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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 *AP*
DATE: January 16, 2020
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 Monica B Han, Small Farm Wine & Grocery Store Wine - new:

Sulaiman Hudda
Stone Mart
605 E Broadway
North Little Rock, AR 72114

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

Thank you.

Attachments

FILED 11 A.M. P.M.
BY Anita Paul
DATE 1-16-2020
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Mosery

REPASSG0101

01/07/2020

**ASSIGNMENT
Received**



Date Received: 12/31/2019

JAN 15 2020

Date Assigned: 01/07/2020

Applicant: SULAIMAN HUDDA

City of NLR Mayor's Office

D.O.B: 11/11/1973

By: _____

Green Card Number (Permanent Resident Alien):

Home Address: 908 St. Michael Pl, Little Rock, AR, 72211

Home Phone: 501-766-2991 Business Phone :

Cell Phone: 501-766-2991

Trade Name: STONE MART

Former Trade Name: BROADWAY VALERO

Business Address : 605 E. Broadway, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises - Replacment for Monica B Han, Small Farm
Wine & Gorcery Store Wine - New

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



APPLICANT'S NAME: SULAIMAN HUDDA

TYPE OF APPLICATION: Retail Beer off Premises - Replacment for Monica B Han, Small Farm Wine & Gorcery Store Wine - New

BUSINESS NAME: STONE MART

BUSINESS ADDRESS: 605 E. Broadway, North Little Rock, AR, 72114

DATE OF APPLICATION: 12/31/2019

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.**

PEN
Given 12/31/19
CURRENT



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION

OFF PREMISES CONSUMPTION

New Application
Replacement
Permit No. 03153

Replacing Monica B. Han

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:

IRON STONE LLL FEIN# 84-3713327
Corporate /Partnership/LLC Name

NAME SULAIMAN - S HUDDA
First Middle Last

HOME ADDRESS 908. ST MICHAEL PL, LITTLE ROCK, AR, 72111, PULASKI
Street City Zip County

BUSINESS NAME STONE MART FORMER NAME _____

BUSINESS ADDRESS 605, E. BROADWAY ST, NORTH LITTLE ROCK, AR, 72114
Street City Zip County Township

Is proposed location inside or outside city limits? IN-SIDE

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.) C-STORE W/BAS

(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: 12 PUMPS

Are you the owner of the proposed premises? NO Do you have the premises leased? YES

If leased, give name and address of owner DIAMOND STATE OIL

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) _____

Has anyone, to your knowledge, held a beer or any other permit at this location? YES 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) 786 FOOD & FUEL
00032



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

100% ~~OWNER~~ OWNER

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

SULAIMAN - S HUDDA 100%

(B) Name and address of President and Secretary:

SULAIMAN - S. HUDDA
908 ST MICHAEL PL, LITTLE ROCK, AR, 72211

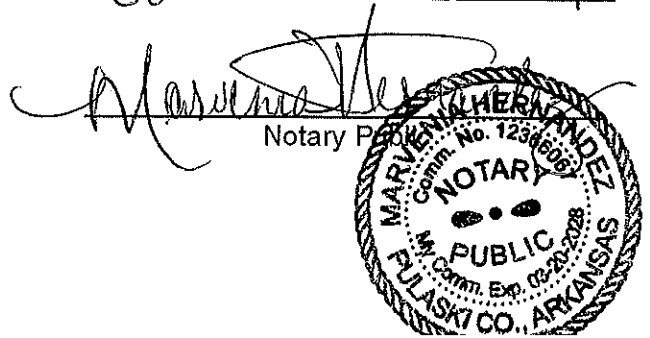
NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 31st day of December, 2019.

Sul Hudda
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 31st day of December, 2019.

My Commission Expires: 3-20-2028





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.

Fron Stone LLC FEIN# 84-371327
Corporate/Partnership/LLC Name

NAME Sulamin S Huddley
First Middle Last

HOME ADDRESS 908 St Michael Place L.R AR 72211
Street City State Zip County

BUSINESS NAME Stone Mart FORMER NAME _____

BUSINESS ADDRESS 605 E. Broadway St. N.L.R AR 72114
Street City State Zip County

Is proposed location inside or outside city limits? NO

If application is for retail level, are you a grocery store, convenience store or liquor store? (Y) 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? 100,000

(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 Diamond State Oil

Does anyone now hold any other permit(s) at this location? Yes If so, give name, type and permit number(s) _____

Has anyone, to your knowledge, held any other type permit(s) at this location? Yes If so, give name and permit number(s) 786 Food & Fuel #00052

2019 DEC 31 11:51



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:

Sal Hudda 100%

(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).

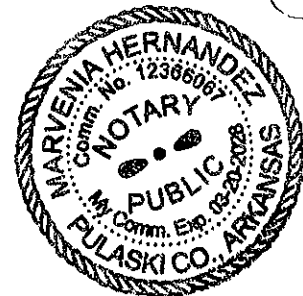
Signed this 31st day of December, 2019

Sal Hudda
Applicant's Signature

Subscribed and sworn to before me this 31st day of December, 2019

Marvenia Hernandez
Notary Public

My Commission Expires: 3-20-2028





STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR GROCERY STORE WINE PERMIT

Permitted Building Size

- Check One: () Less than 35,001 sq.ft
 () 35,001 sq.ft - 50,000 sq.ft
 () 50,001 sq.ft - 75,000 sq.ft
 () Greater than 75,000 sq.ft

New Application _____
 Replacement _____
 Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell wine in a grocery store as authorized by Act 508 of 2017 and do hereby submit answers to the following questions under oath for your approval:

IRON STONE LLC FEIN#: 84-371327
 Corporate/Partnership/LLC Name

NAME SULAIMAN S. HUDDA
 First Middle Last

MAILING ADDRESS 605, EAST BROADWAY ST, N. LITTLE ROCK, AR, 72114
 Street City Zip County

BUSINESS NAME STONE MART

BUSINESS ADDRESS 605, EAST BROADWAY ST, N. LITTLE ROCK, AR, 72114
 Street City Zip County Township

Does your store, or will your store, maintain an inventory of human consumables? Yes No

Provide the date your store opened for business: 2/7

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 80 %

Does anyone now hold any type of permit at this location? Yes No

REC'D
 DEC 31 A 11:52
 2019

a. If "yes", give name, permit type, and permit number(s)

b. Is one of the permits listed above a small farm wine retail permit? Yes No

c. Will the named permittee and floor plan of the permitted premises remain unchanged? Yes No

d. If you answered "Yes" to the above question, please complete the "Certification of Permit Status" form. You do not need to complete the remaining portion of this application; however, you must sign the application and have it notarized.

Is the proposed location inside or outside city limits? IN-SIDE

Are you the owner of the proposed premises? NO Do you have the premises leased? YES

If leased, give name and address of owner DIAMOND STAR OIL



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

100% OWNER

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

SULAIMAN S HUDDA 100%

(B) Name and address of President and Secretary:

SULAIMAN S. HUDDA
908 ST MICHAEL PL. LITTLE ROCK, AR, 72211

NOTE: A Schedule A form is to be completed by each party to this application and is to be considered a part of the application. Existing Small Farm Wine Retail Permittees need not complete a Schedule A form; however, they must complete a Certification of Permit Status form. Any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 31st day of December, 2019

Sal Hudda

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 31st day of December, 2019

Marvenia Hernandez
Notary Public

My Commission Expires: 3-20-2028

