

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: May 25, 2022

FROM: Carrie Craig, RLS RE: #864 & #870 dba Red Snapper

Requested Action:

Request 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 case. Additional extensions may be granted by the board only for good cause."

Background: On January 8, 2023 Dwight McBride, 100% owner of the license, passed away. Doug McBride, surviving brother, is requesting the ABC Board allow an extension to the 90-day time frame referenced in the above statutes and regulations. He requests a deadline of December 31, 2023. A transfer application has not been submitted to AMCO for review.

Attachments: Letter of Request

Letters of Administration

Death Certificate

Joint Resolution of Shareholder and Director of the LLC

April 6, 2023

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

Personal Delivery and Sent via Email to alcohol.licensing@alaska.gov

Re: Request for Time Extension to Settle Probate Matters for Dwight Allen McBride / Red Snapper Bar / Dispensary License Number 864 and Package Store License Number 870

Dear Alcohol & Marijuana Control Office:

Dwight Allen McBride, my brother, passed away unexpectedly on January 8, 2023, without a will. I am Dwight's court appointed Personal Representative. Dwight's wholly owned company Pioneer Entertainment, LLC, an Alaskan Limited Liability company, is the owner of the Red Snapper Bar and its Dispenser Liquor License Number 864 and its Package Store License Number 870. The Red Snapper is located at 123 Betty King Alley, Ketchikan Alaska 99901.

As Dwight's court appointed Personal Representative, I am requesting an extension of time to wind down and address Dwight's estate, including the Red Snapper Bar, the Dispensary Liquor License number 864, and the Package Store License number 870. In connection with the request for an extension of time, please note the following:

- 1. Please note this request is filed within ninety (90) days of Dwight's passing.
- 2. Please find attached the Death Certificate for Dwight McBride, dated January 8, 2023.
- 3. Please find attached a court issued Letters of Administration by Court appointing me Doug McBride as the Personal Representative for Dwight McBride, dated April 4, 2023.
- 4. Please find attached a Joint Resolution of the Shareholder and Director of Pioneer Entertainment, LLC authorizing me, Doug McBride, to take all action necessary to preserve the value of and address the assets of Pioneer Entertainment, LLC, including filing this request for an extension of time.
- 5. With Dwight's passing the Red Snapper has become inactive.
- 6. Dwight's heirs are deciding what to do with the Red Snapper and the two liquor licenses.
- 7. I request an extension of time to December 31, 2023, to address Dwight's affairs, including the Red Snapper Bar, the Dispensary Liquor License number 864, and the Package Store License number 870.

AMCO
APR 6 2023

8. In connection with the Red Snapper Bar and the two liquor licenses, and this request for an extension of time and any other matters concerning Dwight's affairs (and the affairs of Pioneer Entertainment, LLC), please change the mailing address and contact information to:

Doug McBride
Personal Representative of Dwight McBride
116A Eichner Avenue
Ketchikan, Alaska 99901
dougmcbride@live.com
907-312-9016 (cell + text)
802-226-7142 (land line)

Please call or text me at 907-312-9016 with any questions you may have. Thank you for assisting me in this important matter.

Jos Mc Briel 4(6(2023

Doug McBride, acting as the Court Appointed Personal Representative of Dwight Allen McBride

Day Mebrel 4/6/2023

Dwight Allen McBride, deceased, by Doug McBride, as the Court Appointed Personal Representative of Dwight Allen McBride

Pionear Entertainment, LLC

4/6/2023

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Doug McBride, acting as the Court Appointed Personal Representative of Dwight Allen McBride

	IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT <u>Ketchikan, Alaska 99901</u>
	In the Matter of the Estate of:
	Dwight Allen McBride Person who Died (Decedent) Date of Birth: CASE NO. 1146-23-26-28
	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: Doyglas McBride
eded estpr	not supervised. The personal representative shall not make any distribution of the estate or exercise the following powers without prior order of the court:
degy	
	Date Signature of Registrar or Judicial Officer Duiel Date Printed Name
RECD MAR	CERTIFICATION Copies, Distributed Date 04(05/23) To 0. Werride at mail Email (km)
e.	

