



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: April 5, 2024

FROM: Sonya Irwin, OLE

RE: #864, 870 Pioneer Entertainment, LLC

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 April 6, 2023 AMCO received notification from Doug McBride informing the department that his brother Dwight McBride (100% owner of licenses) had passed away and asked for a time extension in order to get the alcohol licenses transferred. On May 30, 2023 Doug McBride was granted a time extension that ended on December 31, 2023. Doug McBride is requesting an additional 180-day time extension to file a controlling interest transfer application, this request was submitted to AMCO on December 6, 2023.

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

Attachments: Request from Licensee's Court Appointed Personal Representative, Appointment of Personal Representative (Doug McBride), Certificate of Death, Original Time Extension Request, Approved Time Extension Request Letter

From: [Doug McBride](#)
To: [CED ABC Alcohol Licensing \(CED sponsored\)](#)
Subject: Request for addition time to wind up the affairs of Dwight McBride and Liquor Licenses 870 and 864
Date: Wednesday, December 6, 2023 11:59:47 AM
Attachments: [Signed Request for Extension of Time .pdf](#)
[864 870 Extension Letter.pdf](#)
[Letters of Administration by Court appointing Doug McBride as Personal Representative of Dwight McBride.pdf](#)

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.

December 6, 2023

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

In May of 2023, you granted me an extension of time to address the liquor license affairs of my deceased brother Dwight McBride. I am Dwight's court-appointed personal representative. The extension was until December 31, 2023. I have a buyer for the liquor licenses but the transaction cannot close until after December 31, 2023. I am requesting an additional six-month extension to allow me to close the transaction. For your review and convenience I have attached (1) my original request for the extension, (2) your letter granting the extension, and (3) the document appointing me as Dwight's personal representative.

The reason for my request is as follows. First, I vastly underestimated the time it would take me to clean up Dwight's estate. The collection of assets and liabilities was more complex than I had assumed. Second, the sale of the liquor licenses was intertwined with the disposition of the real estate the bar was located. I had to separate the transactions. Finally, the winding up of Dwight's business and personal affairs turned out to be much more complicated than I anticipated. In hindsight, I should have asked for a longer period of time for the initial extension.

I respectfully request an additional six-month extension to sell Dwight's liquor license. :

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)

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.

Doug McBride 4/6/2023

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

Doug McBride 4/6/2023

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

Pioneer Entertainment, LLC

By:

Doug McBride 4/6/2023

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

AMCO

APR 6 2023

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT Ketchikan, Alaska 99901

In the Matter of the Estate of:)

Dwight Allen McBride)
Person who Died (Decedent))
Date of Birth: [REDACTED])

CASE NO. 1KE 23 26 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: Douglas McBride

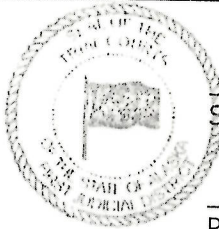
~~The personal representative is:~~

~~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:~~

*checked
in error
dec
4/4*

4/4/2023
Date



[Signature]
Signature of Registrar or Judicial Officer¹

Daniel Doty
Printed Name

CERTIFICATION

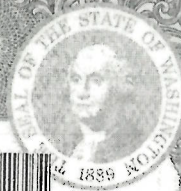
Copies Distributed:
Date 04/05/23
To D. McBride by mail
email (KAM)
By KAM

¹ 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.

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APR 6 2023

REC'D MAR 30 2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-002807

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

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: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

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

BIRTH DATE: [REDACTED]
BIRTH PLACE: EUGENE, OR

FATHER: JOHN F MCBRIDE
MOTHER: NETTIE SWEARINGEN

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

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: BUSINESS OWNER
INDUSTRY: HOSPITALITY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

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

INFORMANT: DOUG MCBRIDE
RELATIONSHIP: BROTHER
ADDRESS: 4203 TWENTY MILES STREAM ROAD PROCTORSVILLE,

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON

CAUSE OF DEATH:
A: CEREBRAL INFARCTS
INTERVAL: DAYS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

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

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: SARAH WAHLSTER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: HMC 325 9TH AVE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104
DATE SIGNED: JANUARY 09, 2023

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GRACIE TANGALAN
DATE RECEIVED: JANUARY 20, 2023

AMCO
APR 6 2023



DOH 422-034 August 2019

Affidavit for Correction

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

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			

7. Return Mailing Address: PO Box or Street Address City State Zip

Telephone Number: () Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name: Date:	Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

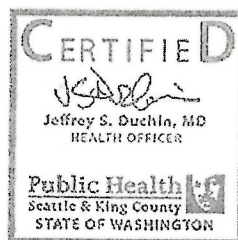
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



AMCO
APR 6 2023

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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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.

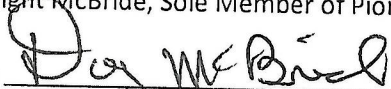
Resolved, Doug McBride is specifically hereby given the authority to take any and all action whatever it may be, including requesting extensions, signing agreements, discharging obligations and liens, selling of assets, and any and all other actions needed to operate or wind-down the affairs of the Red 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

By:

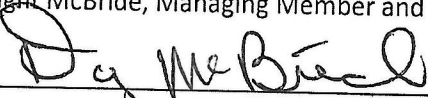


Doug McBride, Court Appointed Personal Representative

Signed this 6th day of April 2023

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

By:



Doug McBride, Court Appointed Personal Representative

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APR 6 2023