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

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:

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 a restaurant mixed drink permit with a change of ownership to North Landers Rock LLC:

Brian Biggs Carino's Italian Kitchen 4221 Warden Road North Little Rock, AR

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

Thank you.

Attachments

DATE 7-11-17
Diane Whitesy, City Clerk and Cottour North Little Rock, Arkanes

P.M.

ASSIGNMENT

-06J003-06L013



Date Received: 03/09/2017

Date Assigned: 03/17/2017

Applicant: BRIAN BIGGS

D.O.B: 08/29/1975

Green Card Number (Permanent Resident Alien):

Home Address: 4429 East 46th Street #419, North Little Rock, AR, 72117

Home Phone:

Business Phone: 501-758-8226

Cell Phone: 713-345-0878

Trade Name: CARINO'S ITALIAN KITCHEN

Former Trade Name: CARINO'S ITALIAN KITCHEN

Business Address: 4221 Warden Road, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink -Replacement from Brian Biggs

00532

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 William T Go, 5074 Scholarship, Irvine, CA, 92612

Members:

DOB: 1/31/1976



ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: BRIAN BIGGS

TYPE OF APPLICATION: Restaurant Mixed Drink -Replacement from Brian Biggs

BUSINESS NAME: CARINO'S ITALIAN KITCHEN

BUSINESS ADDRESS: 4221 Warden Road, North Little Rock, AR, 72116

DATE OF APPLICATION: 03/09/2017

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: 03/17/2017



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	STATE OF ARKANS ALCOHOLIC BEVERAGE CONT		
(APPLIC	ATION FOR PERMIT TO SELL ALCO	OHOLIC BEVERAGES FOR	
) '	CONSUMPTION ON THE F	PREMISES	
;	el-Motel staurant Only	New Application Replacement Permit No	general control of the control of th
, or we, do hereby make a onsumption on the premis pproval.	application to the State of Arkansas fo ses, and do hereby submit answers to	r a permit to sell alcoholic beve the following questions under	rages for oath for your
North Landers Rock		FEIN# 81-43	92516
Corporate/Partnership/LLC	3 Name	Diane	
NAME <u>Brian</u>	D. Middle	Biggs 1	
HOME ADDRESS 442	29 E. 46th ST. #419, Nor	th Little Rock, AR 72	117 Pulaski
Str.	eet City	Zip Count County Fired Up, In	ty ic. d/b/a Johnny Carli
Stro BUSINESS NAME John BUSINESS ADDRESS St	1221 Warden Rd., N.L	OKIVILIK NAMUS.	16 Pulaski
BUSINESS ADDRESS 4	1231 Warden Rd., N. L reet City	iHe Rock, AR 7211	
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BUSINESS ADDRESS St St is proposed location inside Are the beverages to be s	e or outside city limits? Inside	iHEROCK, AR 7211	County pe of business ss of owner Does
BUSINESS ADDRESS St St s proposed location inside Are the beverages to be s Are you the owner of the p	e or outside city limits? Inside sold in connection with any other busin proposed premises? No	If leased, give name and address type and permit numb	pe of business pess of owner pr(s) of same
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If applicant is a partnership, give names and addresses of a	ll partners:
	-
If applicant is a corporation/LLC, give (A) Name and address each:	s of stockholders and amount of stock held by
(B) Name and address of President and Secretary:	
NOTE: Schedule A is to be completed by each party to this application. Any mis-statements or concealment of for revocation of permit(s) if later disclosed.	application and is to be considered a part of act will be grounds for refusal of application, or
Signed this State day of FEB rain	2017
	Signature of Applicant or Managing Agent
Subscribed and sworn to before me this day of	February 2017
My Commission Expires: 5/19/2020	Notary Public

Revised 11/13/09



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES *For all ON PREMISES permits - except private c lubs*

NAME OF OUTLET North Landers Roc	ok LLC
CITY North Little Rock	COUNTY Pulaski
entertainment other than originally liste shall be grounds for revocation of the per Describe the types of business and enter-	gulations, any permit issued by this agency is valid only for the cation. Any material change in the outlet's operations of ed in this application, without prior approval of the Director ermit or other administrative penalties. Italiament activities (cafe / restaurant, pool hall, dancing, etc.) the back of this form if necessary.
If live entertainment is proposed, y entertainment, i.e., live bands, dancers	you must be specific as to the type and description o
Full-service Italian, casual-dining restaur	rant serving liquor, beer and wine.
The state of the s	