 $\underline{\text{Informal}}$ appointment under AS 13.16.115 can be made by the $\underline{\text{registrar}}$ without hearing or notice. Formal appointment under AS 13.16.145 must be made by a judge after hearing and notice.

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By Kalm

Probate Rules 7 & 8; AS 13.16.015;

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AS 13.16.245, AS 13.16.220 APR

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 01/24/2023 FEE NUMBER: 1706068

CERTIFICATE NUMBER: 2023-002807

FIRST AND MIDDLE NAME(S): DWIGHT ALLEN

LAST NAME(S): MCBRIDE

COUNTY OF DEATH: KING

DATE OF DEATH: JANUARY 08, 2023

HOUR OF DEATH: 12:45 PM

SEX: MALE

AGE: 70 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: EUGENE, OR

MARITAL STATUS: SINGLE, NEVER MARRIED SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BUSINESS OWNER

INDUSTRY: HOSPITALITY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: DOUG MCBRIDE RELATIONSHIP: BROTHER

ADDRESS: 4203 TWENTY MILES STREAM ROAD PROCTORSVILLE,

CAUSE OF DEATH:

A: CEREBRAL INFARCTS

INTERVAL: DAYS

B:

INTERVAL:

C:

INTERVAL:

D:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HEMOCHROMATOSIS, CENTROLOBAR EMPHYSEMA, PROBABLE GASTROINTESTINAL MALIGNANCY

METASTATIC TO THE LIVER

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

CERTIFIER NAME: SARAH WAHLSTER, MD

CERTIFIER ADDRESS: HMC 325 9TH AVE

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

CASE REFERRED TO ME/CORONER: NO

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GRACIE TANGALAN

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: THOMAS BASIN, FLOAT 5, STALL 36

CITY, STATE, ZIP: KETCHIKAN, AK 99901

INSIDE CITY LIMITS: NO COUNTY: KETCHIKAN GATEWAY

TRIBAL RESERVATION: NOT APPLICABLE

FATHER: JOHN F MCBRIDE MOTHER: NETTIE SWEARINGEN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON DISPOSITION DATE: JANUARY 20, 2023

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON

ADDRESS: 6942 S 196TH ST

CITY, STATE, ZIP: KENT, WASHINGTON 98032

FUNERAL DIRECTOR: JAMES D. STARK

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

TITLE: PHYSICIAN

DATE SIGNED: JANUARY 09, 2023

FILE NUMBER: NOT APPLICABLE

DATE RECEIVED: JANUARY 20, 2023

DOH 422-132 (8/18) 1



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

wan to.	Center for Health Statistics						
	P.O. Box 47814						
	Olympia, WA 98504-7814						
	360-236-4300						

