

#1

OFFICE OF THE MAYOR



JOE A. SMITH
MAYOR
mayor@nlr.ar.gov

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

CITY HALL
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 *AKP*
DATE: July 9, 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 restaurant mixed drink permit – minimum – replacement for Bryan Silva #04315 :

Jermaine Burton
SoBo
10840 Maumelle Blvd
North Little Rock, AR 72113

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

Thank you.

Attachments

FILED 10 A.M. P.M.
BY Anita Paul
DATE 7-9-19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. [Signature]

REPASSG0101

07/03/2019



D6J003-D6L013



Date Received: 07/01/2019

Applicant: JERMAINE BURTON

Green Card Number (Permanent Resident Alien):

Home Address: 102 Miramar Drive, Maumelle, AR, 72113

Home Phone: 501-650-6627 Business Phone :

Cell Phone:

Trade Name: SOBO

Former Trade Name: GIGI'S SOUL CAFE & LOUNGE

Business Address : 10840 Maumelle Blvd., North Little Rock County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Minimum - Replacement for Bryan Silva #04315

Date Assigned: 07/03/2019

D.O.B: 11/23/1981

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



1303003-07/01/19

APPLICANT'S NAME: JERMAINE BURTON

TYPE OF APPLICATION: Restaurant Mixed Drink - Minimum - Replacement for Bryan Silva

BUSINESS NAME: SOBO

BUSINESS ADDRESS: 10840 Maumelle Blvd., North Little Rock, AR, 72113

DATE OF APPLICATION: 07/01/2019

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.**

FP/KEK
Given 7/1/19



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel
 Restaurant Only

New Application _____
Replacement _____
Permit No. 04315

Replacing Bryan Silva

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

J's Double D of Maumelle LLC FEIN# 83-3772723
Corporate/Partnership/LLC Name

NAME Jermaine T Burton
First Middle Last

HOME ADDRESS 102 miramar Dr maumelle 72113 Pulaski
Street City Zip County

BUSINESS NAME SoBo FORMER NAME Gigi's soul Cafe

BUSINESS ADDRESS 10840 maumelle Blvd maumelle 72113 Pulaski
Street City Zip County

Is proposed location inside or outside city limits? inside

Are the beverages to be sold in connection with any other business? NO If so, state type of business

Are you the owner of the proposed premises? NO If leased, give name and address of owner
Janet Mitchener 815 East main, Russellville Does

anyone now hold a permit at this location? yes If so, give name, type and permit number(s) of same
Alcoholic Beverage Permit #04315

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? yes
If so, give name, place and permit number(s) Alcohol Permit #02097

Number of sleeping rooms in hotel _____ Seating capacity of restaurant 99
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast _____ Lunch Dinner Number of days open per week 7

Has there ever been a beer, wine or liquor permit revoked at this location? NO If so, give name and date revoked _____



If applicant is a partnership, give names and addresses of all partners:

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

independent / Sole Proprietorship
Jermaine Burton 100 %

(B) Name and address of President and Secretary:

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

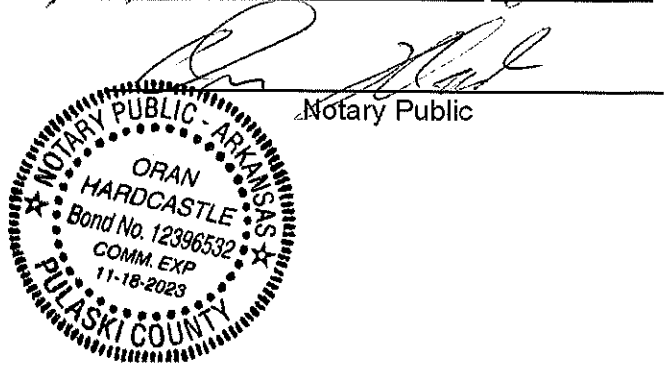
Signed this 16 day of MARCH

[Signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 22 day of MARCH, 2019

My Commission Expires: 11/18/2023

Revised 11/13/09





DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

D6J003 D6L014

NAME OF OUTLET SoBo (South Blvd)
CITY North Little Rock COUNTY 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.

RESTAURANT / BAR

OCCASIONAL Live bands

TV, music, Karaoke

Multiple horizontal lines for additional text entry.