

#8

OFFICE OF THE MAYOR



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

PHONE (501) 975-8601
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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 6, 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 retail beer off premise, small farm wine-retail and grocery store wine permit – New #03023:

Lonnie W. McCaffety
Family Dollar Store #21921
4149 E Broadway St
North Little Rock, AR 72117

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

Thank you.

Attachments

FILED _____ A.M. *045* P.M.
BY *Anita Paul*
DATE *2-6-20*
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by *[Signature]*

ASSIGNMENT

06/01/2013



Received

FEB 06 2020

Date Received: 02/03/2020

Date Assigned: 02/04/2020

Applicant: LONNIE W. MCCAFFETY

D.O.B: 01/30/1970

Green Card Number (Permanent Resident Alien):

City of NLR Mayor's Office

Home Address: 313 Cawdor Crossing, Chesapeake, VA, 23322

Home Phone: 757-695-7539 Business Phone : 757-698-7539 Cell Phone:

Trade Name: FAMILY DOLLAR STORE #21921

Former Trade Name:

Business Address : 4149 E. Broadway St., North Little Rock County Pulaski

Type Of Investigation: Retail Beer Off Premise, Small Farm Wine-Retail, & Grocery Store Wine
-NEW #03023

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: LONNIE W. MCCAFFETY

TYPE OF APPLICATION: Retail Beer Off Premise, Small Farm Wine-Retail, & Grocery Store Wine-NEW

BUSINESS NAME: FAMILY DOLLAR STORE #21921

BUSINESS ADDRESS: 4149 E. Broadway St., North Little Rock, AR, 72117

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
& FP/RR sent
2/3/20



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION

(x) OFF PREMISES CONSUMPTION

New Application X
Replacement _____
Permit No. - 03023

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer at retail, and do hereby submit answers to the following questions under oath for your approval:

Family Dollar Stores of Arkansas, LLC FEIN# 56-1343356
Corporate /Partnership/LLC Name

NAME Lonnie Wayne McCaffety
First Middle Last

HOME ADDRESS 500 Volvo Parkway Chesapeake, VA 23320
Street City Zip County

BUSINESS NAME Family Dollar Store #21921 FORMER NAME _____

BUSINESS ADDRESS 4149 E. Broadway St. N. Little Rock 72117 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? Inside

Is the beer to be sold in connection with any other business? Yes (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.) Discount Retail Store

(B) If beer is to be sold in connection with a motor fuel sales business give number of gasoline and/or diesel pumps at each location N/A

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

If leased, give name and address of owner Birch-Brook, Inc., Trustee, c/o Rector-Phillips-Morse, PO Box 7300, Little Rock, AR 72217

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

Does anyone now hold a beer or any other permit at this location? No If so, give name and permit number(s) N/A

Has anyone, to your knowledge, held a beer or any other permit at this location? No If so, give name and permit number(s) N/A

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? Yes

If held, give name, place and permit number(s) Applying for multiple Family Dollar locations

2020 JAN 19 A 8: 23
2020 JAN 22 A 8: 3



If applicant is a partnership, give names and addresses of all partners:

N/A

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

Family Dollar Stores, Inc., 500 Volvo Parkway, Chesapeake, VA 23320 - 100% owner

(B) Name and address of President and Secretary:

Lonnie W. McCaffety, 313 Cawdor Crossing, Chesapeake, VA 23320

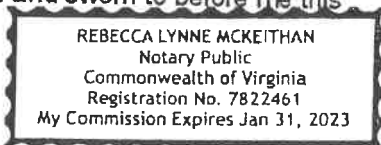
Sandra L. Boscia, 127 Meadowbrook, Charlotte, NC 28211

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 6 day of December, 2019

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 6th day of December, 2019



Rebecca Lynne McKeithan
Notary Public

My Commission Expires: 1-31-23



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

New Application X
Replacement _____
Permit No. _____

APPLICATION FOR:

Small Farm Winery - Retail Small Farm Winery - Wholesale Small Farm Winery - Manufacturer

I, or we, do hereby make application for the permit noted above and do hereby submit answers to the following questions under oath for your approval.

