

REPASSG0101



**ASSIGNMENT
Received**

Date Received: 12/20/2019

JAN 15 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 : 501-985-5555 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 Members: Nathan Pruss, 3108 Southern Cove, Cabot, AR, 72023
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

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.**

FP/ER
Sent 12/30/19 BP



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR LIQUOR PERMIT

Check One: RETAIL
 WHOLESALE

New Application _____
Replacement _____
Permit No. 00827

Replacing Cheryl D Dees

I, or we, do hereby make application to the State of Arkansas for a permit to sell vinous, spirituous and malt liquors at WHOLESALE/RETAIL and do hereby submit answers to the following questions under oath for your approval:

Red Devil Investments LLC FEIN# _____
Corporate/ Partnership/LLC Name

NAME Craig Daniel Friedman
First Middle Last

HOME ADDRESS 878 Ironstone Cir Jacksonville 72076 Pulaski
Street City Zip County

BUSINESS NAME Red Devil Liquor FORMER NAME Crystal Hill Liquor

BUSINESS ADDRESS 6017 Crystal Hill Rd North Little Rock 72118 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? Yes

Will this liquor outlet be operated in connection with any other business? No If so, state type of business _____

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

If leased, give name and address of owner _____

What portion of the above described premises will apply to this permit? 100%

APPLICANTS FOR RETAIL PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly, or indirectly, in the manufacture, blending, rectifying or wholesaling of alcoholic beverages, or beer? No If so, state name of party or parties: _____

APPLICANTS FOR WHOLESALE, RECTIFIER, OR MANUFACTURERS PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly or indirectly, in the dispensing at retail of alcoholic beverages, or beer? N/A If so, state name of party or parties: _____

Does anyone now hold any type of permit at this location? Yes If so, give name and permit number(s)
00827 Cheryl Dees

Give nearest distance, building to building, from CHURCH Over 100 feet SCHOOL Over 100 feet

1/2 year fee



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 Circle, Jacksonville AR 72076 50%
Nathan Pruss 3108 Southern Cove, Cabot AR 72023 50%

(B) Name and address of ~~President and Secretary~~: Operating Manager

Craig Friedman 301 N. First St., Ste D Jacksonville AR 72076

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.

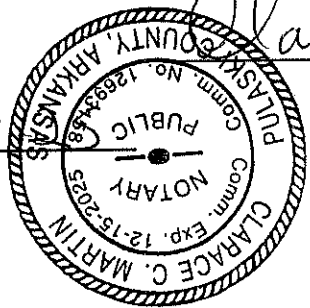
Signed this 19th day of December, 2019

[Signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 19th day of December

[Signature]
Notary Public

My Commission Expires: 12-15-2021





**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. 00827

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:

Red Devil Investments LLC FEIN# _____
Corporate /Partnership/LLC Name

NAME Craig Daniel Friedman
First Middle Last

HOME ADDRESS 878 Jamestown Cir Jacksonville 72096 Pulaski
Street City Zip County

BUSINESS NAME Red Devil Liquor FORMER NAME _____

BUSINESS ADDRESS 6012 Crystal Hill Rd North Little Rock 72118 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? Yes

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.) _____

(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 _____

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

If leased, give name and address of owner _____

Will there be dancing on the premises? No Dance Space _____

Does anyone now hold a beer or any other permit at this location? Yes If so, give name and permit number(s) 00827 Cheryl Dees

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes If so, give name and permit number(s) 00827 Cheryl Dees

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? No
If held, give name, place and permit number(s) _____

DEC 20 11



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 898 Jamestown Cir, Jacksonville AR 72076 50%
Nathan Pruss 3108 Southern Cove, Cabot AR 72023 50%

(B) Name and address of ~~President and Secretary~~ operating Manager

Craig Friedman 898 Jamestown Circle Jacksonville AR 72076

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 19th day of December, 2019.

Notary Public

My Commission Expires: 12-15

