OFFICE OF THE MAYOR



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

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:

Glinda Craigmyle

DATE:

July 10, 2017

SUBJECT:

Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the Assignment and Comments of Officials form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for Military Service Club permit with a change of manager from, Jack Scarbrough:

> Jason Smith Rock Lounge AR National Guard Bldg. 5305, Camp Robinson North Little Rock, AR

Please note the 15 day comment period referred to in the final paragraph of the Comment page.

Thank you.

Attachments

ASSIGNMENT

D6J003-D6L013



Date Received: 06/21/2017

Date Assigned: 06/29/2017

Applicant: JASON SMITH

D.O.B: 02/05/1976

Green Card Number (Permanent Resident Alien):

Home Address: 14 Hawk Drive, Vilonia, AR, 72173

Home Phone:

Business Phone: 501-753-9017

Cell Phone: 504-425-6727

Trade Name: ROCK LOUNGE

Former Trade Name: ROCK LOUNGE

Business Address: Camp Robinson, Bldg. 5305, North Little Rock County Pulaski

Type Of Investigation: Military Service Club - Change of Manager from Jack Scarbrough

00554

Dancing, if requested:

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator:

Stockholders / Partners / LLC

Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS



APPLICANT'S NAME: JASON SMITH

TYPE OF APPLICATION: Military Service Club - Change of Manager from Jack Scarbrough

BUSINESS NAME: ROCK LOUNGE

BUSINESS ADDRESS: Camp Robinson, Bldg. 5305, North Little Rock, AR, 72199

DATE OF APPLICATION: 06/21/2017

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 ACICs request, do not run your own criminal history check through ACIC.

Printed On: 06/29/2017







Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: JACK SCARBROUGH

Perm	it No T	rade Name of Business and Address		Business Phone	Contact Phone	
005	554	ROCK LOUNGE Camp Robinson, Bidg. 5305, North Little Rock, AF	2, 72199	501-753-9017		
		Current Address	If ne	w address change he	ere	
Home Address		620 Bayview Court	14 Hawk 1	14 Hawk Dr		
		Sherwood, AR, 72120	Vilonia A	Vilonia AR 72173		
Mailing Address		Camp Robinson, Bldg. 5305				
		North Little Rock, AR, 72199				
Email A	Address	jack@mwrcomplex.com	Jason@murcomplex.com			
Pleas	se check	the appropriate (Requested Change) :				
Add	ditional P	tockholder(s)				
Select		Permit Description		Fee		
Militar	Military Se	ervice Club		\$50.00	NO CASH	
•			Total Amount :	\$50,00	****	
		nowledge the receipt of Instructions for Changest for the above mentioned change(s). 2017 te	ge Of Manager/Additio	nal Stockholder(s Signature	s) / Partner(s)	

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DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES FOR PRIVATE CLUB PERMIT



TOKT KITATE GLOD I EKITIT
NAME OF OUTLET Rock Longe
CITY North Little Rock COUNTY Dulaski
Arkansas Law requires that a private club must exist for some reason other than the consumption o alcoholic beverages. On this sheet of paper, which is a part of your verified application, you are to describe in complete detail, what entertainment (live bands, dancers, food service, etc.), social functions, or othe recreational events will be available at the club for the members. If you are in doubt about whether to lis an item, you are urged to include it.
Under Section 1.34 of the ABC regulations, any permit issued by this agency is only valid for the uses described in the original application. Any material change in the club's operation or entertainment other than originally listed in this application, without prior approval of the director, shall be grounds or revocation of your permit.
On your floor plan, which is a separate attachment, please mark the entrance to the private club, noting the location of the guest book, and mark any major features of the private club area, including where specific entertainment items will be located.
PLEASE PRINT OR TYPE YOUR RESPONSES BELOW. USE THE BACK OF FORM, OR ADDDITIONAL SHEETS, IF NECESSARY.
POCK Lange Sits on the Camp Rabinson Ab Konsas National Countries
It provides accreation are entertainment for members of the military
and any low en Greenent, state employees peter, that are training or
staying on post. This facility has pol tables, a juke box, a dort boar
and offers Karauke wheelty, hased as the amount of people staying
er post.