#### OFFICE OF THE MAYOR



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

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

Anita Paul AXX FROM: DATE: March 24, 2020

Alcoholic Beverages Permit Request SUBJECT:

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

DATE

Diane Whitbey, City Clerk and Collector North Little Rock, Arkansas

P.M.

RECEIVED by

NEWASSG0101 Printed On:03/19/2020

## ASSIGNMENT Received

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

Green Card Number (Permanent Resident Allen): R Mayor's Office

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?  $\underline{\text{Yes}}$  or  $\underline{\text{No}}$ 

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





## STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

# APPLICATION FOR RETAIL BEER PERMIT

Check One:		ES CONSUMPTION BES CONSUMPTION	1,01	W Application		
I, or we, do hereby submit answers to	make application	to the State of Arkansas	1.61	THE NO.		
Gas Express LLC		The state of the s	appioval.	50 1620520		
Corporate /Partner	ship/LLC Name	-	_ FEIN#_			
NAME Todd		William		Solomon		
First		Middle		Last		
HOME ADDRESS	15127 Peak Loop Alexander AR 72002-1836		Pulaski			
	Street	City	Zip	Co	unty	
BUSINESS NAME	Circle K		FORMER N		•	
BUSINESS ADDRE	SS _118 Country Cl	ub Rd Sherwood AR 72120	Pula			
	Street	City	Zip	County	Township	
Is proposed location	n inside or outside	city limits? Inside		•	, and the	
		th any other business?	No.	(A) to		
(café, drug store, po	ol hall, service sta	tion, convenience store	, etc.)	A) If so, state typ	e of business	
			(B) If been	is to be sold in c	Onnection with a	
motor fuel sales bus	iness give number	of gasoline and/or dies	el pumps at e	ach location	- THE OWNER OF THE PARTY OF	
Are you the owner of	f the proposed pre	mises? No D	ال المام المام المام المام			
If leased, give name	and address of a		o you nave tr	ne premises lease	ed?	
Mill thora haden		vner Bluefin Developmen	t LLC, 6020 Ra	nch Dr. Ste B2, Little	e Rock AR 72223	
vviii there be dancing	on the premises?	No Dai	nce Space $\_^{ m N}$	x		
Does anyone now ho	old a beer or any o	ther permit at this location	on?_No	lf so give na	me and normit	
number(s)				, g 112,	ne and permit	
		beer or any other perm			~	
and permit number(s)	ı	beer of any other perm	it at this locat	ion?	If so, give name	
				169,		
Do you or any other p	erson interested i	n this permit hold any ot	her type alcol	nolic beverage pe	rmits No	
If held, give name, pla	ace and permit nu	mber(s)		garden en e	-	
					13	



If applicant is a partnership, give names and addresses on/a	of all partners:
If applicant is a corporation/LLC, give (A) Name and addre	ess of stockholders and amount of stock held by
Amin Chitalwala, LLC Member, 1961Rosecliff Dr NE, Atlanta GA	
Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA	
B) Name and address of President and Secretary:	
IOTE: Schedule A is to be completed by each party to this application. Any mis-statements or concealment of revocation of permit(s) if later disclosed.	s application and is to be considered a part of the fact will be grounds for refusal of application, or
igned this 4 day of 4eb	2020
	Jella De
	Signature of Applicant or Managing Agent
ubscribed and sworn to before me this day o	1 Jeb 2020
Commission Expires:	Ineloge My/stage his Notary Public
Commission Expires:  **Commission Expires:  *	



### STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR:  Manufacture  Small Farm Winery - Retail Small Farm Winery - Wholesale Small Farm Winery - Manufacture  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:  Gas Express LLC FEIN# 58-2638530  Corporate/Partnership/LLC Name  NAME Todd Williams Solomon  First Middle Last  HOME ADDRESS 15127 Peak Loop Alexander AR 72002-1836 Pulaski  Street City State Zip County  BUSINESS NAME Circle K FORMER NAME  BUSINESS ADDRESS 118 Country Club Rd Sherwood AR 72120 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? (X) 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?  (2) What was your total production for the last calendar year?  Are you the owner of the proposed premises? If leased, give name and address of owner Bluefin Development LLC, 6020 Ranch Drive, Ste B2, Little Rock AR 72223  Does anyone now hold any other permit(s) at this location? If so, give name, type and permit number(s) If so, give name, type and permit number(s) If so, give name, to your knowledge, held any other type permit(s) at this location? If so, give			replace	pplicationx ement	
NAME Todd Williams Solomon  First Middle Last  HOME ADDRESS 15127 Peak Loop Alexander AR 72002-1836 Pulaski  Street City State Zip County  BUSINESS ADDRESS 118 Country Club Rd Sherwood AR 72120 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? (X) 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?  Are you the owner of the proposed premises? No If leased, give name and address of owner			Permit N	Vo	
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Corporate/Partnership/LLC Name  NAME Todd Williams Solomon  First Middle Last  HOME ADDRESS 15127 Peak Loop Alexander AR 72002-1836 Pulaski  Street City State Zip County  BUSINESS NAME Circle K FORMER NAME  BUSINESS ADDRESS 118 Country Club Rd Sherwood AR 72120 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? (X) 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?  (2) What was your total production for the last calendar year?  Are you the owner of the proposed premises? No If leased, give name and address of owner Bluefin Development LLC, 6020 Ranch Drive, Ste B2, Little Rock AR 72223  Does anyone now hold any other permit(s) at this location? No If so, give name, type and permit number(s)	I, or we, do hereby make applicated following questions under oath for	ation for the permit noted abor your approval:	bove and do hereby	submit answe	rs to the
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First Middle Last  HOME ADDRESS 15127 Peak Loop Alexander AR 72002-1836 Pulaski  Street City State Zip County  BUSINESS NAME Circle K FORMER NAME  BUSINESS ADDRESS 118 Country Club Rd Sherwood AR 72120 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? (X) 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?  (2) What was your total production for the last calendar year?  Are you the owner of the proposed premises? No If leased, give name and address of owner Bluefin Development LLC 6020 Ranch Drive, Ste B2, Little Rock AR 72223  Does anyone now hold any other permit(s) at this location? No If so, give name, type and permit number(s)	Corporate/Partnersi	nip/LLC Name	FEIN#		
HOME ADDRESS  15127 Peak Loop Alexander AR 72002-1836  Street  City  State  Zip  County  BUSINESS NAME  Circle K  FORMER NAME  BUSINESS ADDRESS  118 Country Club Rd Sherwood AR 72120  Pulaski  Street  City  State  Zip  County  Is proposed location inside or outside city limits?  If application is for retail level, are you a grocery store, convenience store or liquor store? (X) 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?  (2) What was your total production for the last calendar year?  Are you the owner of the proposed premises?  No  If leased, give name and address of owner  Bluefin Development LLC, 6020 Ranch Drive, Ste B2, Little Rock AR 72223  Does anyone now hold any other permit(s) at this location?  No  If so, give name, type  and permit number(s)  If so, give	NAME Todd Williams Solomon				
HOME ADDRESS    15127 Peak Loop Alexander AR 72002-1836   Pulaski	First	Middle	e e	Last	
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BUSINESS NAME _Circle K FORMER NAME_  BUSINESS ADDRESSHR Country Club Rd Sherwood AR 72120	Street	City	State	Zip	County
BUSINESS ADDRESS	BUSINESS NAME _Circle K	FORME	ER NAME		ŕ
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Does anyone now hold any other permit(s) at this location?	ownerBluefin Development LL(	, 6020 Ranch Drive, Ste B2,	Little Rock AR 7222	23	
and permit number(s)					ame hine
Has anyone, to your knowledge, held any other type permit(s) at this location? No If so, give name and permit number(s)				ii so, give ii	атпе, туре
name and permit number(s)	las anyone, to your knowledge, h	eld any other type permit(s	) at this location?	Ma	If so give
	name and permit number(s)	C (	7. AL V 97.934	0797	30, give



Give nearest distance, building to building, from CHURCH0.3 miles SCHOOL0.3 miles	S
If applicant is a partnership, give names and addresses of all partners:	
n/a	
f applicant is a corporation give (A) Name and address of stockholders and amount of stock held by each:	
LC - 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	
chedule "A" is to be completed by each party to this application and is to be considered a part of polication. Any mis-statements or concealment of fact will be grounds for refusal of application, or exocation of permit(s) if later disclosed.  making application for a <i>Small Farm Winery-Manufacturer</i> , I certify that I meet the criteria as escribed in ACA 3-5-1602(c)(1) and enclose a copy of my Federal Basic Permit and proof of my annual roduction from the calendar year previous to my application (form/s TTB F 5120.17).  igned this	
Applicant's Signature	
ubscribed and sworn to before me this	4
Commission Expires:    Commission Expires:	كسا