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4-13-20

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: 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
118 Country Club Road
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.
BY Anita Paul
DATE 3-24-20
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Silber

NEWASSG0101

Printed On:03/19/2020

ASSIGNMENT Received

Date Received: 03/09/2020

Date Assigned: 03/19/2020

Applicant: TODD SOLOMON

MAR 24 2020

D.O.B: 09/07/1963

Green Card Number (Permanent Resident Alien):

City of N.L.R Mayor's Office
By: _____

Home Address: 15127 PEAK LOOP, ALEXANDER, AR 72002

Home Phone: (608) 216-6868

Business Phone:

Cell Phone: (608) 216-6868

Trade Name: CIRCLE K

Former Trade Name:

Business Address: 118 COUNTRY CLUB ROAD, 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 : ****SEE APPLICATION****

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: TODD SOLOMON

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

BUSINESS NAME: CIRCLE K

BUSINESS ADDRESS: 118 COUNTRY CLUB ROAD, 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

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.

Printed On: 03/19/2020

1247
given
3/19/20



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.

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:

Gas Express LLC Corporate /Partnership/LLC Name FEIN# 58-2638530

NAME Todd William Solomon
First Middle Last

HOME ADDRESS 15127 Peak Loop Alexander AR 72002-1836
Street City Zip County
Pulaski

BUSINESS NAME Circle K FORMER NAME

BUSINESS ADDRESS 118 Country Club Rd Sherwood AR 72120
Street City Zip County Township
Pulaski

Is proposed location inside or outside city limits? Inside

Is the beer to be sold in connection with any other business? No (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.)

(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

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

If leased, give name and address of owner Bluefin Development LLC, 6020 Ranch Dr, Ste B2, Little Rock AR 72223

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

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

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

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)

2019 MAR 19 2:19



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:

Amin Chitalwala, LLC Member, 1961 Rosecliff Dr NE, Atlanta GA 30329, 50% ownership interest

Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA 30214, 50% ownership interest

(B) Name and address of President and Secretary:

n/a

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 4 day of Feb 2020

[Handwritten Signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 4 day of Feb 2020

[Handwritten Signature]
Notary Public



My Commission Expires: _____



Give nearest distance, building to building, from CHURCH 0.3 miles SCHOOL 0.3 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:

LLC - 2 Members, each 50% ownership

Amin Chitalwala, LLC Member, 1961 Rosecliff Dr NE, Atlanta GA 30329, 50% ownership interest

Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA 30214, 50% ownership interest

(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 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 4 day of Feb, 2020

[Signature]
Applicant's Signature

Subscribed and sworn to before me this 4 day of Feb, 2020

[Signature]
Notary Public

My Commission Expires: _____

