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OFFICE OF THE MAYOR



JOE A. SMITH  
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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: April 30, 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 restaurant mixed drink permit – change of manager from Gerald Parent 02426:

Daniel J. Meyer  
Old Chicago  
4305 Warden Rd  
North Little Rock, AR 72116

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

Thank you.

Attachments

FILED \_\_\_\_\_ A.M. 3:15 P.M.

BY Anita Paul

DATE 4-30-19

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

RECEIVED by Shelley Hssery

**ASSIGNMENT**

D6J003-D6L013



**Date Received:** 04/18/2019

**Applicant:** DANIEL J. MEYER

**Green Card Number (Permanent Resident Alien):**

**Home Address:** 2704 Bruce Street, Conway, AR, 72034

**Home Phone:**

**Business Phone :**

**Cell Phone:** 501-733-8496

**Trade Name:** OLD CHICAGO

**Former Trade Name:** OLD CHICAGO

**Business Address :** 4305 Warden Road, North Little Rock

**County** Pulaski

**Type Of Investigation:** Restaurant Mixed Drink - Change of Manager from Gerald Parent  
02426



**Dancing, if requested:**

**Comments / Remarks :**

**Copies Of Assignment and  
Comment Form Mailed to:**

Mayor Joe Smith & City Council

Michael 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: DANIEL J. MEYER

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Gerald Parent

BUSINESS NAME: OLD CHICAGO

BUSINESS ADDRESS: 4305 Warden Road, North Little Rock, AR, 72116

DATE OF APPLICATION: 04/18/2019

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.**

*Handwritten scribbles and numbers*

1000000101

D6J003-D6L045



### Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: **GERALD PARENT**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
02426	<b>OLD CHICAGO</b> 4305 Warden Road, North Little Rock, AR, 72116	501.812.6262	501.733.8496

	Current Address	If new address change here
Home Address	235 Bull Rum Loop Cabot, AR, 72023	2704 Bruce St. Conway AR, 72034
Mailing Address	P.O. Box 1285 Cabot, AR, 72023	
Email Address		

Please check the appropriate ( Requested Change )

Change Of Manager

Additional Stockholder(s)

Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	
<input checked="" type="checkbox"/>	Retail Beer On Premises	\$50.00	NO CASH
<input checked="" type="checkbox"/>	Restaurant Mixed Drink Maximum	\$50.00	
<b>Total Amount :</b>			

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

4/4/19 Date

*Wm. Parent* Signature



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

\*For all ON PREMISES permits - except private clubs\*

D6J003-DSG014

NAME OF OUTLET Stefano's of NLR DBA Old Chicago  
CITY North Little Rock COUNTY Pulaski

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be much specified as to the type and description of that entertainment, i.e., live bands, dancers, etc.

Family style restaurant offering fine dining with  
availability of alcoholic beverages to those over  
21 years of age and to be able to brew our  
own beer for tasting.

Multiple horizontal lines for additional text entry.