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### 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 A

DATE:

December 4, 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 – maximum – change of manager from Brian Biggs #00532:

George J. Stalter Carino's Italian Kitchen 4221 Warden Road 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. 2.2

10 11

DATE 3-9-11
Diane Whithey, City Clerk and Collector

North Little Rock, Arkansas

RECEIVED by

### **ASSIGNMENT**

D6J003-D6L013



. ..... -... 11/22/2010

Date Received: 11/15/2019

Applicant: GEORGE J. STALTER

Date Assigned: 11/22/2019

D.O.B: 06/09/1987

Green Card Number (Permanent Resident Alien):

Home Address: 11615 Birchwood Drive, Little Rock, AR, 72211

Home Phone: 501-258-7268 Business Phone: 501-758-8226 Cell Phone:

Trade Name: CARINO'S ITALIAN KITCHEN

Former Trade Name: CARINO'S ITALIAN KITCHEN

Business Address: 4221 Warden Road, North Little Rock County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Maximum - Change of Manager from Brian

Biggs #00532

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: GEORGE J. STALTER

TYPE OF APPLICATION: Restaurant Mixed Drink - Maximum - Change of Manager from Brian Biggs

BUSINESS NAME: CARINO'S ITALIAN KITCHEN

BUSINESS ADDRESS: 4221 Warden Road, North Little Rock, AR, 72116

DATE OF APPLICATION: 11/15/2019

If yes, please explain your objections below:

NAME OF PUBLIC OFFICIAL:		
TITLE OF OFFICIAL:		
OFFICIAL MAILING ADDRESS:		
DUONE .		
PHONE :		
SIGNATURE OF OFFICIAL:	DATE:	
NAME OF AGENCY OR COURT:		
Do you have any objections to the issuance of this		
	( 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 srequest, do not run your own criminal history check through ACIC.

**Printed On:** 11/22/2019 Revised 03/11/2016

Short Short Condoctor



Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit N	lo Tr	ade Name of Business and Address O	E	Business Phone	Contact Phone
00532		CARINO'S ITALIAN KITCHEN		501-758-8226	-
		221 Warden Road, North Little Rock, AR, 72116			
		Current Address	If new	address change here	)
Home Address		4100 Ridge Road			
		North Little Rock, AR, 72116			
Mailing Address		6705 West Hwy 290 #50296			
		Austin, TX, 78735			
Email Add	dress	29@ops. Carinos.com			
Please	check	the appropriate ( Requested Change ) :			. g* %
M Chan	ae Of l	Manager			
	•	·			
_		tockholder(s)			
Addit	ional P	artner(s)			
Please ched	ck applic	able permits :	· · · · · · · · · · · · · · · · · · ·		
Select		Permit Description		Fee	
R	testaurar	nt Mixed Drink Maximum		\$50.00	NO CASH
		Tota	al Amount :		
I do herel	by ackr	nowledge the receipt of Instructions for Change Of Mana	ager/Addition	al Stockholder(s)	/ Partner(s)
and make	e a requ	uest for the above mentioned change(s).	_		
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2010 NOV 15 A II: 37

# CHANGE OF MANAGER, ADDITIONAL STOCKHOLDER OR PARTNER INSTRUCTIONS

#### **CARINOS ITALIAN KITCHEN**

**Attn** Brian Biggs 6705 West Hwy 290 50296 Austin TX 78735

### ------Please See Reverse for Application Form--------

- 1. Submit Investigation fee of \$50.00, per permit. NO CASH
- 2. Completed Schedule A and Authority to Release Information forms. **PLEASE PRINT IN INK OR TYPE. FORMS ARE TO BE NOTARIZED PRIOR TO SUBMITTING.**

# APPLICATION MUST BE ACCOMPANIED BY CRIMINAL BACKGROUND INVESTIGATION RESULTS (FORM AND INSTRUCTIONS ENCLOSED)

- 3. Applicant must be a citizen of the United States, or a permanent resident alien (must attach copy of green card), and a resident of Arkansas. Applicant must also be a resident of the county in which application has been made, or live within 35 miles of the premises to be permitted. Retail Beer permit holders only: Corporation/LLC with more than 2 existing businesses under same corporation/LLC; applicants are not required to live in Arkansas.
- 4. If this is a change of manager for a corporation or LLC, a letter from the corporation or LLC stating the managerial position of the applicant must accompany this application.
- 5. Retail Beer permit holders only: If this is a corporation/LLC with more than 2 existing businesses, licensed under the same corporation/LLC with a common permit holder, please submit a memorandum for an "On Site Representative".
- 6. If this application is for an **ON PREMISES** permit(s) or **Private Club**, please complete the **Description of Business and Entertainment Activities** form.
- 7. If the permit is a **Private Club** a copy of the club minutes authorizing the application for change of permit holder must also accompany the application.

Mail To: Alcoholic Beverage Control

1515 West 7th Street, Suite 503 Little Rock, Arkansas 72201