JOE A. SMITH

mayor@nlr.ar.gov

OFFICE OF THE MAYOR



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 AW

DATE:

March 24, 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 new application - retail beer off premises & small farm winery-retail

Todd Solomon Circle K 9324 Hwy 107 North Little Rock, AR 72120

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

Thank you.

Attachments

FILED A.M. 3.05 P.M.

DATE 3.24.20

Disne Whitbey, City Clerk and Collected North Little Rock, Arkansas

RECEIVED by

NEWASSG0101 Printed On:03/19/2020

ASSIGNMENT

Date Received: 03/09/2020 Received Date Assigned: 03/19/2020

Applicant: TODD SOLOMON MAR **2 4 2020** D.O.B: 09/07/1963

Green Card Number (Permanent Reditter Milen Mayor's Office

Home Address: 15127 PEAK LOOP, ALEXANDER, AR 72002

7,122,411,711,720,22

Home Phone: (608) 216-6868 Business Phone: Cell Phone: (608) 216-6868

Trade Name: CIRCLE K

Former Trade Name:

Business Address: 9324 HWY 107, NORTH LITTLE ROCK, AR 72120, County 60 - PULASKI

Type Of Investigation: New Application-RETAIL BEER OFF PREMISES & SMALL FARM WINERY-RETAIL

Dancing, if requested: No

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to: ABC-ATC.AssignmentSheet@dfa.arkansas.gov; ABC-ATC.AssignmentSheet@dfa.arkansas.gov;

Assigned to Investigator: _____

Stockholders / Partners / LLC Members : AMIN CHITALWALA 1961 ROSECLIFF DR ATLANTA GA

30329 DOB:10/09/1974

SHAMS NANJI 150 NORTHERN OAKS DRIVE FAYETTEVILLE GA 30214

DOB: 03/31/1972

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: TODD SOLOMON

TYPE OF APPLICATION: NEW--- BRBF-Retail Beer Off Premises, WSFR-Small Farm Winery - Retail

BUSINESS NAME: CIRCLE K

BUSINESS ADDRESS: 9324 HWY 107, NORTH LITTLE ROCK, AR 72120, 60 - PULASKI

DATE OF APPLICATION: 03/09/2020

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

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.

If yes, please explain your objections below:

Printed On: 03/19/2020

1265-01



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

Check One:	() ON PREMISE	ES CONSUMPTION	Ne	w Application	X
		SES CONSUMPTION	Pei	mit No. 2/	7/110
I, or we, do hereby submit answers to	make application the following ques	to the State of Arkansas tions under oath for you		to sell beer at reta	il, and do hereby
Gas Express LLC				58-2638530	
Corporate /Partners	ship/LLC Name		_ FEIN#_		
NAME Todd		William		Solomon	
First		Middle		Last	
HOME ADDRESS		Alexander AR 72002-1836		Pulaski	
	Street	City	Zip	Cor	ınty
BUSINESS NAME	Circle K		FORMER N	JANAE	
BUSINESS ADDRE	SS 9324 Hwy 107 S	Sherwood AR 72120	Pulaski	.,	
	Street	City		County	Township
Is proposed location	inside or outside	city limits? Inside	•	, ,	10WHSHIP
		th any other business?	No	(8) 15	
(café, drug store, po	ol hall, service sta	tion, convenience store	etc.)	(A) If so, state type	of business
(<u></u>			(5)		
motor fuel sales bus	inana	•	(B) If bee	r is to be sold in co	nnection with a
	iriess give numbei	of gasoline and/or dies	el pumps at e	each location	
Me you the owner of	the proposed pre	mises?D	o you have t	he premises lease	d?
If leased, give name	and address of ov	vner Bluefin Developmen	t LLC 6020 Ra	unch Dr. Ste R2 I ittle	Pools AD 72222
Will there be dancing	on the premises?	No Dar	noo Span	No	NOCK AIX 12223
Does anyone now ho	old a heer or any o	thornous to the	ice Space _	x	
number/e)	in a bool of ally o	ther permit at this location	on?_No	If so, give nan	ne and permit
number(s)					
Has anyone, to your	knowledge, held a	beer or any other perm	it at this locat	ion?	If so, give name
and permit number(s)				NO No	oo, give manne
Do you or any other p	erson interested i	n this permit hold any at	hortenl		
If held, give name, pla	ice and permit him	n this permit hold any ot	iler type aico	nolic peverage per	mit?
	i profit	TO MOY WELL BERE	***	3 - 4 C - 2 - 4 - 4 - 3	