					STATE OFF	ICE USE ONLY	1					
Stat	e File Number		Fee Number	er		Initial		Date	Aff	idavit Num	nber	
			Require	ed informa	tion must	match current	informatio	on on record				
77	Required information must match current information on record Record Type: Birth Death Marriage Dissolution (Divorce)											
8	1. Name on Record:	ord:									3. Place of Event:	
200	Free	Middle		La				M/DD/YYYY		City or Co	ounty)	
Required	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)									ssolution)		
ď	First Middle Last/Maiden First Middle Last/Maiden									Maiden		
	6. Name of Person Re		rection:		Relationship Person on R	to Self Secord: Parent		ardian neral Director	☐ Informa ☐ Other (s	nt pécify)	☐ Hospital	
7. Re	eturn Mailing Address:		CONTRACT OF STREET, ST		District Control of the Control of t				No. As commenced with the second	- ANT THE WALLES AND COLUMN		
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D			INST	RUCTIONS	- go to www	v.doh.wa.gov for n	nore informa	ation				
• B	ired proof documentat irth/Marriage/Divorce r	ion must be s ecord •	submitted with Military recor	n the affiday	it and include	full name and bir	rth date. Ex	amples of proo	f document	ation inclu	ıde:	
	ertificate of Naturalizat		Hospital/med	dical record		School transcripts Copy of Passport		Soci Grad	al Security	Numident	Report	
	You canno	t use a Drive	r's license,	Social Secu	urity card, or	hospital decora	tive birth o	certificate as p	roof docu	nentation	nt card (I-551)	
	Certificates		Marin a				-			2 1 2 2		
1. O	nly a parent(s), legal g	uardian (if the	e child is und	er 18), or th	e named indi	vidual (if 18 or old	der) may ch	ange the birth	certificate.			
2. II M	he proof(s) must mate ary Ann Doe.	cn the assert	ad fact(s). Fo	r example, i	t the affidavit	says the name sl	hould be Ma	ary Ann Doe, th	ne proof mu	st show th	ne name to be	
	roof documentation mu	ıst be five or r	more vears o	ld or establi	shed within fi	ve years of hirth						
4. Tł	nis affidavit cannot be	used to add a	parent to a l	birth certifica	ate (use Ackn	owledgment of Pa	arentage for	rm DOH 422-1	59).			
Child	under 18					Adult (18 years	or older)		•			
0 (f legal guardian(s), inc Up to age one or up to	clude certified	court order p	roving guar	dianship.	 Only the adu 	ilt can chan	ge his or her b	rth certifica	te.		
	of Parentage form, last	name can be	changed onc	g of an Ackn se to either n	owieagement arents' name	 If the first or a required. 	middle nam	ie is missing, th	ree pieces	of proof d	ocumentation are	
(on certificate (can be a	ny combinatio	on of the first,	middle or la	ist names);		iddle and/or	last name is m	isspelled o	r month a	nd/or day of birtl	
t	hereafter, a court orde	r is required to	o change the	last name.	7.	is incorrect, t	wo pieces o	of proof docume	entation are	required.		
 No proof is required to change the first or middle name.* 					 To correct pa 	rent's birth o	date, place of b	irth, or name	e, one pro	of documentation		
To correct parent's information, one proof documentation is required. To correct the sex of the child, one proof documentation from a medical						is required.		30				
r	provider is required.							and the S				
*	To change any part of the	name of a child	d'using this form	m, signatures	from both pa	rents listed on the	certificate a	re required. If on	e parent is de	eceased, su	ibmil a death	
	certificate with request.								****			
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2.	i he medical informatio	n (cause of d	eath) may be	changed or	nly by the cer	tifying physician o	or the coron	er/medical exa	miner.	1 50, 11		
Warri	age/Dissolution (Dive	orce) Certific	ates	4	- f L (4)							
1. Fe	ersonal facts (minor sp	ace of marria	s in name, da de or dissolu	ate or place	or birth, or re	sidence) may be	changed by	the person wit	h one piece	of proof	documentation.	







Pioneer Entertainment, LLC

Joint Resolution of Shareholder and Director

Acknowledged, Dwight McBride, the sole owner of Pioneer Entertainment, LLC recently passed away.

Resolved, a court has appointed Doug McBride, Dwight's brother, as the Personal Representative for Dwight McBride.

Resolved, Doug McBride is hereby given the authority to take all actions and do all deeds to create an inventory of assets and liabilities, protect the value of the assets, dispose of assets, and discharge all obligations of Pioneer Entertainment, LLC as he in his reasonable and good discretion deems appropriate and consistent with the law.

Resolved, Doug McBride is specifically hereby given the authority to take any and all action whatever it may be, including requesting extensions, signing agreements, discharging obligations and liens, selling of assets, and any and all other actions needed to operate or wind-down the affairs of the Red Snapper Bar and its Beverage Dispensary Liquor License Number 864 and its Package Store Liquor License Number 870 owned by Pioneer Entertainment, LLC. as he in his reasonable and good discretion deems appropriate and consistent with the law.

Resolved, Doug McBride is hereby given the authority to take any and all other action not state in this Joint Resolution to operate, run, or wind down the affairs, matters, or businesses of Pioneer Entertainment, LLC, whatever they may be, as he in his reasonable and good discretion deems appropriate and consistent with the law.

Signed this 6th day April 2023

Dwight McBride, Sole Member of Pioneer Entertainment, LLC

Bv:

Doug MeBride, Court Appointed Personal Representative

Signed this 6 day of April 2023

Dwight McBride, Managing Member and President of Pioneer Entertainment, LLC

By:

Doug McBride, Court Appointed Personal Representative

AMCO APR 6 2023