



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: January 18, 2024

FROM: Sonya Irwin, OLE

RE: #213, 214 Chatanika Lodge: Terron, Inc.

Requested Action: Request for time 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 November 6, 2024 AMCO received notification from Shirley Franklin, 49% shareholder Vice President, Secretary, and Treasurer of Terron Inc. that Ronald Franklin, 51% shareholder and President had passed away. Shirley Franklin is requesting a 190 day time extension to file a controlling interest transfer application.

Staff Recommendation: One hundred ninety day extension or what the Board deems appropriate.

Attachments: Licensee request, Certificate of Death

Alcohol Marijuana Control Board
550 W 7th Ave
Anchorage, AK 99501

Re: Alcohol Licenses #213 & #214

December 28th, 2023

To AMCO Board,

We request an extension of time to transfer alcohol licenses #213 & #214 from Ronald Franklin, deceased, to wife, Shirley Franklin.

We have attached a copy of his death certificate.

Please let us know if you need anything else for this matter.

Shirley Franklin,

Shirley Franklin

This document was signed before me this 28th day of December, 2023

By Shirley Franklin



Sara A. Burns
Notary Signature

Sara A. Burns
Printed Name

Seal

05/22/2025
My Commission Expires

RECEIVED
JAN 02 2024

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

DATE FILED 08/11/2023

CERTIFICATE OF DEATH STATE FILE NO. 2023002892

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) RONALD LLOYD FRANKLIN			2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
4a. AGE-Last Birthday (Years) 75	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (MM/DD/YYYY) [REDACTED]	
6. BIRTHPLACE (City and State or Foreign Country) FORT MADISON, IOWA		7a. RESIDENCE-STATE ALASKA		
7b. COUNTY FAIRBANKS NORTH STAR		7c. CITY OR TOWN FAIRBANKS		
7d. STREET AND NUMBER 5760 STEESE HIGHWAY		7e. APT. No.	7f. ZIP CODE 99712	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. MARITAL STATUS AT TIME OF DEATH MARRIED		
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) SHIRLEY DOREEN ELLIOTT		11. FATHER'S NAME (First, Middle, Last) ALBERT FRANKLIN		
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MERLE CLARK		13. MAILING ADDRESS (Street and Number, City, State, Zip Code) 5760 STEESE HIGHWAY FAIRBANKS, ALASKA 99712		
14. DECEDENT'S EDUCATION 3. HIGH SCHOOL GRADUATE OR GED		16. DECEDENT'S RACE: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (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) _____		17. DECEDENT'S USUAL OCCUPATION OWNER/OPERATOR
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 CHATANIKA LODGE		
19. PLACE OF DEATH NURSING HOME/LONG TERM CARE FACILITY		20. FACILITY NAME (If not institution, give street & number) DENALI CENTER		
21. CITY OR TOWN, STATE AND ZIP CODE FAIRBANKS, ALASKA 99701		22. COUNTY OF DEATH FAIRBANKS NORTH STAR		
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 BLANCHARD FAMILY FUNERAL HOME		
25. LOCATION - CITY, TOWN AND STATE FAIRBANKS, AK		26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BLANCHARD FAMILY FUNERAL HOME 611 NOBLE STREET FAIRBANKS, ALASKA 99701		
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) KEITH BLANCHARD		28. LICENSE NUMBER (Of Licensee) 334		
29. DATE PRONOUNCED DEAD (MM/DD/YYYY)		30. TIME PRONOUNCED DEAD		
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		32. LICENSE NUMBER	33. DATE SIGNED (MM/DD/YYYY)	
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) 07/29/2023		35. ACTUAL OR PRESUMED TIME OF DEATH 10:07		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. PART I. CAUSE OF DEATH a. ENDSTAGE SEVERE PULMONARY HYPERTENSION Due to (or as a consequence of): _____ b. RIGHT SIDED HEART FAILURE Due to (or as a consequence of): _____ c. OBESITY HYPOVENTILATION SYNDROME Due to (or as a consequence of): _____ d. _____				Approximate Interval Onset to death 1 MONTH 3 YEARS 10 YEARS
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause CORONARY ARTERY DISEASE, CIRRHOTIC LIVER DISEASE				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? N	41. IF FEMALE (PREGNANCY STATUS) B. NOT APPLICABLE		42. MANNER OF DEATH NATURAL CAUSES	
43. DATE OF INJURY (MM/DD/YYYY)	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 2001 GILLAM WAY FAIRBANKS AK 99701		
50b. NAME OF CERTIFIER (SIGNATURE ON FILE) KENDRICK D BLAIS		52. LICENSE NUMBER 2292	53. DATE CERTIFIED (MM/DD/YYYY) 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 19 2023

Lisa M. Nasseu
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

