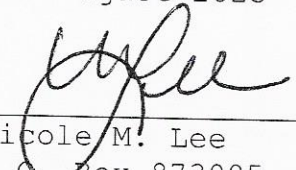
(e) file returns for state estate taxes, if required by AS 43.31.121 and AS 43.31.250;

(f) pay homestead, exempt property and family allowances as required by AS 13.11.125 - 13.11.140, 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 13.16.620 - 13.16.670.

We will file any required bond.

DATED this 10th day of August 2023



Nicole M. Lee
P.O. Box 873005
Wasilla, Alaska 99687
(907) 354-5581

VERIFICATION

STATE OF ALASKA)
) ss:
THIRD JUDICIAL DISTRICT)

Nicole M. Lee, being first duly sworn on oath, deposes and states that she has read the above document and that the same is true to the best of her knowledge and belief.

Nicole M. Lee
Nicole M. Lee

SUBSCRIBED and SWORN TO before me this 10 day of August 2023.



M. Humber
Notary Public in and for Alaska
My commission expires: 3/21/27

DATED this 10th day of August 2023

John W. Ashe
John W. Ashe
1322 East Fairview Loop
Wasilla, Alaska 99654
(907) 354-6366

VERIFICATION

STATE OF ALASKA)
) ss:
THIRD JUDICIAL DISTRICT)

John W. Ashe, being first duly sworn on oath, deposes

Estate of Theodore William Anderson, Jr.
Letters Testamentary and Acceptance
Page 3 of 4

3PA-23- _____ PR

and states that he has read the above document and that the same is true to the best of his knowledge and belief.

John W. Ashe
John W. Ashe

SUBSCRIBED and SWORN TO before me this 10 day of August 2023.



M. Humber
Notary Public in and for Alaska
My commission expires: 3/21/27

Cert. Copy - DeNoble x2

9/26/23

BP

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 BP 9/26/23
Deputy Date

Estate of Theodore William Anderson, Jr.
Letters Testamentary and Acceptance
Page 4 of 4

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SEP 26 2023

Clerk of the Trial Courts

By _____ Deputy

De Noble Law Offices LLC
11517 Old Glenn Highway, Suite 202
Eagle River, Alaska 99577
(907) 694-4345

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT PALMER

In the Matter of the)	
Estate of)	
)	
THEODORE WILLIAM ANDERSON,)	
JR.,)	
)	
Deceased.)	Case No. 3PA-23- <u>083</u> PR
_____)	

STATEMENT OF INFORMAL PROBATE OF WILL AND APPOINTMENT OF
CO-PERSONAL REPRESENTATIVES

The Registrar makes the following findings based upon the application of Nicole M. Lee and John W. Ashe for informal probate of the last will of Theodore William Anderson, Jr. and appointment of personal representative.

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 applicant's knowledge and belief.

2. The applicants are interested persons.

3. Decedent died on July 27, 2023 and at least 120 hours have elapsed since Decedent's death.

Estate of Theodore William Anderson, Jr.
Statement of Informal probate and Appointment
of Co-Personal Representatives
Page 1 of 3

3PA-23- _____ PR

4. Decedent was domiciled in Wasilla, Alaska at the time of death.

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

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

7. A personal representative has not been appointed in this or any other judicial district of the state and neither this will nor any other will of the Decedent has been the subject of a previous probate order.

8. Decedent left a valid, unrevoked will dated February 28, 2023. The original of the will is in the Registrar's possession.

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

10. No bond is required because Decedent waived the requirement for any such bond in his will.

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

Therefore, it is ordered that the will is admitted to informal probate. It is also ordered that Nicole M. Lee and John W. Ashe are appointed as co-personal

representatives of Decedent's estate. Letters testamentary will be issued upon qualification.

9-26-23
Date

Derek Koehler
Registrar *Derek Koehler*



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 BP 9/26/23
Deputy Date

Cert. Copy - De Noble x2
9/26/23
BP