

#### 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 AV-?

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 wineretail and grocery store wine permit - New:

Lonnie W. McCaffety Family Dollar Store #20741 2633 Pike Avenue North Little Rock, AR 72114

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

Thank you.

Attachments

RILED A.M. J. 45 P.M.

DATEL Disue Whitbey, Pry Clerk and Collector

North Little Rock, Arkansas

"An Equal Opportunity Employer"

#### NEMYZZGOJOJ



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FEB 0.6 2020

Date Received: 02/03/2020

Date Assigned: 02/04/2020

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

D.O.B: 01/30/1970

Green Card Number (Permanent Resident Alien):

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 #20741

Former Trade Name:

Business Address: 2633 Pike Avenue, 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 #20741** 

BUSINESS ADDRESS: 2633 Pike Avenue, North Little Rock, AR, 72114

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

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#### STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

#### APPLICATION FOR RETAIL BEER PERMIT

	ON PREMISES CON		Replace		
(x)	OFF PREMISES CO	ONSUMPTION	Permit N	10. 1324	1
i, or we, do hereby ma submit answers to the	ike application to the following questions t	State of Arkansa Inder oath for yo	ns for a permit to se ur approval:	ell beer at retail, a	nd do hereby
Family Dollar Store	s of Arkansas, LL	С	FEIN# 56-1	343356	
Corporate /Partnership	XLLC Name	<u> </u>			
NAME Lonnie		Wayne		McCaffe	ty
First	1	Middle		Last	7070
HOME ADDRESS 50	0 Volvo Parkway	Chesapeake	, VA 23320		
	Street	City	Zip	County	entrapa entrapa al linear
BUSINESS NAME Fa	ımily Dollar Store	#20741	FORMER NAM	E	อา
BUSINESS ADDRESS	2633 Pike Aven	ue N. Littl	e Rock 72114	Pulaski	>
	Street	City	Zip	County	Township
Is proposed location in	side or outside city li	mits? Inside			75.4 
Is the beer to be sold in	n connection with an	other business'	Yes (A)	If so state time of	the second secon
(café, drug store, pool					business
,,	than, doi 1700 blattori, t	oonvernsnee sto			
motor fuel sales busine	ess give number of gr	asoline and/or di		to be sold in conn h location N/A	action with a
Are you the owner of th	ne proposed premise	s? No	Do you have the	premises leased?	Yes
If leased, give name ar					TO THE PARTY OF TH
Will there be dancing o	on the premises? No		Dance Space	x	
Does anyone now hold	a beer or any other				
number(s) N/A	***************************************			_ ii oo; give name	and parriet
Has anyone, to your kr	nowledge, held a bee	r or any other pe	rmit at this location	1? No if s	so, give name
and permit number(s)				2020	
Do you or any other pe	rson interested in this	s permit hold any	other type alcoho		it? Yes
lf he <b>ld, give w</b> ame, plac				2 Th	
				Sales .	¥ #.
1 1				ç.	1 (4 (4 ) 1 (4 )



If applicant is a partnership, give names and addresses of all partnership.	ers:
IVA	
If applicant is a corporation/LLC, give (A) Name and address of stoceach:	kholders 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, V.	A 23320
Sandra L. Boscia, 127 Meadowbrook, Charlotte, NC 28211	
NOTE: Schedule A is to be completed by each party to this application application. Any mis-statements or concealment of fact will b revocation of permit(s) if later disclosed.	on and is to be considered a part of the e grounds for refusal of application, or
Signed this 6day ofDecember	2019
Sign	gnature of Applicant or Managing Agent
REBECCA LYNNE MCKEITHAN Notary Public Commonwealth of Virginia Registration No. 7822461 My Commission Expires Jan 31, 2023	Rebecca Statut
Ny Commission Expires: 1.31.23	Notary Public



#### STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

		New App Replacer Permit N	olicationX ment o.	
APPLICATION FOR:				
☑ Small Farm Winery - Retail ☐ Small Farm	Winery - Wholes	ale 🛭 Small F	arm Winery - M	anufacture
I, or we, do hereby make application for the perm following questions under oath for your approval	nit noted above a	nd do hereby	submit answers	s to the
Family Dollar Stores of Arkansas, LL Corporate/Partnership/LLC Name	<u>C</u>	FEIN# 56-1	343356	
NAME Lonnie	Wayne		McC	Caffety
First	Middle		Last	Janoty
HOME ADDRESS 500 Volvo Parkway	Chesapea	ke VA	23320	
Street	City	State	Zlp	County
BUSINESS NAME Family Dollar Store #207-	41 FORMER NA	ME		
BUSINESS ADDRESS 2633 Pike Avenue N			72114	Pulaski
	•	itate	Zip	County
Is proposed location inside or outside city limits?				
If application is for retail level, are you a grocery	store, convenienc	e store or liqu	ior store? (x) Y	es () No
(Convenience stores must maintain a \$7,500.00)				
If application is for manufacturing, (1) how many				I/A
(2) What was your total production for the last calendar year? N/A				
Are you the owner of the proposed premises? NoIf leased, give name and address of				
owner Pike Plaza Shopping Center, LLC, 2851				
Does anyone now hold any other permit(s) at this	location? No		lf so, give na	ma haa
and permit number(s) N/A				ane, type
Has anyone, to your knowledge, held any other ty	pe permit(s) at th	is location? _	Vo ,	If so, give
name and permit number(s) N/A	WHI			-



