#4

### 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:

Anita Paul XX

DATE:

September 18, 2019

SUBJECT:

Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment* and *Comments of Officials* forms from the State of Arkansas. Alcoholic Beverage Control Division.

The following applicant has applied for a restaurant beer and wine permit – combo – replacement for Qiao Y Wu #06034:

Fang Qun Wu Garden Asian Fusion 4000 Vali Court North Little Rock, AR 72117

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

Thank you.

**Attachments** 

DATE 9-10-19
Diane Whitboy, City/Clerk and Collector
North Little Rock, Arkaneas
RECEIVED by

### **ASSIGNMENT**

D6J003-D6L013



Date Received: 09/06/2019

Applicant: FANG OUN WU

Date Assigned: 09/09/2019

D.O.B: 10/01/1981

...... UJ/UJ/2013

**Green Card Number (Permanent Resident Alien):** 

Home Address: 2 Pendelton Cove, Little Rock, AR, 72211

Home Phone: 917-288-5793 Business Phone: 501-955-4588 Cell Phone:

BY:

Trade Name: GARDEN ASIAN FUSION

Former Trade Name: KIRIN GARDEN INC

Business Address: 4000 Vali Court, North Little Rock County Pulaski

Type Of Investigation: Restaurant Beer & Wine - Combo - Replacement for Qiao Y Wu

#06034

Dancing, if requested:

Comments / Remarks:

Copies Of Assignment and

Comment Form Mailed to:

Mayor Joe Smith & City Council Michael Davis, Chief of Police

Sheriff Eric S. Higgins

Mr. Larry Jegley, Prosecuting Attorney

Assigned to Investigator:

Stockholders / Partners / LLC Members:



# ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS

- D6:1063 (2:5) 01

APPLICANT'S NAME: FANG QUN WU

TYPE OF APPLICATION: Restaurant Beer & Wine - Combo - Replacement for Qiao Y Wu

BUSINESS NAME: GARDEN ASIAN FUSION

BUSINESS ADDRESS: 4000 Vali Court, North Little Rock, AR, 72117

DATE OF APPLICATION: 09/06/2019

If yes, please explain your objections below:

NAME OF PUBLIC OFFICIAL:	
TITLE OF OFFICIAL.	
TITLE OF OFFICIAL.	
OFFICIAL MAILING ADDRESS:	
PHONE:	
	DATE:
SIGNATURE OF OFFICIAL:	
NAME OF AGENCY OR COURT:	
Do you have any objections to the issuance of this permit?	( Yes or No )
	( TES OF 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 ACIC□s request, do not run your own criminal history check through ACIC.

Printed On: 09/09/2019

Revised 03/11/2016

La bay lake



### STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

# APPLICATION TO SELL RESTAURANT BEER AND WINE (ON PREMISES ONLY)

	eweplacement
	ermit No. 00034
Keplaci)	ra Qiao V Wu
I, or we, do hereby make application to the State of Arkansas for alpermit to premises of a restaurant and do hereby submit answers to the following que	sell beer and wine on the stions under oath:
IF CORPORATION/LLC, GIVE NAME	FEIN# <u>84285957</u> 4
NAME OF APPLICANT FANG QUN WY	-
HOME ADDRESS 2 Pen Jel ton CV LITTLE ROC	K 7zzll County
TRADE NAME OF BUSINESS GAN den ASIAN FORMER NAME	,
ADDRESS OF BUSINESS 4000 Va(i ct V Little K	Zip 1 County
Is proposed location inside or outside the city limits?	
Is your establishment primarily engaged in the business of serving food to the	e public prepared for consumption
on the premises?	
Are you the owner of the proposed premises? Do you have the	and Victorian
If so, give name and address of owner	<b>9</b> 37 37 37 37 37 37 37 37 37 37 37 37 37
	The state of the s
	e, type and permit number(s) of
same	<del>\times</del>
Do you or any other person interested in this permit hold any other type of al	
If so, give name, place and permit number(s)	
Will there be dancing on the premises? Dance Space	X



If applicant is a partnership, give name and address of all partners:
If applicant is a corporation/LLC give (A) names and addresses of stockholders/shareholders and amount of stock/shares held by each:
(B) Give names and addresses of President and Secretary:
*:
NOTE: Schedule "A" is to be completed by each party to this application and is to be considered a part of this application; any misstatements or concealment of fact will be grounds for refusal of application or revocation of permit(s) if later disclosed.
Signed this
Signature of Applicant or Managing Agent
Sworn and subscribed before me this 30th day of August ,209
JESSICA R MOSLEY Arkansas - Saline County Notary Public - Comm# 12395645 My Commission Expires Sep 23, 2023 Notary Public
My Commission Expires:

Sept 83, 2023



### DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

\*For all ON PREMISES permits - except private c lubs\*

Fig.	3693	114	3.13

NAME OF OUTLET GARDEN ASTAM FUSION
CITY N LITTLE ROCK COUNTY
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.
TV
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