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**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: Glinda Craigmyle *GC*  
DATE: May 5, 2017  
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for a new restaurant mixed drink permit:

Ed Askew  
Hawgz Blues Café  
5524 JFK  
North Little Rock, AR

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

Thank you.

Attachments

FILED \_\_\_\_\_ A.M. 2:45 P.M.  
BY *D. Craigmyle, Mayor*  
DATE *5/5/17*  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by *D. Tomlin*

NEWASSG0101

# ASSIGNMENT

D6J003-D6L013



**Date Received:** 04/17/2017

**Date Assigned:** 04/25/2017

**Applicant:** ED ASKEW

**D.O.B:** 12/19/1975

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

**Home Address:** 2111 McAlmont Street, Little Rock, AR, 72206

**Home Phone:**

**Business Phone :**

**Cell Phone:** 501-744-7395

**Trade Name:** HAWGZ BLUES CAFE

**Former Trade Name:**

**Business Address :** 5524 JFK, North Little Rock

**County** Pulaski

**Type Of Investigation:** Restaurant Mixed Drink - NEW

**Dancing, if requested:**

**Comments / Remarks :**

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

Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

**Assigned to Investigator:**

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**Stockholders / Partners / LLC  
Members:**



ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: ED ASKEW

TYPE OF APPLICATION: Restaurant Mixed Drink - NEW

BUSINESS NAME: HAWGZ BLUES CAFE

BUSINESS ADDRESS: 5524 JFK, North Little Rock, AR, 72116

DATE OF APPLICATION: 04/17/2017

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 ACICs request, do not run your own criminal history check through ACIC.**

*Felix*  
*Out 17*

Issue May  


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. 06099

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.

HAWGZ Blues CAFE LLC FEIN# 82-064-3235  
Corporate/Partnership/LLC Name

NAME ED ASKEW  
First Middle Last

HOME ADDRESS 2111 McALMONT ST LITTLE ROCK, AR 72206 PULASKI  
Street City Zip County

BUSINESS NAME HAWGZ blues CAFE FORMER NAME \_\_\_\_\_

BUSINESS ADDRESS 5524 JFK NLR 72116 PULASKI  
Street City Zip County

Is proposed location inside or outside city limits? INSIDE

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? Lease If leased, give name and address of owner  
Waller Investment Does

anyone now hold a permit at this location? NO If so, give name, type and permit number(s) of same \_\_\_\_\_

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 N/A Seating capacity of restaurant 99  
(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 \_\_\_\_\_

APR 17 2011

APR 17 2011



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

Kimberly Davis  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Kimberly Davis 4312 50th Wld, ALR  
Ar 72116 (3%) ownership  
Ed Askew 97%  
2111 McAlmont St. Little Rock, AR 72206 (97%) Ownership

(B) Name and address of President and Secretary:

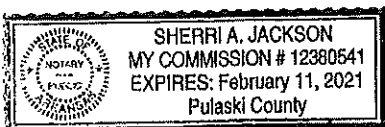
Pres ED Askew  
Secretary Kimberly Davis

**NOTE:** 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.

Signed this 17 day of April, 2017.

[Signature]  
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 17 day of April, 2017.



[Signature]  
Notary Public

My Commission Expires: \_\_\_\_\_



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

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

NAME OF OUTLET HAWGZ blues CAFE  
CITY NLN 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 specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

HAWGZ blues cafe is a  
restaurant / cafe that has live  
jazz and blues bands. NO RAP  
OR Heavy metal.

We also HAVE one pool Table  
and one Arcade GOLF game.