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OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul *AKP*
DATE: July 16, 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 Retail Beer off Premises – Change of Manager from Wendell Huddleston - 05838:

Stephanie A. Daniels
Tobacco Superstore #42
4604 JFK, Suite 10
North Little Rock, AR

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

Thank you.

Attachments

FILED _____ A.M. 3 P.M.
BY Anita Paul, Mayor's Office
DATE 7/16/19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT

D6J003-D6L013



Date Received: 07/03/2019



Date Assigned: 07/11/2019

Applicant: STEPHANIE A. DANIELS

D.O.B: 10/08/1977

Green Card Number (Permanent Resident Alien):

Home Address: 5808 Sonora Drive, North Little Rock, AR, 72118

Home Phone: 501-734-9264 **Business Phone :** 870-633-0099 **Cell Phone:**

Trade Name: TOBACCO SUPERSTORE #42

Former Trade Name: TOBACCO SUPERSTORE #42

Business Address : 4604 JFK, Suite 10, North Little Rock **County** Pulaski

Type Of Investigation: Retail Beer off Premises - Change of Manager from Wendell Huddleston #05838

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



4883001 004.012

APPLICANT'S NAME: STEPHANIE A. DANIELS

TYPE OF APPLICATION: Retail Beer off Premises - Change of Manager from Wendell Huddleston

BUSINESS NAME: TOBACCO SUPERSTORE #42

BUSINESS ADDRESS: 4604 JFK, Suite 10, North Little Rock, AR, 72116

DATE OF APPLICATION: 07/03/2019

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.**

