*

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 31, 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 & small farm winery permit with a change of manager from Laura A. Picklesimer:

Randy Horne Corner Store #1795 9723 Maumelle 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

BY Clinda Craig myle-Admin

DATE 431-14

Diame Whitbey, City Clerk and Collector

North Linke Rocky Arkaneas

RECEIVED by

ASSIGNMENT

106J003-06L013



Date Received: 07/07/2017

Date Assigned: 07/21/2017

Applicant: RANDY HORNE

D.O.B: 09/24/1956

Green Card Number (Permanent Resident Alien):

Home Address: 8903 Burning Tree Road, Pensacola, FL, 32514

Home Phone:

Business Phone: 850-549-2876

Cell Phone: 850-454-1134

Trade Name: CORNER STORE #1795

Former Trade Name: CORNER STORE #1795

Business Address: 9723 Maumelle Blvd., North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises & Small Farm Wine - Replacement from

Laura Picklersimer

00795

Dancing, if requested:

Comments / Remarks: on site representative Cammie Matthews

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: RANDY HORNE

TYPE OF APPLICATION: Retail Beer off Premises & Small Farm Wine - Replacement from Laura

Picklersimer

BUSINESS NAME: CORNER STORE #1795

BUSINESS ADDRESS: 9723 Maumelle Blvd., North Little Rock, AR, 72113

DATE OF APPLICATION: 07/07/2017

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: 07/21/2017





STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION		Repla	Replacement X		
(X) OFF PREMISES CONSUMPTION		Permi	t No		
	make application to the the following question:			sell beer at reta	il, and do hereby
	s Stations, LLC		F	EIN# 90-08	15630
Corporate /Partners	•	romo	,	Horno	
NAME Randy First	·	emo Middle	,	Horne Last	
	8903 Burning Tr		cola, FL 325 Zip	Iサ Escam	nbia unty
BUSINESS NAME	Corner Store #1	•	FORMER NA		tore #1795
BUSINESS ADDRE	ess <u>9723 Maume</u> Street	elle Blvd N. Litt City	le Rock 721 Zip	13 County	Township
ls proposed location	n inside or outside city	limits? Yes			
Is the beer to be so	ld in connection with a	iny other business	? <u>Yes</u> (A	A) If so, state type	e of business
(café, drug store, po	ool hall, service statior	n, convenience sto	re, etc.) <u>Conv</u>	<u>enience Stor</u>	e w/ Fuel
			(B) If beer	is to be sold in c	onnection with a
motor fuel sales bus	siness give number of	gasoline and/or di	esel pumps at ea	ach location <u>16</u>	
	of the proposed premis		Do you have the	e premises lease	od? N/A
If leased, give name	and address of owne	r N/A			
Will there be dancin	g on the premises?	No c	Dance Space	X	-
Does anyone now hold a beer or any other permit at this location? Yes If so, give name and permit					
number(s) <u>Corne</u>	er Store #1795 Li	cense #/95			<u></u>
Has anyone, to your	knowledge, held a be	er or any other pe	rmit at this locati	on? Yes	If so, give name
and permit number(s	s) Corner Store #	#1795 License	#795		
Do you or any other	person interested in th	nis permit hold any	other type alcoh	nolic beverage:pe	ermit? Yes
lf held, give name, p	lace and permit numb	er(s) Circle K#	6345,√Texar	kana∂AR Lid	cense # 647
			د د د پر وه ده		



STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR:	arm Winery - 1			
	arm Winery - 1			
চু Small Farm Winery - Retail 🏻 Small Farm Winery - Wholesale 🗖 Small Fa		Manufacturer		
I, or we, do hereby make application for the permit noted above and do hereby so following questions under oath for your approval: CST ARKANSAS STATIONS LLC Corporate/Partnership/LLC Name				
NAME Randy Cremo Hor	ne			
First Middle	Last			
Street City State	2514 Zip	Escambia County		
BUSINESS NAME CONDENSTORE # 1795 FORMER NAME CORNER Store #1795				
BUSINESS ADDRES <mark>9723 Maumelle Blvd., North Little Rock, AR Street City State</mark>	72113 Zip	Pulaski County		
Is proposed location inside or outside city limits? Yes				
If application is for retail level, are you a grocery store, convenience store or liqu	or store?(x)	Yes () No		
(Convenience stores must maintain a \$7,500.00 inventory of human consumables.) If application is for manufacturing, (1) how many gallons do you contemplate manufacturing?				
(2) What was your total production for the last calendar year?				
Are you the owner of the proposed premises? YesIf leased, give name and address of ownerN/A				
Does anyone now hold any other permit(s) at this location? Yes	lf so, give	name, type		
and permit number(s) N/A		***		
Has anyone, to your knowledge, held any other type permit(s) at this location? Yes If so, give name and permit number(s) Corner Store #1795 License #795				



If applicant is a partnership, give names and addresses of N/A	of all partners:
-	
If applicant is a corporation/LLC, give (A) Name and addreach:	ress of stockholders and amount of stock held by
N/A	
	. •
(B) Name and address of President and Secretary: Brian Bednarz 1347 Quiet Cove Court, Gul	f Breeze, FL 32563 - VP
Randy Horne 8903 Burning Tree Road, P	ensacola, FL 32514 - Asst. Secretary
NOTE: Schedule A is to be completed by each party to the application. Any mis-statements or concealment of revocation of permit(s) if later disclosed.	is application and is to be considered a-part of the if fact will be grounds for refusal of application, or
Signed this day of	. 3017
	Athlan
	Signature of Applicant or Managing Agent
Subscribed and sworn to before me this day	of Jone ,2017
	Mulual Maratton Notary Public
My Commission Expires: 4 21 2018	DEBORAH M. BRATTON