

#11

OFFICE OF THE MAYOR



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CITY HALL
P.O. BOX 5757
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul *APL*
DATE: May 10, 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 – replacement from Hyung Chung - 00808:

Laurinda Chung
Crazy Hibachi Company
2907 Lakewood Village Drive
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. 2:30 P.M.
BY Anita Paul, Mayor's Office
DATE 5-10-19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

REPASSG010J

ASSIGNMENT

D6J003-D6L013



Date Received: 04/25/2019

Date Assigned: 04/29/2019

Applicant: LAURINDA CHUNG

D.O.B: 07/16/1964

Green Card Number (Permanent Resident Alien):

Home Address: 6725 Gap Point Circle, Sherwood, AR, 72120

Home Phone:

Business Phone :

Cell Phone: 501-812-9888

Trade Name: CRAZY HIBACHI COMPANY

Former Trade Name: CRAZY HIBACHI COMPANY

Business Address : 2907 Lakewood Village Drive, North Little
Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Replacement from Hyung Chung
00808

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: LAURINDA CHUNG

TYPE OF APPLICATION: Restaurant Mixed Drink - Replacement from Hyung Chung

BUSINESS NAME: CRAZY HIBACHI COMPANY

BUSINESS ADDRESS: 2907 Lakewood Village Drive, North Little Rock, AR, 72116

DATE OF APPLICATION: 04/25/2019

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.**

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STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel
() Restaurant Only

New Application _____
Replacement Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

Crazy Hibachi Co. FEIN# 46-0545293
Corporate/Partnership/LLC Name

NAME Laurinda Lee Chung
First Middle Last

HOME ADDRESS 6725 Gap Point Circle Sherwood, AR 72120 Pulaski
Street City Zip County

BUSINESS NAME Crazy Hibachi Co. FORMER NAME C.P. Group Inc.

BUSINESS ADDRESS 2907 Lakewood Village Dr North Little Rock 72116 Pulaski
Street City Zip County

Is proposed location inside or outside city limits? _____

Are the beverages to be sold in connection with any other business? NO If so, state type of business _____

Are you the owner of the proposed premises? NO If leased, give name and address of owner
Ashley Group 2851 Lakewood Village Dr. North Little Rock, AR 72116 Does

anyone now hold a permit at this location? yes If so, give name, type and permit number(s) of same
Restaurant Mixed Drink Maximum 00808 Hyung G. Chung

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? NO
If so, give name, place and permit number(s) _____

Number of sleeping rooms in hotel _____ Seating capacity of restaurant _____
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast _____ Lunch Dinner Number of days open per week 7

Has there ever been a beer, wine or liquor permit revoked at this location? NO If so, give name and date revoked _____

2018 APR 25 P 3:14
2018 APR 23 P 3:14
2018 APR 24 P 3:14

