

#5

OFFICE OF THE MAYOR



JOE A. SMITH
MAYOR
mayor@nlr.ar.gov

PHONE (501) 975-8601
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CITY HALL
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 *AKP*
DATE: September 20, 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 retail beer off premises permit replacement for Young Chun & small farm wine - New #05796:

Alim Hemani
IGA Food Mart
124 Eureka Garden Road
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

FILED _____ A.M. *2* P.M.
BY *Anita, Mayor's office*
DATE *9-20-19*
Diane Whitby, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by *[Signature]*

REPASSG0101

Printed On: 09/17/2019

ASSIGNMENT

D6J003-D6L013



Date Received: 09/10/2019

Applicant: ALIM HEMANI

Green Card Number (Permanent Resident Alien):

Home Address: 8 Mossy Rock Cove, Little Rock, AR, 72211

Home Phone:

Business Phone :

Cell Phone: 832-718-1053

Trade Name: IGA FOOD MART

Former Trade Name: IGA FOOD MART

Business Address : 124 Eureka Garden Road, North Little Rock **County** Pulaski

Type Of Investigation: Retail Beer off Premises - Replacement for Young Chun & Small Farm Wine - New #05796

Date Assigned: 09/17/2019

D.O.B: 10/29/1988

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



03.10.00-085.013

APPLICANT'S NAME: ALIM HEMANI

TYPE OF APPLICATION: Retail Beer off Premises - Replacement for Young Chun & Small Farm Wine -
New

BUSINESS NAME: IGA FOOD MART

BUSINESS ADDRESS: 124 Eureka Garden Road, North Little Rock, AR, 72117

DATE OF APPLICATION: 09/10/2019

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 ACIC's request, do not run your own criminal history check through ACIC.**

Chun Chun
PEN sent
9/17/19
for SFN



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. 05796

Replacing Young Chun

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:

URBAN FOODS ~~MAX~~ LLC FEIN# 84-2411262

Corporate /Partnership/LLC Name
NAME Alim Hemani
First Middle Last

HOME ADDRESS 8 Mossy Rock CV Little Rock 72211 Pulaski
Street City Zip County

BUSINESS NAME ~~IGA Food Mart~~ IGA Food City MART ~~FOOD MART~~ FORMER NAME

BUSINESS ADDRESS 124 Eureka Garden Rd N. Little Rock 72211 Pulaski
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? No (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.) Convenience

(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 N/A

Are you the owner of the proposed premises? No Do you have the premises leased? Yes

If leased, give name and address of owner _____

Will there be dancing on the premises? N/A 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) Young Chun #05796

Has anyone to your knowledge, held a beer or any other permit at this location? _____ 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? _____

If held, give name, place and permit number(s) _____

7/13/19 11:07 AM

2019 JUL 23 P 12:27

2019 JUN 24 P 2:46



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

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

Alim Hemani 8 Mossy Rock CV, Little Rock AR 72211 100%

(B) Name and address 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 the application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 23rd day of July, 2019.

[Signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 23rd day of July, 2019.

[Signature]
Notary Public

My Commission Expires: Dec. 4, 2022

CARLA E. ATKINS
NOTARY PUBLIC-STATE OF ARKANSAS
SALINE COUNTY
My Commission Expires 12-04-2022
Commission # 12391133



**STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION**

New Application _____
Replacement _____
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:

URBAN FOODS LLC 84-2411262
Corporate/Partnership/LLC Name FEIN#

NAME Alim Hemani
First Middle Last

HOME ADDRESS 8 Mossey Rock CV N. Little Rock AR 72211 Pulaski
Street City State Zip County

BUSINESS NAME IGA FOOD MART FORMER NAME _____

BUSINESS ADDRESS 124 Eureka Garden Rd, N Little Rock, AR 72117 Pulaski
Street City State Zip County

Is proposed location inside or outside city limits? inside

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? No

(2) What was your total production for the last calendar year? _____

Are you the owner of the proposed premises? No If leased, give name and address of owner _____

Does anyone now hold any other permit(s) at this location? No If so, give name, type and permit number(s) _____

Has anyone to your knowledge, held any other type permit(s) at this location? _____ If so, give name and permit number(s) _____

SEP 03 2019
 SEP 03 2019

REC'D
 24
 47



Give nearest distance, building to building, from CHURCH _____ SCHOOL _____

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:

Alim Hemani 8 Mossy Rock CV, Little Rock AR 72211

(B) Name and address of President and 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 23rd day of July, 2019.

[Signature]
Applicant's Signature

Subscribed and sworn to before me this 23rd day of July, 2019

Carla E. Atkins
Notary Public

My Commission Expires: Dec. 4, 2022

CARLA E. ATKINS
NOTARY PUBLIC-STATE OF ARKANSAS
SALINE COUNTY
My Commission Expires 12-04-2022
Commission # 12391133