



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Why is this form needed?

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 304** 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, and 3 AAC 304.105.

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

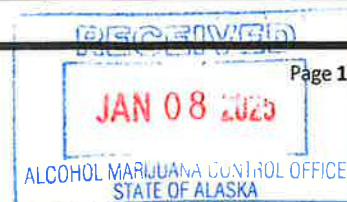
Enter information for the **current** licensee and licensed establishment.

| | | | | | |
|-----------------------|-------------------------|----------------------|--------------|------|-------|
| Licensee: | Muldoon Pizza, Inc. | License #: | 761 | | |
| License Type: | Restaurant Eating Place | Statutory Reference: | AS 04.09.210 | | |
| Doing Business As: | Muldoon Pizza | | | | |
| Premises Address: | 500 Muldoon Road | | | | |
| City: | Anchorage | State: | AK | ZIP: | 99504 |
| Local Governing Body: | Anchorage | | | | |

Transfer Type:

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

| 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: | Lacalavera LLC | | | | |
| Doing Business As: | Muldoon Pizza | | | | |
| Premises Address: | 500 Muldoon Road | | | | |
| City: | Anchorage | State: | AK | ZIP: | 99504 |
| Community Council: | Northeast | | | | |

| | | | | | |
|------------------|---------------------|--------|----|------|-------|
| Mailing Address: | 1207 Matterhorn Way | | | | |
| City: | Anchorage | State: | AK | ZIP: | 99508 |

| | | | | |
|----------------------|---------------------|-----------------|--|--|
| Designated Licensee: | Godfrey Orozco | | | |
| Contact Phone: | 907-632-4289 | Business Phone: | | |
| Contact Email: | akelrodeo@gmail.com | | | |

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

Section 3 – Premises Information

Premises to be licensed is:

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

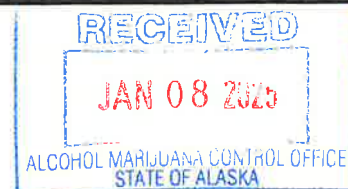
The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

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.

0.4 miles

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.

0.1 miles





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: | |

This individual is an: ☐ applicant ☐ affiliate

| | | | | | |
|----------|--|--------|--|------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

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 following information must be completed 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, the following information must be completed for each **member with an ownership interest of 10% or more**, and for each **manager**.
- 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**.

| | | | | | |
|------------------|---------------------|--------|--------------|----------|-------|
| Entity Official: | Godfrey Orozco | | | | |
| Title(s): | Member | Phone: | 907-632-4289 | % Owned: | 100 |
| Address: | 1207 Matterhorn Way | | | | |
| City: | Anchorage | State: | AK | ZIP: | 99508 |





Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

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

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

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

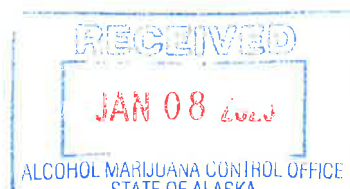
This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

| | | | | | |
|--------------------------|---------------------|-----------------|----------------|--------------|-------|
| DOC Entity #: | 10288145 | AK Formed Date: | 10/14/2024 | Home State: | AK |
| Registered Agent: | Godfrey Orozco | | Agent's Phone: | 907-632-4289 | |
| Agent's Mailing Address: | 1207 Matterhorn Way | | | | |
| City: | Anchorage | State: | AK | ZIP: | 99508 |

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?





Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

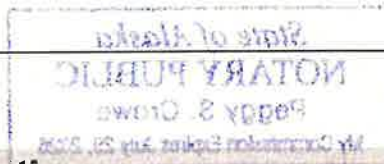
Yes No

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):

Godfrey Orozco has a financial interest in Blue Agave Inc. dba Las Margaritas restaurant
License No. 3363, Beverage Dispensary



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:

Michael Schwarz the Transferee's attorney. He and other attorneys, paralegals and staff at Birch Horton Bittner Cherot are authorized to speak on behalf of the Transferee.





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.

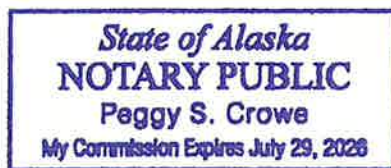
James Schwarz
Signature of transferor

James Schwarz

Printed name of transferor

Subscribed and sworn to before me this 2nd day of Dec, 2024.

Peggy S. Crowe
Signature of Notary Public



Notary Public in and for the State of Alaska

My commission expires: 7/29/2026

Signature of transferor

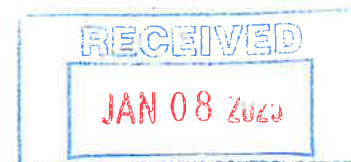
Printed name of transferor

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

Signature of Notary Public

Notary Public in and for the State of _____

My commission expires: _____





Alaska Alcoholic Beverage Control Board

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.

