

### 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

DATE:

February 7, 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 restaurant beer and wine permit – New #03378:

James Born Old Mill Pizza 4000 JFK 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** 

FILED 9:30 AM. PI

DATE

Diane Whitbey, City Clerk and Collector

North Little tock, Arkansas

RECEIVED by

"An Equal Opportunity Employer"

### ASSIGNMENT

DEUBUS DOLLS



Date Received: 02/03/2020 Date Assigned: 02/05/2020

Applicant: JAMES BORN D.O.B: 10/10/1970

Green Card Number (Permanent Resident Alien):

Home Address: 421 Gamble Rd, Little Rock, AR, 72211

Home Phone: 501-920-8223 Business Phone: 501-920-8223 Cell Phone: 501-820-8223

Trade Name: OLD MILL PIZZA

Former Trade Name:

Business Address: 4000 JFK Blvd, North Little Rock County Pulaski

Type Of Investigation: Restaurant Beer & Wine Combo-NEW

#03378

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 Joe Adams, 2324 N. McKinley St, Little Rock, AR, 72207 Members:

DOB: 3/27/1969

Jake E Lasiter, 3117 Ridge Pass Rd, Little Rock, AR, 72227

DOB: 9/22/1970



## ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: JAMES BORN

TYPE OF APPLICATION: Restaurant Beer & Wine Combo-NEW

BUSINESS NAME: OLD MILL PIZZA

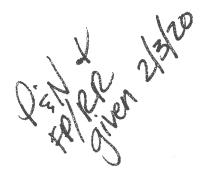
BUSINESS ADDRESS: 4000 JFK Blvd, North Little Rock, AR, 72116

DATE OF APPLICATION: 02/03/2020

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

**Printed On:** 02/05/2020 Revised 03/11/2016





New \_\_\_\_\_\_ Replacement\_\_\_\_\_ Permit No. \_\_\_\_\_\_\_\_2

# STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

# APPLICATION TO SELL RESTAURANT BEER AND WINE (ON PREMISES ONLY)

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer and wine on the premises of a restaurant and do hereby submit answers to the following questions under oath:
IF CORPORATION/LLC, GIVE NAME Jackstraw, LLC FEIN# 842685738
NAME OF APPLICANT James Born
HOME ADDRESS 421 Garable Rd. LR, AR 72211 Pulaski Street Address City Zip County
TRADE NAME OF BUSINESS OID MILL PIZZA FORMER NAME
ADDRESS OF BUSINESS 4600 JFK Blvd. NLR , AR 7216 Palaski Street Address City Zip County
Is proposed location inside or outside the city limits?
Is your establishment primarily engaged in the business of serving food to the public prepared for consumption
on the premises? Yes
Are you the owner of the proposed premises? $N_{6}$ Do you have the premises leased? $YeS$
If so, give name and address of owner Hal Matthews - Matthews Properties
P.O. Box 94435, NLR, AR 72190-4435
Does anyone now hold a permit at this location? If so, give name, type and permit number(s) of
same
Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? <u> </u>
If so, give name, place and permit number(s)
Will there be dancing on the premises? Dance Spacex



If applicant is a partnership, give name and address of all partners:	
•	
If applicant is a corporation/LLC give (A) names an amount of stock/shares held by each:	
Joe Adams 2324 N. McKi.	Ney St, LR, AR 72207 33/3/2
	Pass Rd, LR, AR, 72227 33/396
James Born 421 Gamble	Rd, LR, AR 72211 33/39
(B) Give names and addresses of President and S	Secretary:
of this application; any misstatemen	each party to this application and is to be considered a part ts or concealment of fact tion or revocation of permit(s) if later
Signed this 3 day of February	2020
	Signature of Applicant or Managing Agent
Sworn and subscribed before me this	day of February . 2020
COMM. EXP. 6-25-2020	Solling State of the state of t
My Commission Expires:	Notary Public
My Commission Expires: PULASKI COUNTY	78.48. 1.48.48.
6-25-2020 MILL PUBLIC ARK	