

### OFFICE OF THE MAYOR



PHONE (501) 975-8601 FAX (501) 975-8633

## P.O. BOX 5757 NORTH LITTLE ROCK, ARKANSAS 72119-5757

website: www.nlr.ar.gov

#### **MEMORANDUM**

TO: Members of the North Little Rock City Council

FROM: Anita Paul ALP DATE: January 29, 2020

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 retail beer off premise, small farm wine-retail, grocery store wine permit - COM from Johnathan Muse #00343:

Taylor McKinney CVS/Pharmacy #10975 2501 McCain Blvd 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** 

DATE 1-29-2020

Diane Whitbey, City Clerk and Collector

North Little Rock Arkansas

RECEIVED by Arkansas

## **ASSIGNMENT** Received





Date Received: 01/22/2020

JAN 2 9 2020

Date Assigned: 01/23/2020

Applicant: TAYLOR MCKINNEY

City of NLR Mayor's Office

D.O.B: 05/19/1993

Green Card Number (Permanent Resident Alien):

Home Address: 1025 S Donaghey Apt 1003, Conway, AR, 72034

Home Phone: 501-791-5887 Business Phone: 501-834-1090

Cell Phone: 501-791-5887

Trade Name: CVS/PHARMACY #10975

Former Trade Name: CVS/PHARMACY #10975

Business Address: 2501 McCain Blvd., North Little Rock

County Pulaski

Type Of Investigation: Retail Beer Off Premise, Small Farm Wine-Retail, Grocery Store Wine-

COM from Johnathan Muse

#00343

Dancing, if requested:

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith & City Council Michael Davis, Chief of Police

Sheriff Eric S. Higgins

Mr. Larry Jegley, Prosecuting Attorney

Assigned to Investigator:

Stockholders / Partners / LLC

Members:



# ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: TAYLOR MCKINNEY

TYPE OF APPLICATION: Retail Beer Off Premise, Small Farm Wine-Retail, Grocery Store Wine-COM from

Johnathan Muse

BUSINESS NAME: CVS/PHARMACY #10975

BUSINESS ADDRESS: 2501 McCain Blvd., North Little Rock, AR, 72116

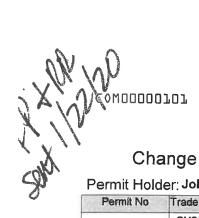
DATE OF APPLICATION: 01/22/2020

If yes, please explain your objections below:

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 )				

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 request, do not run your own criminal history check through ACIC.

Printed On: 01/23/2020 Revised 03/11/2016







	Char	nge Of Manager / Additional Stockholder(s) / Pa	rtner(s) App	lication
Perm	it Holde	r: Johnathan Muse		
Pem	nit No	Trade Name of Business and Address	Business Phone	Contact Phone
00	00343 CVS/PHARMACY #10975 2501 McCain Blvd., North Little Rock, AR, 72116		501-834-1090	
Home Address			w address change he	ere
Mailing Address		4.00/0.00:		
Email	Address			
Plea	ise check	the appropriate ( Requested Change ) :		
0	_	Manager Stockholder(s)		
		Partner(s)		
Please o	heck appli	cable permits:	an est stamping the	
Select		Permit Description	Fee	
ď	Retail Beer Off Premises		\$50.00	
d,	Small Farm Winery - Retail		\$50.00	NO CASH
<b>d</b>	Grocery	Store Wine	\$50.00	
		Total Amount :		
		nowledge the receipt of Instructions for Change Of Manager/Additionuest for the above mentioned change(s).	nal Stockholder(s	) / Partner(s)
	D	ate	Signature	

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