

#6

OFFICE OF THE MAYOR



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CITY HALL
P.O. BOX 5757
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website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
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 manager from Ed Askew:

Kimberly D. Davis
Hawgz Blues Café
5524 JFK Blvd.
North Little Rock, AR

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

Thank you.

Attachments

9:45
FILED 9:45 A.M. P.M.
BY Glinda Mayors Office
DATE 7-11-17
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Issery

ASSIGNMENT

D6J003-D6L013



Date Received: 06/27/2017

Date Assigned: 06/30/2017

Applicant: KIMBERLY D. DAVIS

D.O.B: 12/02/1974

Green Card Number (Permanent Resident Alien):

Home Address: 4312 Idlewild Avenue, North Little Rock, AR, 72116

Home Phone:

Business Phone : 501-478-6300

Cell Phone: 417-343-4220

Trade Name: HAWGZ BLUES CAFE

Former Trade Name: HAWGZ BLUES CAFE

Business Address : 5524 JFK, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Change of Manager from Ed Askew
06579

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

1063003 1131012

APPLICANT'S NAME: KIMBERLY D. DAVIS

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Ed Askew

BUSINESS NAME: HAWGZ BLUES CAFE

BUSINESS ADDRESS: 5524 JFK, North Little Rock, AR, 72116

DATE OF APPLICATION: 06/27/2017

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

FPK
given 6/27/17
COM00000101

15/06/17 09:11



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

Permit Holder: Ed Askew

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
06579	HAWGZ BLUES CAFE 5524 JFK, North Little Rock, AR, 72116	501-478-6300	417-343-4220

	Current Address	If new address change here
Home Address	2111 McAlmont Street Little Rock, AR, 72206	4312 Idle wild Ave North Little Rock AR 72116
Mailing Address	2111 McAlmont Street Little Rock, AR, 72206	5524 JFK Blvd North Little Rock AR 72116
Email Address		info@hawgzbluescafe.com

Please check the appropriate (Requested Change) :

- ☒ Change Of Manager
☐ Additional Stockholder(s)
☐ Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	
<input checked="" type="checkbox"/>	Restaurant Mixed Drink Minimum	\$50.00	NO CASH
	Total Amount :	50.00	

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

6-9-17

Date

Kimberly Drews

Signature

2017 JUN 17 11:11



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

NAME OF OUTLET Hawgz Blues Cafe, LLC
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.

Hawgz Blues Cafe, LLC is a full service restaurant.
We have live bands 6 nights a week. Our hours
of operation are Sun 10:30am-9pm, Mon-Thur 11:00am-
12:30am; ~~Su~~ Fri-Sat 11:00am-2:00am. We have
one billiard table and one arcade game. Our live
bands include jazz, blues and country music.