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OFFICE OF THE MAYOR



JOE A. SMITH
MAYOR
mayor@nlr.ar.gov

PHONE (501) 975-8601
FAX (501) 975-8633

CITY HALL
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: 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 retail grocery store wine permit:

Don Proffitt
Edwards Cash Savers #3442
3801 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
Diana Whitberg, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Jessica Carroll

NEWASSG0101

ASSIGNMENT

DGJ003-D6L013



Date Received: 10/02/2017

Date Assigned: 10/12/2017

Applicant: DON PROFFITT

D.O.B: 09/16/1960

Green Card Number (Permanent Resident Alien):

Home Address: 43 Crace Ridge Road, Cabot, AR, 72023

Home Phone:

Business Phone : 870-295-2484

Cell Phone: 870-295-0325

Trade Name: EDWARDS CASH SAVERS #3442

Former Trade Name:

Business Address : 3801 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



ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICANT'S NAME: DON PROFFITT

TYPE OF APPLICATION: Grocery Store Wine - NEW

BUSINESS NAME: EDWARDS CASH SAVERS #3442

BUSINESS ADDRESS: 3801 Camp Robinson, North Little Rock, AR, 72118

DATE OF APPLICATION: 10/02/2017

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
() 35,001 sq.ft - 50,000 sq.ft
() 50,001 sq.ft - 75,000 sq.ft
() Greater than 75,000 sq.ft

New Application _____
Replacement _____
Permit No. _____

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:

GES, INC FEIN#: 71-0402859
Corporate/Partnership/LLC Name

NAME DON GARY PROFFITT
First Middle Last

MAILING ADDRESS 43 CRACE RIDGE CABOT 72023 LONOKE
Street City Zip County

BUSINESS NAME EDWARDS CASH SAVER #3442

BUSINESS ADDRESS 3801 Camp Robinson North Little Rock 72118 Pulaski
Street City Zip County Township

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

Provide the date your store opened for business: April 2014

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 5 %

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

a. If "yes", give name, permit type, and permit number(s)

Retail Beer Off Premises - SMALL FARM WINE - 02969

b. Is one of the permits listed above a small farm wine retail permit? Yes No

c. Will the named permittee and floor plan of the permitted premises remain unchanged? 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.

2017 OCT -2 A 8:14

Is the proposed location inside or outside city limits? _____

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:

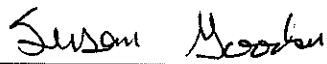
(B) Name and address of President and Secretary:

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 29th day of September, 2017.


Signature of Applicant or Managing Agent

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


Notary Public

My Commission Expires: May 27, 2024

