#2

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

DATE:

October 11, 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 mixed drink permit – Minimum – New #06154:

William M. Grubbs Grill on the Hill 3724 JFK Blvd North Little Rock, AR 72116

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

Thank you.

Attachments

FILED A.M. 3 /5 P.

BY Halla Paul - Marys

DATE
Diene Whitbey, City Clerk and Collector
North Little Ports Arlange

North Little Rock, Arkaneas
RECEIVED by B 7 AV W

ASSIGNMENT

D6J003-D6L013



10/01/2012

Date Received: 10/07/2019

Applicant: WILLIAM M. GRUBBS

Date Assigned: 10/07/2019

D.O.B: 07/15/1977

Green Card Number (Permanent Resident Alien):

Home Address: 5317 Marion, North Little Rock, AR, 72118

Home Phone: 818-749-4424 Business Phone:

Cell Phone:

Trade Name: GRILL ON THE HILL

Former Trade Name:

Business Address: 3724 JFK Blvd., North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Minimum - New #06154

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 Jesse Zakrzewski, 3013 Delmar Ave., North Little Rock, AR,

Members:

72116

DOB: 6/23/1978



ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: WILLIAM M. GRUBBS

TYPE OF APPLICATION: Restaurant Mixed Drink - Minimum - New

BUSINESS NAME: GRILL ON THE HILL

BUSINESS ADDRESS: 3724 JFK Blvd., North Little Rock, AR, 72116

DATE OF APPLICATION: 10/07/2019

If yes, please explain your objections below:

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)

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: 10/07/2019 Revised 03/11/2016

Menter Pho

revoked:



STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR

CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel	New Application	
Restaurant Only	Replacement Permit No.	0154
I, or we, do hereby make application to the State of Arkansa consumption on the premises, and do hereby submit answe approval.	s for a permit to sell alcoholic rs to the following questions (c beverages for under oath for your
Grillon the Hill Corporate/Partnership/LLC Name	FEIN#	
NAME Willam Michael First Middle	On	hbs
First Middle HOME ADDRESS 5317 Marion NLVL Street City	72118 La	st <u>M/45K1</u> County
BUSINESS NAME Orillon the Hill	FORMER NAME	a l - i ·
BUSINESS ADDRESS 3724 JFK MU Street City	7/2 7/16 Zip	County
Is proposed location inside or outside city limits?	STOR 11	
Are the beverages to be sold in connection with any other b	usiness? //O If so, s	tate type of business
Are you the owner of the proposed premises? NO LVL Properties 31115 FK N	If leased, give name and LN 72116	l addess of owner Does
anyone now hold permit at this location? If so	, give name, type and permit	number(s) of same
<u> </u>	, r.i	U
Do you or any other person interested in this permit hold an	y other type of alcoholic beve	 -
If so, give name, place and permit number(s)		<u></u>
Number of sleeping rooms in hotel Seating (NOTE: Seating capacity should also include any lounge or	capacity of restaurant outside seating areas)	

(CHECK MEALS SERVED: Breakfast \(\sum \) Lunch \(\sum \) Dinner \(\sum \) Number of days open per week \(\sum \)

Has there ever been a beer, wine or liquor permit revoked at this location? MD If so, give name and date



If applicant is a partnership, give names and addresses of all partners: JESSE ZAKTZEWSKI 3013 Delmar WLK, 72116	
If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by	
Desse Zalazewski 3013 Delmar MLN 72116 50% villiam anys 5317 Marion MLN, 72118 50%	
(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 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 day of September . CAROLINE HENRY NOTARY PUBLIC PULASKI COUNTY, ARKANSAS COMMISSION # 12700428 COMMISSION EXPIRES NOVEMBER 03, 2026 Signature of Applicant or Managing Agent	268
Subscribed and sworn to before me this 30 day of September 13019. My Commission Expires: 11-3-2020 Notary Public	\preceq

Revised 11/13/09



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private c lubs

D6J003-D6L014

NAME OF OUTLET On the Hill
CITY North Little Rock COUNTY Pulaski
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.
Grill on the Hillisa Sarthern comfort style
restaurant that will also leave a tull
loar with mixed drinks wile theer. We will have
TVIS to show sports and enter tainment. We
will hast theme mights such as wine
Usednesdays, Trivia nights, Sport Anemed
MISHTSI AND SELY DUASIONALLY 9 SIMENSONGUITER
n'Ent we are primarily a restraint and bar
So these activities will be very limited but
over time could occir