GV

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

GV

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.

GV

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 304.465.

GV

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

GV

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.

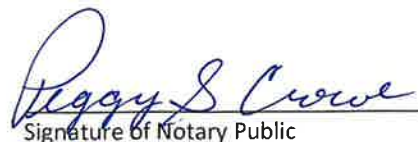
GV



Signature of transferee

Godfrey Orozco

Printed name



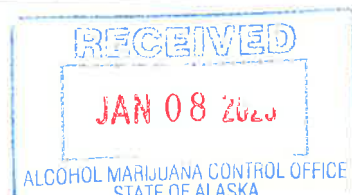
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 7/29/2026

State of Alaska
NOTARY PUBLIC
Peggy S. Crowe
My Commission Expires July 29, 2026

I, the undersigned, do hereby certify and sworn to before me this 4th day of Dec, 2024.





Document reference ID : 5573

Licensing Application Summary

Transfer of Ownership

| | |
|---------------------------|---|
| License ID: | 761 |
| Application ID: | 5573 |
| Applicant Name: | Lacalavera, Llc |
| License Type applied for: | Restaurant Eating Place License (REPL) (AS 04.09.210) |
| Application Status: | In Review |
| Application Submitted On: | 05/10/2025 08:17 PM AKDT |

Entity Information

| | |
|------------------------------------|---------------------------|
| Business Structure: | Limited liability company |
| FEIN/SSN Number: | <div></div> |
| Member Managed or Manager Managed: | Member Managed |
| Alaska Entity Number (CBPL): | 10288145 |
| Alaska Entity Formed Date: | 10/14/2024 |
| Home State: | AK |

Entity Contact Information

| | |
|-----------------|--|
| Entity Address: | 1207 Matterhorn Way, Anchorage, AK, 99508, USA |
|-----------------|--|

Initial Application Information

Authority Type: I am authorized user by the designated licensee with binding authority

Legal First Name: Godfrey

Legal Last Name: Orozco

Email Address: akelrodeo@gmail.com

Phone Number: 907-632-4289

Additional Authorized Users

| Legal Name | Relation with Applicant |
|------------------------|-------------------------|
| Michael Schwarz w/BHBC | Legal Counsel |

Registered Agent Information

| | |
|--|---|
| Name | Godfrey Orozco |
| Agent's Phone Number | 907-632-4289 |
| Agent's Email | akelrodeo@gmail.com |
| Address | 1207 Matterhorn Way, Anchorage, AK, 99508-5025, USA |
| The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office? | Yes |

Ownership / Principal Party Details

| Principal Parent Entity | Principal Party | Role | %Ownership |
|-------------------------|-----------------|--------|------------|
| Lacalavera, Llc | Godfrey Orozco | Member | 100 |

Premises Address

Address: 500 Muldoon Road Suite #1, Anchorage, Muni. of, AK, 99504, USA

Does the proposed site include a valid street address? Yes

Basic Business information

Business/Trade Name: Muldoon Pizza

What is your primary business at this location? Restaurant

Premises Contact Details

Contact Person Name Godfrey Orozco

Business Phone Number 907-632-4289

Email Address akelrodeo@gmail.com

Local Government and Community Council Details

City/Municipality Anchorage (Municipality of)

Borough None

Community Council Name Northeast

Property Ownership

Do you, the applicant, own the land, building, and/or warehouse at this proposed licensed location? No

Property Utilization Status An Existing Facility

Are you operating under? Lease

Add Copy of Lease\Sublease document [Shopping Center Lease.pdf](#)

Premises Diagram

Will the license or permit embrace the entire premises address? No

Premises Diagram

- [AB-02.pdf](#)

Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c) No

Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2) Yes

Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3) Yes

Employment for any persons under 21 years of age: AS 04.16.049(c) No

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

From 1/2025 paper transfer app: The Licensee does not employ minors, and there is a manager on staff during all ours of operation to ensure that no person under the age of 21 will obtain alcoholic beverages. Beer and wine are stored in a secure refrigerator/cooler. Access to that refrigerator/cooler, and the sale of alcoholic beverages, will be controlled by the Licensee.

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.

From 1/2025 paper transfer app: rrhe Licensee has a manager on duty at all times during the hours of service who will ensure that minors do not gain access to alcoholic beverages. All new patrons are carded upon ordering alcohol □o verify their age. Staff will closely monitor consumption of alcohol to ensure that only customers who have been carded will possess and consume alcoholic beverages Staff is trained in identifying fake IDs, and also receive training on the responsible sale of alcoholic beverages. All staff who sell or serve alcohol will possess a current Server Education Card. Alcoholic beverages are secured in the refrigerator/cooler which is controlled by the Licensee.

