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OFFICE OF THE MAYOR



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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 15, 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 new retail beer off premises & small farm wine permit:

Samina Kousar
Valero Prothro Jct
2541 Hwy 161
North Little Rock, AR

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

Thank you.

Attachments

FILED _____ A.M. *3:00* P.M.
BY *Anita P. Mayors Office*
DATE *2/15/19*
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by _____

ASSIGNMENT

D6J003-D6L013



Date Received: 02/06/2019

Date Assigned: 02/11/2019

Applicant: SAMINA KOUSAR

D.O.B: 10/14/1972

Green Card Number (Permanent Resident Alien):

Home Address: 20 Chemin Ct, Little Rock, AR, 72223

Home Phone:

Business Phone : 501-945-3022

Cell Phone: 501-786-2840

Trade Name: VALERO PROTHRO JCT

Former Trade Name:

Business Address : 2541 Hwy 161, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises & Small Farm Wine - NEW

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and
Comment Form Mailed to:

Mayor Joe Smith & City Council

Micheal Davis, Chief of Police

Eric S. Higgins, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC
Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



D6J003-D6L012

APPLICANT'S NAME: SAMINA KOUSAR

TYPE OF APPLICATION: Retail Beer off Premises & Small Farm Wine - NEW

BUSINESS NAME: VALERO PROTHRO JCT

BUSINESS ADDRESS: 2541 Hwy 161, North Little Rock, AR, 72117

DATE OF APPLICATION: 02/06/2019

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.**

PAK
F&S
1-6-19



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION
(X) OFF PREMISES CONSUMPTION

New Application
Replacement
Permit No. 034007

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:

Andium & sons inc FEIN# 45-4997290
Corporate /Partnership/LLC Name

NAME Samina Kousar
First Middle Last

HOME ADDRESS 20 cheminet Little Rock 72223 Pulaski
Street City Zip County

BUSINESS NAME Valero Prothro Jet FORMER NAME N/A

BUSINESS ADDRESS 2541 Hwy 161N Little Rock 72117 Pulaski North Little R.
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.) Convenience store /
GAS station

(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 4 pumps

Are you the owner of the proposed premises? yes Do you have the premises leased? NO

If leased, give name and address of owner N/A

Will there be dancing on the premises? NO Dance Space N/A x N/A

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? N/A 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? NO
If held, give name, place and permit number(s) N/A

19 FEB - 6 P 1:27



**STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION**

New Application _____
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:

Anjum & sons Inc Corporate/Partnership/LLC Name FEIN# 45-4997290

NAME Samina First - Middle Kousar Last

HOME ADDRESS 20 chemin ct Street Little Rock City AR State 72223 Zip Pulaski County

BUSINESS NAME valero Prothro FORMER NAME N/A

BUSINESS ADDRESS 2541 Hwy 161 Street North Little Rock City AR State 72117 Zip Pulaski 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? _____ If leased, give name and address of owner _____

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
