

#2

OFFICE OF THE MAYOR



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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 *GC*
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 #1787
9600 Hwy 165 East
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 _____ A.M. 12:15 P.M.
BY Glinda Craigmyle -Admin
DATE 7-31-17
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by J. Myler

ASSIGNMENT



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 #1787

Former Trade Name: CORNER STORE #1787

Business Address : 9600 Hwy 165 East, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises & Small Farm Wine - Replacement from
Laura Picklesimer
03266

Dancing, if requested:

Comments / Remarks : on site representative Mary Bennett

**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 Picklesimer

BUSINESS NAME: CORNER STORE #1787

BUSINESS ADDRESS: 9600 Hwy 165 East, North Little Rock, AR, 72117

DATE OF APPLICATION: 07/07/2017

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.**

Handwritten initials/signature



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION
(X) OFF PREMISES CONSUMPTION

New Application _____
Replacement X
Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer at retail, and do hereby submit answers to the following questions under oath for your approval:

CST Arkansas Stations, LLC FEIN# 90-0815630
Corporate /Partnership/LLC Name

NAME Randy Cremona Horne
First Middle Last

HOME ADDRESS 8903 Burning Tree Rd, Pensacola, FL 32514 Escambia
Street City Zip County

BUSINESS NAME Corner Store #1787 FORMER NAME Corner Store #1787

BUSINESS ADDRESS 9600 Hwy 165 E N. Little Rock 72117
Street City Zip County Township

Is proposed location inside or outside city limits? Yes

Is the beer to be sold in connection with any other business? Yes (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.) Convenience Store w/ Fuel

(B) If beer is to be sold in connection with a motor fuel sales business give number of gasoline and/or diesel pumps at each location 22

Are you the owner of the proposed premises? Yes Do you have the premises leased? N/A

If leased, give name and address of owner N/A

Will there be dancing on the premises? No 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) Corner Store #1787 License #3266

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes If so, give name and permit number(s) Corner Store #1787 License #3266

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? Yes

If held, give name, place and permit number(s) Circle K #6345, Texarkana, AR License # 647



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

New Application _____
Replacement X
Permit No. _____

APPLICATION FOR:

Small Farm Winery - Retail Small Farm Winery - Wholesale Small Farm Winery - Manufacturer

I, or we, do hereby make application for the permit noted above and do hereby submit answers to the following questions under oath for your approval:

 CST Arkansas Stations LLC FEIN# 90-0815630
Corporate/Partnership/LLC Name

NAME Randy Cremo Horne
First Middle Last

HOME ADDRESS 8903 Burning Tree Rd Pensacola FL 32514 Escambia
Street City State Zip County

BUSINESS NAME Corner Store #1787 FORMER NAME Corner Store #1787

BUSINESS ADDRESS 9600 Hwy 165 E, North Little Rock, AR 72117 Garland
Street City State Zip County

Is proposed location inside or outside city limits? Yes

If application is for retail level, are you a grocery store, convenience store or liquor store? (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? N/A

(2) What was your total production for the last calendar year? N/A

Are you the owner of the proposed premises? Yes If leased, give name and address of owner N/A

Does anyone now hold any other permit(s) at this location? Yes If 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 #1787 License #3266



Give nearest distance, building to building, from CHURCH 2.43 miles SCHOOL 4.30 miles

If applicant is a partnership, give names and addresses of all partners: _____

If applicant is a corporation give (A) Name and address of stockholders and amount of stock held by each:

N/A

(B) Name and address of President and Secretary:

Brian Bednarz 1347 Quiet Cove Court, Gulf Breeze, FL 32563 - VP

Randy Horne, 8903 Burning Tree Road, Pensacola, FL 32514 - Asst. Secretary

Schedule "A" is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

If making application for a **Small Farm Winery-Manufacturer**, I certify that I meet the criteria as described in ACA 3-5-1602(c)(1) and enclose a copy of my Federal Basic Permit and proof of my annual production from the calendar year previous to my application (**form/s TTB F 5120.17**).

Signed this 26th day of June, 2017.


Applicant's Signature

Subscribed and sworn to before me this 26th day of June, 2017


Notary Public

My Commission Expires: 4/21/2018