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

Food Service Permit

| | |
|--|-------------------------------|
| Is your license located in Municipality of Anchorage? | Yes |
| Do you have Approved food service permit for this premises? | Yes |
| Copy of the current food service permit for this premises OR the plan review approval. | RE + Menu.pdf |

Entertainment & Service

| | |
|--|---------------|
| Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises? | No |
| Food and beverage service offered or anticipated is: | Table Service |

Restaurant Declaration

Please upload the finalized or expected Food and Alcohol Menu. [RE + Menu.pdf](#)

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

I certify that the license for which I am requesting designation is either a Beverage Dispensary, Beverage Dispensary Tourism, Club, Sporting Activity or Event License, Outdoor Recreation Lodge, Golf Course, Destination Resort, OR Restaurant or Eating Place, Seasonal REPL Tourism License.

Hours Of Operation

| | |
|--------|---------------------|
| Sunday | 03:00 PM - 10:00 PM |
| Monday | Close |

| | |
|------------------|---------------------|
| Tuesday | 03:00 PM - 10:00 PM |
| Wednesday | 03:00 PM - 10:00 PM |
| Thursday | 03:00 PM - 10:00 PM |
| Friday | 03:00 PM - 10:00 PM |
| Saturday | 03:00 PM - 10:00 PM |

Other licenses involvement

From 1/2025 paper transfer app: Godfrey Orozco has a financial interest in Blue Agave Inc. dba Las Margaritas restaurant license No. 3363, Beverage Dispensary.

Financial Interest

I hereby certify that no person other than a proposed licensee listed on the liquor license application has a direct or indirect financial interest, as defined in AS 04.11.450(f) in the business for which a liquor license is being applied for.

I hereby certify that any ownership change shall be reported to the board as required under AS 04.11.040, AS 04.11.045, AS 04.11.050, and AS 04.11.055.

Public Notice Posting Attestation and Publishers Affidavit

| | |
|--|---|
| Have you posted your application at both required locations for ten consecutive days? | Yes |
| What was the other conspicuous location of your post? (Please Include the full address) | From 1/2025 paper transfer app: 7701 Debarr Road, Anchorage, AK 99504 |
| What was the first day you posted your application? | 12/02/2024 |

I attest that I have met the public posting notice requirement set forth under AS 04.11.310 by posting a copy of my application for the 10-day period at the location of the proposed licensed premises and at another conspicuous location in the area of the proposed premises as listed in this application.

I hereby attest 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.

Attestations

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

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.

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.

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

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.

I certify that all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

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.

I certify I have provided a menu of a variety of types of food appropriate for meals that are prepared on the licensed premises.

I certify that non-employees under 21 years of age will not enter and remain on the licensed premises except for the purposes of dining only.

I certify that the sale and service of food and alcoholic beverages and any other business on the licensed premises is under the sole control of the licensee.

I certify the licensed premises is a bona fide restaurant as defined in AS 04.21.080(b).

I certify there is supervision on the licensed premises adequate to reasonably ensure that a person under 21 years of age will not gain access to alcoholic beverages.

Signature

Electronic Signature not collected; application submitted based on paper form.

Payment Info

Payment Type : Check

Check Number: 101016738

Payment Date: 05/10/2025 08:17 PM AKDT

Documents

| # | File Name | Type | Added On |
|---|--|--|--------------------------------|
| 1 | Shopping Center Lease.pdf | License Lease\Sublease document | 05/10/2025 08:07 PM AKDT |
| 2 | AB-02.pdf | License Location Diagram Document | 05/10/2025 08:08 PM AKDT |
| 3 | RE + Menu.pdf | LicenseRestaurantDetailFoodServicePermitDocumen t | 05/10/2025 08:11 PM AKDT |
| 4 | RE + Menu.pdf | LicenseRestaurantDeclarationFoodAlcoMenuDocume nt | 05/10/2025 08:12 PM AKDT |
| 5 | AB-01.pdf | Signed Creditors Affidavit | 05/10/2025 08:14 PM AKDT |
| 6 | AB-07 + Publishers Affidavit.pdf | Publishers Affidavit | 05/10/2025 08:16 PM AKDT |

| | | | |
|---|---------------------------|---|--------------------------------|
| 7 | AB-01.pdf | License Paper Form Application Document | 05/10/2025 08:16 PM AKDT |
| 8 | AB-01.pdf | Transferee and Transferor Certifications Form | 05/10/2025 08:16 PM AKDT |



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: | Lacalavera LLC | License Number: | 761 | | |
| License Type: | Restaurant Eating Place | | | | |
| Doing Business As: | Muldoon Pizza | | | | |
| Premises Address: | 500 Muldoon Road | | | | |
| City: | Anchorage | State: | AK | ZIP: | 99504 |





Alaska Alcoholic Beverage Control Board Form AB-02: Premises Diagram

Section 2 – Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.