Family Dollar Stores of Arkansas, LLC FEIN# 56-1343356
Corporate/Partnership/LLC Name

NAME Lonnie Wayne McCaffety
First Middle Last

HOME ADDRESS 500 Volvo Parkway Chesapeake VA 23320
Street City State Zip County

BUSINESS NAME Family Dollar Store #21921 FORMER NAME _____

BUSINESS ADDRESS 4149 E. Broadway St. N. Little Rock AR 72117 Pulaski
Street City State Zip County

Is proposed location inside or outside city limits? Inside

If application is for retail level, are you a grocery store, convenience store or liquor store? (Yes () No
(Convenience stores must maintain a \$7,500.00 inventory of human consumables.)

if application is for manufacturing, (1) how many gallons do you contemplate manufacturing? N/A

(2) What was your total production for the last calendar year? N/A

Are you the owner of the proposed premises? No If leased, give name and address of owner Birch-Brook, Inc., Trustee, c/o Rector-Phillips-Morse, PO Box 7300, Little Rock, AR 72217

Does anyone now hold any other permit(s) at this location? No If so, give name, type and permit number(s) N/A

Has anyone, to your knowledge, held any other type permit(s) at this location? No If so, give name and permit number(s) N/A



Give nearest distance, building to building, from CHURCH 0.5 miles SCHOOL 1.5 miles

If applicant is a partnership, give names and addresses of all partners: N/A

If applicant is a corporation give (A) Name and address of stockholders and amount of stock held by each:

Family Dollar Stores, Inc., 500 Volvo Parkway, Chesapeake, VA 22330 - 100% owner

(B) Name and address of President and Secretary:

Lonnie W. McCaffety, 313 Cawdor Crossing, Chesapeake, VA 23322

Sandra L. Boscia, 127 Meadowbrook, Charlotte, NC 28211

Schedule "A" is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

If making application for a **Small Farm Winery-Manufacturer**, I certify that I meet the criteria as described in ACA 3-5-1602(c)(1) and enclose a copy of my Federal Basic Permit and proof of my annual production from the calendar year previous to my application (form/s TTB F 5120.17)


Signed this 6 day of December, 2019



Applicant's Signature

Subscribed and sworn to before me this 6th day of December, 2019

REBECCA LYNNE MCKEITHAN
Notary Public
Commonwealth of Virginia
Registration No. 7822461
My Commission Expires Jan 31, 2023



Notary Public

My Commission Expires: 1.31.23



**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:

Family Dollar Stores of Arkansas, LLC FEIN#: 56-1343356
 Corporate/Partnership/LLC Name

NAME Lonnie Wayne McCaffety
 First Middle Last

MAILING ADDRESS 500 Volvo Parkway Chesapeake, VA 23320
 Street City Zip County

BUSINESS NAME Family Dollar Store #21921

BUSINESS ADDRESS 4149 E. Broadway St. N. Little Rock 72117 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: Currently Operating

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 10 %

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

- a. If "yes", give name, permit type, and permit number(s)
N/A
- 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.

Is the proposed location inside or outside city limits? Inside

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

If leased, give name and address of owner Birch-Brook, Inc., Trustee, c/o Rector-Phillips-Morse, PO Box 7300, Little Rock, AR 72217



If applicant is a partnership, give names and addresses of all partners:

N/A

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

Family Dollar Stores, Inc., 500 Volvo Parkway, Chesapeake, VA 23320 - 100% owner

(B) Name and address of President and Secretary:

Lonnie W. McCaffety, 313 Cawdor Crossing, Chesapeake, VA 23320

Sandra L. Boscia, 127 Meadowbrook Rd., Charlotte, NC 28211

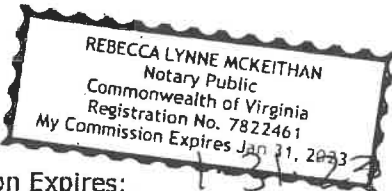
NOTE: A Schedule A form is to be completed by each party to this application and is to be considered a part of the application. Existing Small Farm Wine Retail Permittees need not complete a Schedule A form; however, they must complete a Certification of Permit Status form. Any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 6 day of December

2019

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 6th day of December, 2019



Notary Public

My Commission Expires: 1-31-23