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OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council  
FROM: Anita Paul *AKR*  
DATE: October 22, 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 Asim Awad #04522:

Sargon Abdo  
Lake Lane Exxon  
300 Lake Lane  
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 10:20 A.M. \_\_\_\_\_ P.M.  
BY Anita, Mayor's Office  
DATE 10/22/19  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by: *[Signature]*

REPASSG0101

10/16/2019

# ASSIGNMENT

D6J003-D6L013



Date Received: 10/08/2019



Date Assigned: 10/16/2019

Applicant: SARGON ABDO

D.O.B: 08/20/1982

Green Card Number (Permanent Resident Alien):

Home Address: 13297 Edmington Cove, Alexander, AR, 72002

Home Phone: 501-258-3172 Business Phone : 501-379-8121 Cell Phone:

Trade Name: LAKE LANE EXXON

Former Trade Name: FILL UP FUEL INC

Business Address : 300 Lake Lane, North Little Rock County Pulaski

Type Of Investigation: Retail Beer off Premises - Replacement for Asim Awad #04522

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: SARGON ABDO

TYPE OF APPLICATION: Retail Beer off Premises - Replacement for Asim Awad

BUSINESS NAME: LAKE LANE EXXON

BUSINESS ADDRESS: 300 Lake Lane, North Little Rock, AR, 72117

DATE OF APPLICATION: 10/08/2019

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/MLK  
Given 10/18/19



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. 04522

Replacing Asim Awad

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:

Aden of Little Rock LLC FEIN# 84-2462920  
Corporate /Partnership/LLC Name

NAME Sargon Abdo  
First Middle Last

HOME ADDRESS 13297 Edmington Cove, Alexander 72002 Pulaski  
Street City Zip County

BUSINESS NAME Lake Lane Exxon FORMER NAME Lake Lane LLC

BUSINESS ADDRESS 300 Lake Lane N. Little Rock 72117 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? Yes (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 4

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

If leased, give name and address of owner Asim Awad

Will there be dancing on the premises? NO Dance Space \_\_\_\_\_ x \_\_\_\_\_

Does anyone now hold a beer or any other permit at this location? No 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) 04522 Asim Awad

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) \_\_\_\_\_