



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04 of Alaska Statutes** and **Chapter 305 of the Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, 3 AAC 305.045 and 3 AAC 305.060.

This form must be completed and submitted to AMCO's Anchorage office, along with all other required forms and documents before any license application will be considered complete.

Section 1 - Transferor Information

Enter information for the **current** licensee and licensed establishment.

Licensee:	Vogelco LLC	License #:	6040	
License Type:	Restaurant or Eating Place	Statutory Reference:	AS 04.09.210	
Doing Business As:	Homeslice Pizza			
Premises Address:	4246 Homer Spit Road #4			
City:	Homer	State:	AK	ZIP: 99603
Local Governing Body/Bodies:	City of Homer			

Transfer Type:

- ☒ Regular transfer
☐ Transfer with security interest
☐ Involuntary retransfer
☐ Controlling interest transfer
☐ Location transfer

RECEIVED

MAY 08 2025

Dept. of Commerce
AMCO

OFFICE USE ONLY			
Complete Date:		Transaction #:	
Board Meeting Date:		License Years:	
Issue Date:		Examiner:	



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 – Transferee Information

Enter information for the **new** applicant and/or location seeking to be licensed.

Licensee:	Wall Enterprises LLC				
Doing Business As:	La Casa de Monana				
Premises Address:	4246 Homer Spit Rd #4				
City:	Homer	State:	AK	ZIP:	99603
Community Council, (If applicable):	N/A				

Mailing Address:	64310 Bridger Rd				
City:	Homer	State:	AK	ZIP:	99603
Email:	monav4@gmail.com	Phone:	907-227-3902		

Designated Licensee:	Monica Romero-Curiel		
Contact Phone:	907-227-3902	Business Phone:	
Contact Email:	monav4@gmail.com		

Seasonal License? ☒ Yes ☐ No If "Yes", write your six-month operating period: May - October

Section 3 – Premises Information

Premises to be licensed is:

☒ an existing facility ☐ a new building ☐ a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer (Must be in feet).

--

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer (Must be in feet.)

--

RECEIVED

MAY 08 2025

Dept. of Commerce

AMCO



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.

If more space is needed, please attach a separate sheet with the required information.

The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:		Phone:			

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:		Phone:			

Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the application shall be executed by an authorized officer of the Corporation. Information must be completed below for each **stockholder who owns 10% or more** of the stock in the corporation, and for each **president, vice-president, secretary, and managing officer**.
- If the applicant is a limited liability organization, whether manager managed or member managed, the following information must be completed for each **member with an ownership interest of 10% or more** and for each **manager regardless of ownership share**.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.
- For any entity, identify all affiliates for your organization as defined at 3 AAC 305.950.

Entity Official:	Monica Romero -Curriel				
Title(s):	Member	Phone:	907-227-3902	% Owned:	50
Address:	64310 Bridger Rd.				
City:	Homer	State:	AK	Zip:	99603
Email:	monav4@gmail.com	Phone:	907-227-3902		



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:	Daniel Wall				
Title(s):	Member	Phone:	907.227.3902	% Owned:	50
Address:	64310 Bridger Rd.				
City:	Homer	State:	AK	ZIP:	99603
Email:	monav4@gmail.com	Phone:	907.227.3902		

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	
Email:		Phone:			

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	
Email:		Phone:			

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). The registered agent is either an individual resident of the state or domestic corporation authorized to transact business in the state and whose business office is the same as the registered office.

CBPL Entity #:	10305636	AK Formed Date:		Home State:	AK
Registered Agent:	Daniel Wall	Agent's Phone:	907.227.6592		
Agent's Mailing Address:	64310 Bridger Rd				
City:	Homer	State:	AK	ZIP:	99603
Email:	monav4@gmail.com	Phone:	907.227.6592		

Residency of Agent:

RECEIVED

☒ Yes ☐ No☐ ☐

Does your registered agent satisfy the requirement of AS 04.11.430?

MAY 08 2025



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application**Section 6 – Other Licenses**

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

☐☒

If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

Section 7 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

☐☒

If "Yes", disclose the name of the individual and the reason for this authorization:

RECEIVED

MAY 08 2025

Dept. of Commerce
AMCO



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Mary K Vogl
Signature of transferor

Mary K Vogl
Printed name of transferor

Subscribed and sworn to before me this 6th day of May, 2025

Amber Anderson
Signature of Notary Public



Notary Public in and for the State of AK

My commission expires: 5-6-27

Erin J Vogl
Signature of transferor

Erin J Vogl
Printed name of transferor

Subscribed and sworn to before me this 6th day of May, 2025

Amber Anderson
Signature of Notary Public



Notary Public in and for the State of AK

My commission expires: 5-6-27

RECEIVED

MAY 08 2025



AMCO accepted signed by Daniel Wall/Initialled by Marie Romero-Curiel
Alaska Alcoholic Beverage Control Board .krs

Form AB-01: Transfer License Application

Section 9 – Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

MRC

I certify that all proposed licensees have been listed with the Division of Corporations.

