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#### 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 AXX

DATE:

February 6, 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 and grocery store wine permit – New:

Lonnie W. McCaffety Family Dollar Store #30170 2115 Highway 161 North Little Rock, AR 72117

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

Thank you.

**Attachments** 

#### NEMAZZGOJOJ

## **ASSIGNMENT** Received





Date Received: 02/03/2020

FEB **06** 2020

Date Assigned: 02/04/2020

Applicant: LONNIE W. MCCAFFETY City of NLR Mayor's Office

D.O.B: 01/30/1970

Green Card Number (Permanent Resident Allen):

Home Address: 313 Cawdor Crossing, Chesapeake, VA, 23322

Home Phone: 757-695-7539 Business Phone: 757-698-7539 **Cell Phone:** 

Trade Name: FAMILY DOLLAR STORE #30170

Former Trade Name:

Business Address: 2115 Highway 161, North Little Rock

County Pulaski

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

-NEW

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: LONNIE W. MCCAFFETY

TYPE OF APPLICATION: Retail Beer Off Premise, Small Farm Wine-Retail, & Grocery Store Wine-NEW

BUSINESS NAME: FAMILY DOLLAR STORE #30170

BUSINESS ADDRESS: 2115 Highway 161, North Little Rock, AR, 72117

DATE OF APPLICATION: 02/03/2020

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:** 02/04/2020 Revised 03/11/2016

FIRMUS 120



### STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

## APPLICATION FOR RETAIL BEER PERMIT

	() ON PREMISES CO		Replace	plication X ment	
l, or we, do hereby submit answers to	make application to the	e State of Arkansa under oath for you	s for a permit to se ir approval:	ell beer at retail,	and do hereby
Family Dollar St Corporate /Partners	ores of Arkansas, L ship/LLC Name	LC	FEIN# <u>56-1</u>	343356	
NAME Lonnie		Wayne		McCaf	fety
First		Middle		Last	2
HOME ADDRESS	500 Volvo Parkway				7070
	Street	City	Zip	Count	y 🖹
BUSINESS NAME	Family Dollar Store	e #30170	_ FORMER NAM	E	<u>.</u>
BUSINESS ADDRE	ss 2115 Highway	161 N. Little	e Rock 72117	Pulaski (	D
	Street	City	Zip	County	Township.
Is proposed location	n inside or outside city	limits? Inside			N
Is the beer to be sold in connection with any other business? Yes (A) If so, state type of business					
(café, drug store, po	ool hall, service station,	, convenience stor			
	siness give number of g		esel pumps at eac	7-17	
Are you the owner of	of the proposed premise	es? Yes	Do you have the	premises leased	, No
	and address of owner				
Will there be dancin	ig on the premises? N	0	ance Space	x_	
Does anyone now hold a beer or any other permit at this location? No If so, give name and permit					
number(s) <u>N/A</u>					Whiteen
Has anyone, to your knowledge, held a beer or any other permit at this location? NO If so, give name					
and permit number(	s) <u>N/A</u>				~
Do you or any other person interested in this permit hold any other type alcoholic beverage permit? Yes					
If held, give name_p	ျခင္မာ ချားပွဲ permit numbe	er(s) Applying fo	r multiple Famil		ns
				\$9,40.7°	2
T I F	बे से हु- 			ξ	D Total



If applicant is a partnership, give names and addresses of all partners:  N/A		
If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by		
Family Dollar Stores, Inc., 500 Volvo Parkway, Chesapeake, VA 23320 - 100% owner		
(B) Name and address of President and Secretary:		
Lonnie W. McCaffety, 313 Cawdor Crossing, Chesapeake, VA 23320		
Sandra L. Boscia, 127 Meadowbrook, Charlotte, NC 28211		
NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.  Signed this 6 day of December 2019		
Signature of Applicant or Managing Agent		
Subscribed and sworn to before me this  REBECCA LYNNE MCKEITHAN Notary Public Commonwealth of Virginia Registration No. 7822461 My Commission Expires Jan 31, 2023  My Commission Expires: 1.31.23		



## STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

		Replacer	olicationX ment o	
APPLICATION FOR:				
☑ Small Farm Winery - Retail 🏻 Small Farm	Winery - Who	olesale 🏻 Small F	arm Winery - M	lanufacture
.l, or we, do hereby make application for the peri following questions under oath for your approva	mit noted abov	ve and do hereby	submit answers	s to the
Family Dollar Stores of Arkansas, LL Corporate/Partnership/LLC Name	С	FEIN# 56-1	343356	
NAME Lonnie	Wayn	е	Mc	Caffety
First	Middle		Last	
HOME ADDRESS 500 Volvo Parkway		eake VA	23320	
Street	City	State	Zip.	County
BUSINESS NAME Family Dollar Store #301	70 FORMER	NAME		
BUSINESS ADDRESS 2115 Highway 161			72117	Pulaski
•	ity	State	Zip	County
is proposed location inside or outside city limits?	•			
If application is for retail level, are you a grocery store, convenience store or liquor store? (x) Yes ( ) No				
(Convenience stores must maintain a \$7,500.00	inventory of h	uman consumabl	es.)	
If application is for manufacturing, (1) how many gallons do you contemplate manufacturing? N/A				
(2) What was your total production for the last calendar year? N/A				
Are you the owner of the proposed premises? YesIf leased, give name and address of				
owner				
Does anyone now hold any other permit(s) at this location? No				
and permit number(s) N/A				
Has anyone, to your knowledge, held any other type permit(s) at this location? No If so, give				
name and permit number(s) N/A	*/			



