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OFFICE OF THE MAYOR



JOE A. SMITH  
MAYOR  
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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: June 21, 2018  
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 off premises retail beer permit:

Asim Awad  
Fill Up Fuel Inc.  
300 Lake Lane  
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. 2:15 P.M.  
BY Glinda C. Mayors Office  
DATE 6-21-18  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by \_\_\_\_\_

# ASSIGNMENT

D6J003-D6L013



**Date Received:** 06/05/2018

**Date Assigned:** 06/11/2018

**Applicant:** ASIM AWAD

**D.O.B:** 01/15/1979

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

**Home Address:** 1700 John Barrow Apt 121, Little Rock, AR, 72204

**Home Phone:**

**Business Phone :** 501-379-8121

**Cell Phone:** 734-657-9839

**Trade Name:** FILL UP FUEL INC

**Former Trade Name:**

**Business Address :** 300 Lake Lane, North Little Rock

**County** Pulaski

**Type Of Investigation:** Retail Beer off Premises - 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 Legley, Prosecuting Attorney

**Assigned to Investigator:**

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**Stockholders / Partners / LLC  
Members:**

ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS



ALB 1001

APPLICANT'S NAME: ASIM AWAD

TYPE OF APPLICATION: Retail Beer off Premises - NEW

BUSINESS NAME: FILL UP FUEL INC

BUSINESS ADDRESS: 300 Lake Lane, North Little Rock, AR, 72117

DATE OF APPLICATION: 06/05/2018

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 signature/initials*



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. \_\_\_\_\_

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:

Fill up Fuel inc Corporate /Partnership/LLC Name FEIN# 82-3246614

NAME Asim A AWAD  
First Middle Last

HOME ADDRESS 1700 John Barrow Apt 121 Little Rock 72204 Pulaski  
Street City Zip County

BUSINESS NAME Fill up Fuel inc FORMER NAME \_\_\_\_\_

BUSINESS ADDRESS 300 lake ln North little rock 72117 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? NO (A) If so, state type of business (café, drug store, pool hall, service station, convenience store, etc.) \_\_\_\_\_

(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? NO

If leased, give name and address of owner \_\_\_\_\_

Will there be dancing on the premises? NO Dance Space NO

Does anyone now hold a beer or any other permit at this location? NO If so, give name and permit number(s) \_\_\_\_\_

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes If so, give name and permit number(s) \_\_\_\_\_

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) \_\_\_\_\_

218 JUN 5 11 51 AM '11  
REC'D  
REC'D