

OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council  
FROM: Glinda Craigmyle *GC*  
DATE: October 25, 2017  
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for a new off premises grocery store wine permit:

Patrick W. Scherrey  
Kroger #638  
W. 44<sup>th</sup> & Camp Robinson  
North Little Rock, AR

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

Thank you.

Attachments

FILED 9:23 A.M. \_\_\_\_\_ P.M.  
BY Glinda Craigmyle - Admin  
DATE 10-25-2017  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by [Signature]

# ASSIGNMENT

DGJ003-DGL013



**Date Received:** 10/05/2017

**Date Assigned:** 10/06/2017

**Applicant:** PATRICK W. SCHERREY

**D.O.B:** 03/11/1958

**Green Card Number (Permanent Resident Alien):**

**Home Address:** 2924 Sweetgrass Drive, Little Rock, AR, 72211

**Home Phone:**

**Business Phone :**

**Cell Phone:** 501-944-4050

**Trade Name:** KROGER #638

**Former Trade Name:**

**Business Address :** W. 44th & Camp Robinson, North Little Rock      **County** Pulaski

**Type Of Investigation:** Grocery 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
- Doc Holladay, Sheriff
- Larry Jegley, Prosecuting Attorney

**Assigned to Investigator:** \_\_\_\_\_

**Stockholders / Partners / LLC Members:**



ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: PATRICK W. SCHERREY

TYPE OF APPLICATION: Grocery Store Wine - NEW

BUSINESS NAME: KROGER #638

BUSINESS ADDRESS: W. 44th & Camp Robinson, North Little Rock, AR, 72118

DATE OF APPLICATION: 10/05/2017

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 ACICs request, do not run your own criminal history check through ACIC.**

STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR GROCERY STORE WINE PERMIT

Permitted Building Size

Check One: ( ) Less than 35,001 sq.ft  
(x) 35,001 sq.ft - 50,000 sq.ft 2,500.00  
( ) 50,001 sq.ft - 75,000 sq.ft  
( ) Greater than 75,000 sq.ft  
New Application X  
Replacement \_\_\_\_\_  
Permit No. 01885

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:

Kroger Limited Partnership 1 FEIN#: 31-1569568  
Corporate/Partnership/LLC Name

NAME Patrick Scherrey  
First Middle Last

MAILING ADDRESS P.O. Box 305103 Nashville, TN 37230-5103 Davidson  
Street City Zip County

BUSINESS NAME Kroger #638

BUSINESS ADDRESS 4401 Camp Robinson Rd. North Little Rock 72118 Pulaski  
Street City Zip County Township

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

Provide the date your store opened for business: 03/10/1974

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 18 %

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

- a. If "yes", give name, permit type, and permit number(s)  
Patrick Scherrey. Permit Number 01885, Small Farm Winery - Retail and Retail Beer Off Premises
- b. Is one of the permits listed above a small farm wine retail permit? X Yes \_\_\_\_\_ No
- c. Will the named permittee and floor plan of the permitted premises remain unchanged? X 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? 81:8 V 5-100 1107

Are you the owner of the proposed premises? \_\_\_\_\_ Do you have the premises leased? \_\_\_\_\_

If leased, give name and address of owner \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Name and address of President and Secretary:

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_ day of 9/29/2017

DocuSigned by:  
Patrick Scherrey  
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 29 day of Sept., 2017

Kevin Schemm  
Notary Public

My Commission Expires \_\_\_\_\_

