

#13

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: Anita Paul *AKP*
DATE: February 7, 2020
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 beer and wine permit – New #03378:

James Born
Old Mill Pizza
4000 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 9:30 A.M. - P.M.
BY Anita Paul
DATE 2-10-20
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT

DU003-0010 3



Date Received: 02/03/2020

Date Assigned: 02/05/2020

Applicant: JAMES BORN

D.O.B: 10/10/1970

Green Card Number (Permanent Resident Alien):

Home Address: 421 Gamble Rd, Little Rock, AR, 72211

Home Phone: 501-920-8223 **Business Phone :** 501-920-8223 **Cell Phone:** 501-820-8223

Trade Name: OLD MILL PIZZA

Former Trade Name:

Business Address : 4000 JFK Blvd, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Beer & Wine Combo-NEW
#03378

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: Joe Adams, 2324 N. McKinley St, Little Rock, AR, 72207
DOB: 3/27/1969

Jake E Lasiter, 3117 Ridge Pass Rd, Little Rock, AR, 72227
DOB: 9/22/1970

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



APPLICANT'S NAME: JAMES BORN

TYPE OF APPLICATION: Restaurant Beer & Wine Combo-NEW

BUSINESS NAME: OLD MILL PIZZA

BUSINESS ADDRESS: 4000 JFK Blvd, North Little Rock, AR, 72116

DATE OF APPLICATION: 02/03/2020

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.**

Pen & paper given 2/3/20



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION TO SELL RESTAURANT BEER
AND WINE (ON PREMISES ONLY)

New
Replacement
Permit No. 03378

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer and wine on the premises of a restaurant and do hereby submit answers to the following questions under oath:

IF CORPORATION/LLC, GIVE NAME Jackstraw, LLC FEIN# 842685738

NAME OF APPLICANT James Born

HOME ADDRESS 421 Gamble Rd. LR, AR 72211 Pulaski
Street Address City Zip County

TRADE NAME OF BUSINESS Old Mill Pizza FORMER NAME _____

ADDRESS OF BUSINESS 4000 JFK Blvd. NLR, AR 72116 Pulaski
Street Address City Zip County

Is proposed location inside or outside the city limits? Inside

Is your establishment primarily engaged in the business of serving food to the public prepared for consumption on the premises? Yes

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

If so, give name and address of owner Hal Matthews - Matthews Properties
P.O. Box 94435, NLR, AR 72190-4435

Does anyone now hold a permit at this location? No If so, give name, type and permit number(s) of same _____

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? No

If so, give name, place and permit number(s) _____

Will there be dancing on the premises? No Dance Space x

RECEIVED
FEB 11 2020
ALCOHOLIC BEVERAGE CONTROL DIVISION



If applicant is a partnership, give name and address of all partners:

If applicant is a corporation/LLC give (A) names and addresses of stockholders/shareholders and amount of stock/shares held by each:

Joe Adams 2324 N. McKinley St, LR, AR 72207 33 1/3 %
Jake Lasiter 3117 Ridge Pass Rd, LR, AR, 72227 33 1/3 %
James Born 421 Gamble Rd, LR, AR 72211 33 1/3 %

(B) Give names and addresses 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 this application; any misstatements or concealment of fact will be grounds for refusal of application or revocation of permit(s) if later disclosed.

Signed this 3 day of February 2020

Jim Born

Signature of Applicant or Managing Agent

Sworn and subscribed before me this 3rd day of February, 2020



[Signature]

Notary Public

My Commission Expires:

6-25-2020