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JOE A. SMITH

MAYOR

mayor@nlr.ar.gov

OFFICE OF THE MAYOR



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 AVP

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 new retail liquor and retail beer off premises permit – replacement for Cheryl D Dees #00827:

Craig Friedman Red Devil Liquor 6012 Crystal Hill Road North Little Rock, AR 72118

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

Thank you.

Attachments

P.M.

RECEIVED by

ASSIGNMENT Received



Date Received: 12/20/2019

JAN 1 5 2020

Date Assigned: 01/07/2020

Applicant: CRAIG FRIEDMAN

City of NLR Mayor's Office By:

D.O.B: 12/10/1983

Green Card Number (Permanent Resident Alien):

Home Address: 878 Jamestown Circle, Jacksonville, AR, 72076

Home Phone: 501-837-6313 Business Phone: 501-985-555 Cell Phone:

Trade Name: RED DEVIL LIQUOR

Former Trade Name: CRYSTAL HILL LIQUOR

Business Address: 6012 Crystal Hill Road, North Little Rock County Pulaski

Type Of Investigation: Retail Liquor & Retail Beer off Premises - Replacment for Cheryl D

Dees #00827

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 Nathan Pruss, 3108 Southern Cove, Cabot, AR, 72023

Members:

DOB: 10/21/1983



ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: CRAIG FRIEDMAN

TYPE OF APPLICATION: Retail Liquor & Retail Beer off Premises - Replacment for Cheryl D Dees

BUSINESS NAME: RED DEVIL LIQUOR

BUSINESS ADDRESS: 6012 Crystal Hill Road, North Little Rock, AR, 72118

DATE OF APPLICATION: 12/20/2019

If yes, please explain your objections below:

NAME OF PUBLIC OFFICIAL:	
TITLE OF OFFICIAL:	
OFFICIAL MAILING ADDRESS.	
PHONE :	
SIGNATURE OF OFFICIAL:	
NAME OF AGENCY OR COURT:	
Do you have any objections to the issuance of this permit?	
	(Yes or 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: 01/07/2020 Revised 03/11/2016

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STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR LIQUOR PERMIT

Check Or	ne: 🙀 RETAIL			Application cement	
	() WHOLES	SALE	•	t No	827 ·
	,	R	inlacina 1	Cherul	1) Dees
liquors at WHOLESA approval:	ALE/RETAIL and do	the State of Arkansas hereby submit answ	ers to the following	vinous, spirituo questions unde	ous and malt
Corporate/ Partnersh	1 Invest	mente LCC		FEIN#	
			ſ	< . N	
NAMEFirst	<u> </u>	Middle		Last	ran
HOME ADDRESS _	878 June	stown (x Jacks	conville 1201	6	?u\uski
				_	
BUSINESS NAME _	Red Devil	Liquor	FORMER NAME	- Crystal	Hill Ciguar
BUSINESS ADDRES	SS <u>6017 G.</u> Street	45th All Rd Morth	Little Cock 7211	r Polaski County	Township
Is proposed location			·		
Will this liquor outlet			r business No	If co state	tune of husiness
Will this liquor outlet	be operated in con	Hecton with any othe	i busiliess? <u>/ ' u</u>	II 50, State I	type of business
Are you the owner of	the proposed prer	nises? Yes	Do you have the pr	 emises leased'	? 10
If leased, give name	and address of ow	ner	,		
What portion of the a	bove described pro	emises will apply to th	is permit? /00	<u>//</u> >	3
APPLICANTS FOR F expected to become	RETAIL PERMITS interested, directly	ONLY: Is applicant (or, or indirectly, in the r	or any party to this a nanufacture, blendir	application) nov ng, rectifying or	wholesaling of
alcoholic beverages,	or beer? /V D	If so, state name	or party or parties:	t	7
APPLICANTS FOR V any party to this appli dispensing at retail of	ication) now interes	sted or expected to be	ecome interested, d	irectly or indire	ctly, in the
Does anyone now ho	ld any type of pern		YesIf so, giv	e name and pe	ermit number(s)
Give nearest distance	e, building to buildi			SCHOOL Ow	r low fept
		1/2 years	el		



