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OFFICE OF THE MAYOR



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CITY HALL
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: July 18, 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 an off premises retail beer permit with a change of manager from Rajwinder Kaur:

Balbir Singh
Super Stop Arena
623 North Cypress
North Little Rock, AR

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

Thank you.

Attachments

FILED 9:50 A.M. P.M.
BY Glinda Mayor's Office
DATE 7-18-17
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Issery

ASSIGNMENT

D6J003-D6L013

**Date Received:** 07/12/2017**Date Assigned:** 07/12/2017**Applicant:** BALBIR SINGH**D.O.B:** 06/04/1950**Green Card Number (Permanent Resident Alien):****Home Address:** 8208 Brighton Drive, North Little Rock, AR, 72116**Home Phone:****Business Phone :** 501-569-9393**Cell Phone:** 501-285-2344**Trade Name:** SUPER STOP ARENA**Former Trade Name:** SUPER STOP ARENA**Business Address :** 623 North Cypress, North Little Rock**County** Pulaski**Type Of Investigation:** Retail Beer off Premises - Change of Manager from Rajwinder Kaur
03754**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

015003-1001 010

APPLICANT'S NAME: BALBIR SINGH

TYPE OF APPLICATION: Retail Beer off Premises - Change of Manager from Rajwinder Kaur

BUSINESS NAME: SUPER STOP ARENA

BUSINESS ADDRESS: 623 North Cypress, North Little Rock, AR, 72114

DATE OF APPLICATION: 07/12/2017

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.**

20000000101



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

Permit Holder: **RAJWINDER KAUR**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
03754	SUPER STOP ARENA 623 North Cypress, North Little Rock, AR, 72114	501-569-9395 372-4245	870-443-6892 501-285-2344

	Current Address	If new address change here
Home Address	3020 Overbrook Circle North Little Rock, AR, 72116	
Mailing Address	623 North Cypress North Little Rock, AR, 72114	
Email Address		

Please check the appropriate (Requested Change) :

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

Please check applicable permits :

Select	Permit Description	Fee	NO CASH
<input type="checkbox"/>	Retail Beer Off Premises	\$50.00	
	Total Amount :		

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).

6-20-17

Date

RS

Buech J.h

Signature

2017 JUN 12 A 10:55