MRC

I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

MRC

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 305.700.

MRC

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

MRC

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

MRC

I certify that I and any individual identified in the business entity ownership section of this application, has, or will read AS 04 and its implementing regulations.

MRC

Signature of transferee

Daniel S. Wall

Printed name

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 08/14/28



Subscribed and sworn to before me this _____ day of _____, 20____.

RECEIVED

MAY 08 2025



Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram**Why is this form needed?**

A detailed diagram of the proposed licensed premises is required for all alcohol license applications, per AS 04.11.260, 3 AAC 305.630 and 3 AAC 305.660. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete. You may attach blueprints or other detailed drawings that meet the requirements of this form.

The diagram MUST include:

- You must use a **solid, contiguous red line** to outline the outer perimeter of your premises with no breaks or separations.
 - The red outline is required to follow a physical barrier (wall, fence and even across doorways).
 - There should be no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
 - Stored
 - Served/Sold
 - Manufactured
 - Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - Cross streets
 - Points of reference, such as a compass rose indicating True North
 - All entrances, exits, walls, bars, and fixtures
- If your premises include multiple floors, please include a separate diagram of each floor.
 - You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.
- Any license applications that include outdoor space** are required to submit a security plan that includes information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Wall Enterprises LLC	License Number:	6040		
License Type:	Restaurant or Eating Places				
Doing Business As:	La Casa de Monana				
Premises Address:	4246 Homer Blvd #4				
City:	Homer	State:	AK	ZIP:	99603

Outside Service Plan - La Casa de Monana

We have a small area just outside the restaurant where people can enjoy beer and wine. Our plan to ensure that minors do not gain access to alcohol is as follows.

- 1) The area will be cordoned off with a rope or chain.
- 2) We will include all requisite signage telling people they cannot take open containers outside the area and that minors may not consume alcohol within the area.
- 3) The wall leading to this area is comprised of a series of large windows, giving full view of that area to anyone working the cash register or the bar. Staff will frequently take food out to the area and clean tables when guests leave. At all times, staff will be on the lookout for inappropriate conduct in the outside service area. First and foremost, they will be checking to ensure that no minors consume alcohol.



Daniel S. Wall



Monica Romero-Curiel



USED as Restaurant Questionnaire. amco krs

AB-03 Form retired as RDP no longer in use.
Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501

alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
Phone: 907.269.0350

~~Form AB-03: Restaurant Designation Permit Application~~

Why is this form needed?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A menu or expected menu listing the meals, including entrées prepared on-site and offered to patrons, and copy of the DEC Food Service Permit (or corresponding DHHS documentation for licenses located in the Municipality of Anchorage) must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

Section 1 – Establishment Information

Enter information for licensed establishment.

Licensee:	Wall Enterprises LLC				
License Type:	Restaurant or Eating Place	License Number:	6040		
Doing Business As:	La Casa de Monana				
Premises Address:	4246 Homer Spit Rd #4				
City:	Homer	State:	AK	ZIP:	99603
Contact Name:	Monica Romero-Curiel	Contact Phone:	907.227.3902		

Section 2 – Type of Designation Requested

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

- ☐ Dining after standard closing hours: AS 04.16.010(c)
- ☒ Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- ☒ Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- ☒ Employment for any persons under 21 years of age: AS 04.16.049(c)
NOTE: Under AS 04.16.049(d), a Department of Labor and Workforce Development work permit is not required to employ a person 18 - 20 years of age.

RECEIVED

MAY 08 2025

Dept. of Commerce

AMCO

OFFICE USE ONLY	
Transaction #:	Initials:



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application**Section 3 – Minor Access**

Review AS 04.16.049(a)(2); AS 04.16.049(a)(3); AS 04.16.049(c)

List where within the premises minors are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minors will only be allowed in designated dining areas.

Hiring policies are that all dining staff shall be TAP trained and legal serving age. Minors shall only be employed in the kitchen areas and shall not be allowed access to dining areas.

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

All dining areas and all access points are always in full view of all staff. All outside dining access points have chain barriers at 36 " height with directional signage for guest entry through main doors and " No Alcohol Beyond this Point " . Non-entry points have existing rail barriers.

House policies include mandatory TAP training for all dining area staff.

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?

Yes No

☒ ☐**Section 4 – DEC Food Service Permit**

Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Please follow this link to the DEC Food Safety Website: <http://dec.alaska.gov/eh/fss/food/>

Please follow this link to the Municipality Food Safety Website:

<http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx>

RECEIVED

MAY 08 2025

IF you are unable to certify the below statement, please discuss the matter with the AMCO office:

Initials

I have attached a copy of the current food service permit for this premises OR the plan review approval

Dept. of Commerce
AMCO

*Please note, if a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 – Minor Access

Review AS 04.16.049(a)(2); AS 04.16.049(a)(3); AS 04.16.049(c)

List where within the premises minors are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

RECEIVED
MAY 08 2025
Dept. of Commerce
AMCO

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?

