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OFFICE OF THE MAYOR



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P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul *AKP*
DATE: June 18, 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 retail beer off premises permit – new #03774:

Mohammad K. Butte
Levy Unlimited
3301 Pike Ave
North Little Rock, AR 72117

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

Thank you.

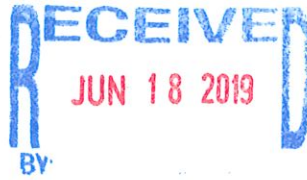
Attachments

FILED A.M. 12:15 P.M.
BY A. Paul
DATE 6-18-19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by *D. Elberry*



ASSIGNMENT

D6J003-D6L013



Date Received: 06/06/2019

Date Assigned: 06/12/2019

Applicant: MOHAMMAD K. BUTTE

D.O.B: 08/08/1950

Green Card Number (Permanent Resident Alien):

Home Address: 1808 Shumate, Little Rock, AR, 72212

Home Phone:

Business Phone : 501-503-5679

Cell Phone: 501-295-9736

Trade Name: LEVY UNLIMITED

Former Trade Name:

Business Address : 3301 Pike Ave, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises - New #03774

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith & City Council
Michael Davis, Chief of Police
Sheriff Eric S. Higgins
Mr. Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC

Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



134J583 031 612

APPLICANT'S NAME: MOHAMMAD K. BUTTE

TYPE OF APPLICATION: Retail Beer off Premises - New

BUSINESS NAME: LEVY UNLIMITED

BUSINESS ADDRESS: 3301 Pike Ave, North Little Rock, AR, 72117

DATE OF APPLICATION: 06/06/2019

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.**

*PN/FP/RA
mailed 4/11/14*



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION
() OFF PREMISES CONSUMPTION

New Application
Replacement
Permit No. 03774

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:

Corporate /Partnership/LLC Name _____ FEIN# _____

NAME Mohammad k Butte
First Middle Last

HOME ADDRESS 1808 Shumate Dr Little Rock AR
Street City Zip County

BUSINESS NAME Levy unlimited FORMER NAME same

BUSINESS ADDRESS 3301 Pike Avenue NLR Pulaski
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

(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? Yes Do you have the premises leased? N/A

If leased, give name and address of owner _____

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) Levy unlimited - mohammad k. Butte NO. 05219-03

Has anyone, to your knowledge, held a beer or any other permit at this location? yes If so, give name and permit number(s) Levy unlimited Mohammad k Butte NO. 05690 not renewed

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:

Mohammad K Bette doing business as "Levy unlimited"
Proprietorship

(B) Name and address of President and Secretary:

NA

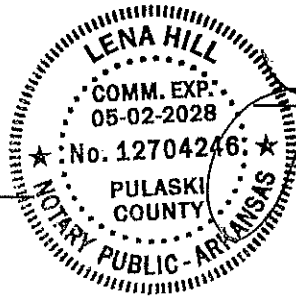
NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 3rd day of June, 2019

[Handwritten Signature]

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 3rd day of June, 2019



[Handwritten Signature]
Notary Public

My Commission Expires: 05-02-2028