Give nearest distance, building to building, from CHURCH 3.4 mile	esschool_0.6 miles
If applicant is a partnership, give names and addresses of all partne	ers. N/A
If applicant is a corporation give (A) Name and address of stockhold each:	lers and amount of stock held by
Family Dollar Stores, Inc., 500 Volvo Parkway, Chesapeake	, VA 22330 - 100% owner
(B) Name and address of President and Secretary:	And Angula Laboratoria and Angula
Lonnie W. McCaffety, 313 Cawdor Crossing, Chesapea	ake, VA 23322
Sandra L. Boscia, 127 Meadowbrook, Charlotte, NC 28	
Schedule "A" is to be completed by each party to this application and application. Any mis-statements or concealment of fact will be ground evocation of permit(s) if later disclosed.	d is to be considered a part of nds for refusal of application, or
f making application for a <b>Small Farm Winery-Manufacturer, I</b> certi lescribed in ACA 3-5-1602(c)(1) and enclose a copy of my Federal E Production from the calendar year previous to my application <b>(form/s</b>	Panis Dudut 1
Signed this 6day ofDecember	Applicant's Signature
REBECCA LYNNE MCKEITHAN Notary Public Commonwealth of Virginia Registration No. 7822461 My Commission Expires Jan 31, 2023	Rebecta Guldert
ly Commission Expires:	and the second of the second o



# STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

## APPLICATION FOR GROCERY STORE WINE PERMIT

Permitte Check O	ed Building Size  ne: (*) Less than 35,001 sq.ft  ( ) 35,001 sq.ft - 50,000 sq.ft  ( ) 50,001 sq.ft - 75,000 sq.ft  ( ) Greater than 75,000 sq.ft	New Application X Replacement Permit No,		
I, or we, authorize approval:	do hereby make application to the State of Arka ed by Act 508 of 2017 and do hereby submit ans :	insas for a permit to sell wir wers to the following questi	ne in a grocery ons under oat	store as h for your
Family (	Dollar Stores of Arkansas, LLC  Corporate/Partnership/LLC Name	FEIN#: <u>56-</u>	1343356	
NAME LO	·	Wayne Middle		McCaffety Last
MAILING	ADDRESS 500 Volvo Parkway	Chesapeake, VA	23320	Last
BUSINES	Street S NAME <u>Family Dollar Store</u> #30170	City	Zlp	County
	s ADDRESS 2115 Highway 161	N. Little Rock 72117		32
. Does you	Street r store, or will your store, maintain an inventory	City Zip of human consumables? X	County	Township
	he date your store opened for business: Curre		, 00	
What per	centage of your gross sales are derived, or will l	pe derived, from the sale of	alcoholic	
beverage	s? <u>· 10      </u> %			340
Does any	one now hold any type of permit at this location	?Yes X	No	
a.	If "yes", give name, permit type, and permit n	umber(s)		
	N/A			
, b.	Is one of the permits listed above a small farm	wine retail permit?	Yes	No
, C,	Will the named permittee and floor plan of the unchanged?YesNo	permitted premises remain		
d.	If you answered "Yes" to the above question, proform. You do not need to complete the remains the application and have it notarized.	please complete the "Certific alog portion of this application	ation of Permi on; however, y	t Status" ou must sign
Is the pro	posed location inside or outside city limits? Ins	side		
Are you th	ne owner of the proposed premises? Yes	Do you have the premise	es leased? No	)
If leased,	give name and address of owner			



If applicant is a partnership, give names and addresses of	of all partners:
N/A	
If applicant is a corporation/II.C. size (A) to	
If applicant is a corporation/LLC, give (A) Name and add	
Family Dollar Stores, Inc., 500 Volvo Parkway, Ches	apeake, VA 23320 - 100% owner
,	
u	
(B) Name and address of President and Secretary:	
Lonnie W. McCaffety, 313 Cawdor Crossing, Chesap	peake. VA 23320
Sandra L. Boscia, 127 Meadowbrook Rd., Charlotte,	
	110 20211
NOTE: A Schedule A form is to be completed by each parthe application. Existing Small Farm Wine Retail Permitted they must complete a Certification of Permit Status form. grounds for refusal of application, or revocation of permit	Any false statements or consequent of f
Signed this 6 day ofDecember	2019
*	JAN
	Signature of Applicant or Managing Agent
n 9	Digitative on Applicant of Managing Agent
Subscribed and sworn to before me this day	of Mcember, 2019
REBECCA LYNNE MCKEITHAN Notary Public Commonwealth of Virginia Registration No. 7822461 My Commission Expired	Murecca Statute  Notary Public
My Commission Expires Jan 31, 2033	INOLATY PUBLIC