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OFFICE OF THE MAYOR



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CITY HALL
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul *AKP*
DATE: February 5, 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 private club B-retail beer on premise permit – change of manager from William Laury #03466:

Vision's
Alan Chang
7900 Bicentennial Road
North Little Rock, AR 72118

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

Thank you.

Attachments

FILED 9:40 A.M. _____ P.M.
BY Anita Paul - Mayors office
DATE 2-5-2020
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

ASSIGNMENT

00063-06LCT1



Date Received: 01/29/2020

Date Assigned: 01/31/2020

Applicant: ALAN CHANG

D.O.B: 03/21/1974

Green Card Number (Permanent Resident Alien):

Home Address: 21311 Chalamont Drive, Little Rock, AR, 72223

Home Phone: 702-308-9438 **Business Phone :** 501-851-6083 **Cell Phone:** 702-308-9438

Trade Name: VISION'S

Former Trade Name: VISION'S

Business Address : 7900 Bicentennial Road, North Little Rock **County** Pulaski

Type Of Investigation: Private Club B-Retail Beer On Premise-Change of Manager from William Laury #03466

Dancing, if requested: Yes

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: ALAN CHANG

TYPE OF APPLICATION: Private Club B-Retail Beer On Premise-Change of Manager from William Laury

BUSINESS NAME: VISION'S

BUSINESS ADDRESS: 7900 Bicentennial Road, North Little Rock, AR, 72118

DATE OF APPLICATION: 01/29/2020

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.**