If applicant is a partnership, give names and addresses of a $\mathrm{n/a}$	Il partners:
If applicant is a corporation/LLC, give (A) Name and address each:	of stockholders and amount of stock held by
Amin Chitalwala, LLC Member, 1961Rosecliff Dr NE, Atlanta GA 303	329, 50% ownership interest
Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA 30	0214, 50% ownership interest
(B) Name and address of President and Secretary:	
NOTE: Schedule A is to be completed by each party to this ap application. Any mis-statements or concealment of fac revocation of permit(s) if later disclosed.	oplication and is to be considered a part of the ct will be grounds for refusal of application, or
signed this day of	,2020
	Signature of Applicant or Managing Agent
ubscribed and sworn to before me this day of	Jeb 2020
y Commission Expires:	Shelipe M. Pistacehus Notary Public
A NOISE NOIS	



STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

		New Ap Replace	plicationx	
		Permit N	Vo	
APPLICATION FOR:				
Small Farm Winery - Retail □ Sr	mall Farm Winery - Wholes	ale 🛘 Small F	arm Winery -	Manufacturer
l, or we, do hereby make application for following questions under oath for your	or the permit noted above a rapproval:	nd do hereby	submit answe	ers to the
Gas Express LLC		FEIN# ⁵⁸⁻²⁶³⁸⁵³⁰		
Corporate/Partnership/LL0	C Name	FEIN#		
NAME Todd Williams Solomon				
First	Middle		Las	
HOME ADDRESS 15127 Peak Loop A	Alexander AR 72002-1836		P	ulaski
Street	City	State	Zip	County
BUSINESS NAME _Circle K	FORMER NA	ME		•
BUSINESS ADDRESS <u>9324 Hwy 107</u> Street	Sherwood AR 72120 P	ulaski tate	Zip	County
Is proposed location inside or outside or	ity limits?inside			
If application is for retail level, are you a	grocery store, convenience	e store or liqu	or store? (X)	
(Convenience stores must maintain a \$3	7,500.00 inventory of huma	n consumable	es.)	
If application is for manufacturing, (1) ho	ow many gallons do you cor	ntemplate ma	nufacturing?_	
(2) What was your total production for the	ne last calendar year?			
Are you the owner of the proposed prem				address of
ownerBluefin Development LLC, 6020				
Does anyone now hold any other permit	(s) at this location?NO_		lf so, give n	ame, type
and permit number(s)				
Has anyone, to your knowledge, held an	y other type permit(s) at this	s location?	No	If so, give
name and permit number(s)				



Give nearest distance, building to building, from CHURCH0.4 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 each:	stock heid by
LLC - 2 Members, each 50% ownership	
Amin Chitalwala, LLC Member, 1961 Rosecliff Dr NE, Atlanta GA 30329, 50% ownership in	terest
Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA 30214, 50% ownership in	
(B) Name and address of President and Secretary:	
n/a	
Schedule "A" is to be completed by each party to this application and is to be considered application. Any mis-statements or concealment of fact will be grounds for refusal of approving a proving a proving a proving a polication for a Small Farm Winery-Manufacturer, I certify that I meet the cross-cribed in ACA 3-5-1602(c)(1) and enclose a copy of my Federal Basic Permit and proving the calendar was proving to the colonial state.	oplication, or
residuation from the calendar year previous to my application (form/s TTB F 5120.17).	
Signed this 4 day of Jeb 202	<u>O_</u> .
Applicant's	Signature
Subscribed and sworn to before me thisday ofday	,2020
Not the state of t	Mistacohus tary Public