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OFFICE OF THE MAYOR



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CITY HALL
P.O. BOX 5757
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul *AKP*
DATE: December 3, 2019
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* forms from the State of Arkansas. Alcoholic Beverage Control Division.

The following applicant has applied for a new restaurant mixed drink permit -- maximum -- change of manager from Carl Sandberg #03358:

Amanda A. Adams
The Olive Garden Restaurant #189
2943 Lakewood Village Dr
North Little Rock, AR 72116

Please note the 15-day comment period referred to in the final paragraph of the *Comments* page.

Thank you.

Attachments

FILED _____ A.M. *1:45* P.M.
BY *A. Paul*
DATE *12-3-19*
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by *S. L. Sserenyi*

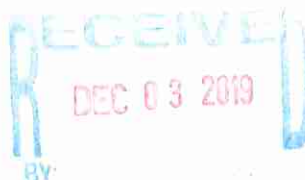
COMASSG0101

ASSIGNMENT

D6J003-D6L013



Date Received: 11/19/2019



Date Assigned: 11/25/2019

Applicant: AMANDA A. ADAMS

D.O.B: 08/19/1980

Green Card Number (Permanent Resident Alien):

Home Address: 22 Mill Creek Drive, Ward, AR, 72176

Home Phone: 918-340-8524 Business Phone : 501-758-4603 Cell Phone:

Trade Name: THE OLIVE GARDEN RESTAURANT #189

Former Trade Name: THE OLIVE GARDEN RESTAURANT #189

Business Address : 2943 Lakewood Village Dr., North Little Rock County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Maximum - Change of Manager from Carl Sandberg #03358

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and
Comment Form Mailed to: Mayor Kevin A. Smith & City Council
James P. Smith, Chief of Police
Sheriff Neal Byrd, Phillips County Sheriff's Dept.
Mr. Todd Murray, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC
Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



APPLICANT'S NAME: AMANDA A. ADAMS

TYPE OF APPLICATION: Restaurant Mixed Drink - Maximum - Change of Manager from Carl Sandberg

BUSINESS NAME: THE OLIVE GARDEN RESTAURANT #189

BUSINESS ADDRESS: 2943 Lakewood Village Dr., North Little Rock, AR, 72116

DATE OF APPLICATION: 11/19/2019

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE : _____

SIGNATURE OF OFFICIAL: _____ DATE: _____

NAME OF AGENCY OR COURT: _____

Do you have any objections to the issuance of this permit? _____
(Yes or No)

If yes, please explain your objections below:

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record. **Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACIC's request, do not run your own criminal history check through ACIC.**

PPR
sent 11/21/19

0000000101

D6J003-D6L045



Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: Carl Sandberg → Amanda A. Adams

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
03358	THE OLIVE GARDEN RESTAURANT #189 2943 Lakewood Village Dr., North Little Rock, AR, 72116	501-758-4603	

	Current Address	If new address change here
Home Address	2205 Osage Drive North Little Rock, AR, 72116	22 Mill Creek Dr Ward, AR 72176
Mailing Address	P.O. Box 695016 Orlando, FL, 32869	
Email Address		Licensinglaw@darden.com

Please check the appropriate (Requested Change) :

- ☒ Change Of Manager
☐ Additional Stockholder(s)
☐ Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	NO CASH
<input checked="" type="checkbox"/>	Restaurant Mixed Drink Maximum	\$50.00	
Total Amount :		\$50.00	

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

11.5.19

Date

Signature

2019 NOV 19 A 9:52

2019 NOV 19 P 1:31



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

D6J003-D6L014

NAME OF OUTLET The Olive Garden Italian Restaurant #1189CITY North Little RockCOUNTY Pulaski

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

Full service restaurant serving alcoholic beverages.