

#4

OFFICE OF THE MAYOR



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CITY HALL
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website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *bl*
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 permit with a change of manager from, Donnie Miller:

Randall D. Carter
Protho Junction Shell
2522 Jacksonville Hwy.
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 K. Thomas

ASSIGNMENT

D6J003-D6L013



Date Received: 07/20/2017

Date Assigned: 07/21/2017

Applicant: DONNIE MILLER

D.O.B: 04/03/1975

Green Card Number (Permanent Resident Alien):

Home Address: 1445 Gardenia, Conway, AR, 72034

Home Phone:

Business Phone :

Cell Phone: 501-472-5047

Trade Name: PROTHO JUNCTION SHELL

Former Trade Name: SHELL HOPE MART N.L.R.

Business Address : 2522 Jacksonville Hwy., North Little Rock **County** Pulaski

Type Of Investigation: Retail Beer off Premises - Replacement from Randall Carter
02963

Dancing, if requested:

Comments / Remarks :

**Copies Of Assignment and
Comment Form Mailed to:** Mayor Joe Smith & City Council

Michaelj 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: DONNIE MILLER

TYPE OF APPLICATION: Retail Beer off Premises - Replacement from Randall Carter

BUSINESS NAME: PROTHO JUNCTION SHELL

BUSINESS ADDRESS: 2522 Jacksonville Hwy., North Little Rock, AR, 72117

DATE OF APPLICATION: 07/20/2017

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.**

Real Client



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

Check One: () ON PREMISES CONSUMPTION

(X) OFF PREMISES CONSUMPTION

New Application _____

Replacement

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:

DM Family Enterprises FEIN# 81-3976611
Corporate /Partnership/LLC Name

NAME Donnie Men Miller
First Middle Last

HOME ADDRESS 1445 Garden Conway 72034 Fayette
Street City Zip County

BUSINESS NAME Prothro Junction Shell FORMER NAME _____

BUSINESS ADDRESS 2522 Highway 161 North Little Rock 72117 Polk
Street City Zip County Township

Is proposed location inside or outside city limits? inside

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.) _____

(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 4

Are you the owner of the proposed premises? _____ Do you have the premises leased? YES

If leased, give name and address of owner Coulson Oil 1434 Pike Ave, North Little Rock, AR

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) RANDALL CARTER 02963

Has anyone, to your knowledge, held a beer or any other permit at this location? NO If so, give name and permit number(s) _____

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) MCCAIN Shell - 02210, PARK HILL Shell - 0535
Crystal Hill Superstop - 02966

2011 JUL 12 10 51 AM