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:					
Craig Friedman 878 Jamestown Crafe, Jacksonville AR 72076 50% Nathan Pruss 3108 Southern Cove, Cabot AR 72023 50%					
(B) Name and address of President and Socretary: Operating Manager (Saig Friedman 301 N. First 5t., Ste D Jacksonville AR 77076					
Gaig Priedman 301 N. First Jt., The D Sacksonville AR 170.16					
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 19th day of December 2019					
Signature of Applicant or Managing Agent					
Subscribed and sworn to before me this					
Notary Public					
My Commission Expires: 12-15 31804 3 2					
Revised 9/22/08					



STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PR	EIVIISES CONSUMPTION		oplication	
(K) OFF P	REMISES CONSUMPTIO		ement <u>()り</u> No. <u>()り</u> を	(2)
I, or we, do hereby make appli submit answers to the following	cation to the State of Arkar g questions under oath for	nsas for a permit to s your approval:	sell beer at retail	, and do hereby
Red Devil Inve	estments LCC	FE	EIN#	
Corporate /Partnership/LLC Na	ame			
NAME Crark	Danrel	Fried	Man	
First <i>0</i>	Middle		Last	
HOME ADDRESS \\ \frac{\gamma\gamma}{\sqrt{Street}} \end{street}	inestaun (n Jackson City	ulle 1209 b	Vvlq5 Cou	ski ntv
BUSINESS NAME Red	Devil Liquor	FORMER NAM	ИЕ	
BUSINESS ADDRESS 6013 Street	Crystal Hill Fd No.	K LiHle Abck 721	County	Township
Is proposed location inside or o	outside city limits? <u> </u>		_	
Is the beer to be sold in connec	ction with any other busine	ss? <u>^No</u> (A)	If so, state type	of business
(café, drug store, pool hall, ser				
		(B) If beer is	to be sold in co	nnection with a
motor fuel sales business give	numbe <u>r</u> of gasoline and/or	diesel pumps at eac	ch location	.t
Are you the owner of the propo	sed premises? Yes	Do you have the	premises lease	d? <u>~~~</u>
If leased, give name and addre	ss of owner			
Will there be dancing on the pre	emises? <u>//</u> o	Dance Space		8 0
Does anyone now hold a beer of	or any other permit at this i	location? <u>YeS</u>	_ If so, give nar	ne and permit
number(s) 00871	Cheryl Dees			U
Has anyone, to your knowledge	, held a beer or any other	permit at this locatio	n? <u>Yes</u>	If so, give name
and permit number(s) <u>05%</u>	~ ↑	ee5		
Do you or any other person inte	rested in this permit hold a	any other type alcoho	olic beverage pe	rmit? <u>Po</u>
If held, give name, place and pe	ermit number(s)	, the section of the		
	2			



If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock	
If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock	
If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock	<u> </u>
If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock	
" applicant to a corporation LEO, give (A) Name and address of stockholders and amount of stock	
each:	·
cruig triedman 818 Jamestown Cir, Tacksomille AR 72016	50%
Craig Friedman 878 Jamestown Cir, Jacksonville AR 72076 Nathan Pruss 3108 Southern Care, Cabot AR 72023	S0%
	ANT
(B) Name and address of President and Secretary: Oferations Manager	• •
Conig Friedman 898 Jamestour Circle Jacksonville AR 12016	,
	,
NOTE: Schedule A is to be completed by each party to this application and is to be considered a papplication. Any mis-statements or concealment of fact will be grounds for refusal of application of permit(s) if later disclosed.	art of the cation, or
Signed this 19th day of De Cember . 2019.	
Signed this 1975 day of $1)$ e (4mber 2019	,
Signature of Applicant or Manag	jing Agent
Subscribed and sworn to before me this 19^{μ} day of 0	De119 .
War ALMOOD Carac Mar	1
Notary Public Notary Public	