Yes ☒ No ☐

Section 4 – DEC Food Service Permit

Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Please follow this link to the DEC Food Safety Website: <http://dec.alaska.gov/eh/fss/food/>

Please follow this link to the Municipality Food Safety Website:

<http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx>

IF you are unable to certify the below statement, please discuss the matter with the AMCO office:

Initials

I have attached a copy of the current food service permit for this premises OR the plan review approval.

WEC

**Please note, if a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.*



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application**Section 5 – Hours of Operation**

Review AS 04.16.010(c).

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

7 days a week 8am - 10pm

Section 6 – Entertainment & Service

Review AS 04.11.100(g)(2)

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?

Yes

☐

No

☒

If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur:

Food and beverage service offered or anticipated is:

☐

table service

☐

buffet service

☒

counter service

☐

other

If "other", describe the manner of food and beverage service offered or anticipated:

RECEIVED

MAY 08 2025



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 7 – Certifications and Approvals

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

There are tables or counters at my establishment for consuming food in a dining area on the premises.

MRC

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.
This menu includes entrées that are regularly sold and prepared by the licensee at the licensed premises.

MRC

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

MRC

I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted.

*(AB-03 applications that accompany a new or transfer license application will
not be required to submit an additional copy of their premises diagram.)*

MRC

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

MRC

RECEIVED

MAY 08 2025

Monica Romero-Curiel

Printed name of licensee

Signature of licensee

Dept. of Commerce
AMCO

Local Government Review (to be completed by an appropriate local government official):

Approved

Denied

☐☐

Signature of local government official

Date

Printed name of local government official

Title

MENU

Breakfast: Huevos rancheros, Chilaquiles, breakfast burritos.

Tacos: Al Pastor, Birria, Carnitas and Asada.

Soups and Stews: Pozole, Caldo, and chili.

Milanesa: Beef and Chicken

Tortas de Papas (potato cakes smothered in red or green sauce).

Enchiladas (red, green, mole, and Suizas).

Chicken and Beef Fajitas.

Burritos: Carnitas, Steak and Tinga.

Chips and a variety of salsas.

Fresh Drinks: Horchata, Pina Colada (non-alcoholic), beer and wine).

Deserts will include: Polvorones (Mexican wedding cookies), Buñuelos, flan, tres leches cakes.

We are thinking about including a small section of non-Mexican fare. It would include jambalaya, beef and vegetables in cowboy butter, pasta, and artisan bread.

RECEIVED

MAY 08 2025

Dept. of Commerce
AMCO



Moni Romero-Curiel <monav4@gmail.com>

Approval To Operate - Casa de Monana

1 message

Isernhagen, Heidi L (DEC) <heidi.isernhagen@alaska.gov>
To: "monav4@gmail.com" <monav4@gmail.com>

Mon, May 5, 2025 at 10:41 AM

Good Morning,

Thank you for meeting with me this morning for a virtual walk through of your new operation. Your application has been approved. You will be receiving a copy of your permit in the mail, please consider this email your approval to operate until you receive your permit.

I am attaching a number of handouts that we spoke about during the walk-through. Please do not hesitate to ask if you have any questions.

Thank you and have a great summer!

**Heidi Isernhagen**

Environmental Health Officer 3

ADEC Food Safety and Sanitation

43335 Kalifornsky Beach Rd, Ste. 11, Soldotna AK 99669

Phone: (907) 262-3416 | Cell: (907) 741-1007

Email: heidi.isernhagen@alaska.gov

9 attachments**cooking_temps.pdf**
61K**Cooling Handout.pdf**
200K**cooling.pdf**
95K**Fact_Consumer_Advisory.pdf**
157K**RECEIVED**

MAY 08 2025

Dept. of Commerce
AMCO



Alaska Food Code 2025 Establishment Permit

Division of Environmental Health
Food Safety & Sanitation Program

Permit Number: 17510
Issued to: **WALL ENTERPRISES LLC**
For: **LA CASA DE MONANA**
For Operation Of: **FF-6 Deli/Takeout/Drive-in Food Service**
Located at: **4246 Homer Spit RD UNIT 4 Homer, AK 99603**

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:
December 31, 2025

Program Manager:

A handwritten signature in black ink, appearing to read "Kimberly S. V.", is written over a faint, circular background.

**If you have questions or concerns regarding safe food handling practices call or text
907-764-9825 or visit our website to file a complaint
(dec.alaska.gov/eh/fss/report-illness-issue/)**



AMCO Received 11/4/25