

#3

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 replacement - retail beer off premises & small farm wine-retail permit #33630:

Shirin Ali
Valero Cornerstore #9250
9250 Brockington 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 [Signature]

NEWASSG0101

Printed On:03/17/2020

ASSIGNMENT
Received

Date Received: 02/26/2020

Date Assigned: 03/17/2020

Applicant: SHIRIN ALI

MAR 24 2020

D.O.B: 07/05/1980

Green Card Number (Permanent Resident ~~By~~ **City of NLR Mayor's Office** Alien): _____

Home Address: 49 GERMAY STREET, CABOT, AR 72023

Home Phone: (407) 562-7577

Business Phone:

Cell Phone: (407) 562-7577

Trade Name: VALERO CORNERSTORE #9250

Former Trade Name: CORNER STORE #1797

Business Address: 9250 BROCKINGTON ROAD, NORTH LITTLE ROCK, AR 72120, County 60 - PULASKI

Type Of Investigation: **Replacement-RETAIL BEER OFF PREMISES & SMALL FARM WINE-RETAIL #33630**

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 : SADIQ ALI 49 GERMAY LITTLE ROCK AR 72223
DOB: 10/13/1972

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: SHIRIN ALI

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

BUSINESS NAME: VALERO CORNERSTORE #9250

BUSINESS ADDRESS: 9250 BROCKINGTON ROAD, NORTH LITTLE ROCK, AR 72120, 60 - PULASKI

DATE OF APPLICATION: 02/26/2020

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: 03/17/2020

ppd/ar
given
2/25/20
1248-01



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. 03265

336.30

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:

SARN Holdings, LLC FEIN# 83-4405121
Corporate /Partnership/LLC Name

NAME Shirin Ali
First Middle Last

HOME ADDRESS 49 Germain, Little Rock, AR 72223 Pulaski
Street City Zip County

BUSINESS NAME Valero Cornerstore #9250 FORMER NAME _____

BUSINESS ADDRESS 9250 Brockington Rd, Sherwood, AR 72120
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

(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? Yes

If leased, give name and address of owner Circle K Inc, 1130 W Rd, Tempe, AZ 85284

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

Does anyone now hold a beer or any other permit at this location? Yes If so, give name and permit number(s) Randy Home 03265

Has anyone, to your knowledge, held a beer or any other permit at this location? _____ If so, give name and permit number(s) Randy Home 03265

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) _____



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

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

SADIA A ALI - 49 GERMAN CT, LITTLE ROCK, AR 72223 - 100%

(B) Name and address of President and Secretary:

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 20th day of July, 2019

Sadia
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 20th day of July, 2019

[Signature]
Notary Public

My Commission Expires: 10-24-2020

JAY SANATI
NOTARY PUBLIC-STATE OF ARKANSAS
PULASKI COUNTY
My Commission Expires 10-24-2020
Commission # 12379208



**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:

— SARN Holdings LLC _____ FEIN# 83-4405121
Corporate/Partnership/LLC Name

NAME Shirin _____ Ali _____
First Middle Last

HOME ADDRESS 49 Germay _____ Little Rock _____ AR _____ 72223 _____
Street City State Zip County

BUSINESS NAME Valera Cornerstore #9250 FORMER NAME Shirin Ali

BUSINESS ADDRESS 9250 Brockington Rd _____ Sherwood _____ AR _____ 72120 _____
Street City State Zip County

Is proposed location inside or outside city limits? Inside City Limits

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? _____

(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 Circle K Store Inc _____ 1130 West Warner Rd , Tempe, AR 85284

Does anyone now hold any other permit(s) at this location? yes _____ If so, give name, type and permit number(s) Randy Horne _____ 03265

Has anyone, to your knowledge, held any other type permit(s) at this location? Yes _____ If so, give name and permit number(s) Randy Horne _____ 03265'



Give nearest distance, building to building, from CHURCH 3.4 mi SCHOOL 2.9 mi

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

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

Sadiq Ali 49 Germay Ct, Little Rock, AR 72223 100%

(B) Name and address of President and Secretary:

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 20th day of July 2019

Sadiq
Applicant's Signature

Subscribed and sworn to before me this 20th day of July 2019

[Signature]
Notary Public

My Commission Expires: 10-24-2020

JAY SANATI
NOTARY PUBLIC-STATE OF ARKANSAS
PULASKI COUNTY
My Commission Expires 10-24-2020
Commission # 12379208