Give nearest distance, building to building, from CHURCH 0.6 miles SCHOOL 0.7 mil
If applicant is a partnership, give names and addresses of all partners: N/A
f applicant is a corporation give (A) Name and address of stockholders and amount of stock held by
Famîly Dollar Stores, Inc., 500 Volvo Parkway, Chesapeake, VA 22330 - 100% owner
B) Name and address of President and Secretary:
onnie W. McCaffety, 313 Cawdor Crossing, Chesapeake, VA 23322
Sandra L. Boscia, 127 Meadowbrook, Charlotte, NC 28211
chedule "A" is to be completed by each party to this application and is to be considered a part of oplication. Any mis-statements or concealment of fact will be grounds for refusal of application, or ovocation of permit(s) if later disclosed.
making application for a <b>Small Farm Winery-Manufacturer, I</b> certify that I meet the criteria as escribed in ACA 3-5-1602(c)(1) and enclose a copy of my Federal Basic Permit <b>and</b> proof of my annual oduction from the calendar year previous to my application (form/s TTB F5120.17)
gned this 6 day of December , 2019
Applicant's Signature
REBECCA LYNNE MCKEITHAN Notary Public Commonwealth of Virginia Registration No. 7822461
My Commission Expires Jan 31, 2023  Notary Public  Commission Expires: 1.23.23



#### STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

### APPLICATION FOR GROCERY STORE WINE PERMIT

Check	( ) So,001 sq.ft ( ) Freater than 75,000 sq.ft ( ) So,001 sq.ft ( ) So,001 sq.ft ( ) So,001 sq.ft ( ) Greater than 75,000 sq.ft	New Application X Replacement Permit No	
I, or w author approv	e, do hereby make application to the State ized by Act 508 of 2017 and do hereby sul ral:	e of Arkansas for a permit to sell wir brnit answers to the following questi	ne in a grocery store as ons under oath for your
Famil	y Dollar Stores of Arkansas, LLC Corporate/Partnership/LLC Name	FEIN#: <u>56-</u> 2	343356
NAME	Lonnie	Wayne	McCaffety
0	First	Middle	Last
MAILIN	IG ADDRESS 500 Volvo Parkway	Chesapeake, VA	23320
	Street	City	Zip County
BUSIN	ESS NAME Family Dollar Store #2074	1	
BUSIN	ESS ADDRESS <u>2633 Pike Avenue</u>	N. Little Rock 72114	Pulaski
84	Street	City Zip	County Township
` . Does yo	our store, or will your store, maintain an ir	nventory of human consumables? X	Yes No.
	the date your store opened for business:		
	ercentage of your gross sales are derived,	or will be derived, from the sale of	alcoholic
beverag	ges? <u>. 10      </u> %		9
Does ar	nyone now hold any type of permit at this	location?Yes X	lo
	a. If "yes", give name, permit type, and p	permit number(s)	
	N/A	·	
, <b>!</b>	b. Is one of the permits listed above a sm		View
. 5550	Will the named permittee and floor plan unchanged?YesNo		YesNo
, , , , , , , , , , , , , , , , , , ,	<ol> <li>If you answered "Yes" to the above que form. You do not need to complete the the application and have it notarized.</li> </ol>	estion, please complete the "Certification of this application of the complete remaining portion of this application."	ation of Permit Status" n; however, you must sign
Is the p	roposed location inside or outside city limi	ts? Inside	
Are you	the owner of the proposed premises? No	Do you have the premise	s leased? Yes
. If leased	, give name and address of owner Pike Plan	za Shopping Center, LLC, 2851 Lakewood Vil	lage Drive, North Little Rock, AR 72



If applicant is a partnership, give names and addresses of	all partners:
N/A	
Tr	
If applicant is a corporation/LLC, give (A) Name and address	ss of stockholders and amount of stock held by each
Family Dollar Stores, Inc., 500 Volvo Parkway, Chesap	peake, VA 23320 - 100% owner
· ·	
(B) Name and address of President and Secretary:	
	L 1/1 00000
Lonnie W. McCaffety, 313 Cawdor Crossing, Chesapea	
Sandra L. Boscia, 127 Meadowbrook Rd., Charlotte, No.	C 28211
NOTE: A Schedule A form is to be completed by each party the application. Existing Small Farm Wine Retail Permittees they must complete a Certification of Permit Status form. A grounds for refusal of application, or revocation of permit(s)	rieed not complete a Schedule A form; however,
Signed this <u>6</u> day of <u>December</u>	2019
081	Signature of Applicant or Managing Agent
REBECCA LYNNE MCKEITHAN Commonwealth of Virginia My Cogistration No. 783-783	December, 2019
My Commission Expires Jan 31, 2033	Notary Public