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OFFICE OF THE MAYOR





PHONE (501) 975-8601 FAX (501) 975-8633

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

DATE:

July 16, 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 – Change of Manager from Wendell Huddleston - 05838:

Stephanie A. Daniels Tobacco Superstore #42 4604 JFK, Suite 10 North Little Rock, AR

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

Thank you.

Attachments

PHASO	A.M		P.M
BY Anita	Paul, Ma	MON OFFIC	e
DATE 1	14/19		
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North	Little Roc	k, Arkensas	
RECEIVED	by V		
			,

"An Equal Opportunity Employer"

ASSIGNMENT

D6J003-D6L013



Date Received: 07/03/2019

Applicant: STEPHANIE A. DANIELS

Date Assigned: 07/11/2019

D.O.B: 10/08/1977

Green Card Number (Permanent Resident Alien):

Home Address: 5808 Sonora Drive, North Little Rock, AR, 72118

Home Phone: 501-734-9264 Business Phone: 870-633-0099 Cell Phone:

Trade Name: TOBACCO SUPERSTORE #42

Former Trade Name: TOBACCO SUPERSTORE #42

Business Address: 4604 JFK, Suite 10, North Little Rock County Pulaski

Type Of Investigation: Retail Beer off Premises - Change of Manager from Wendell

Huddleston #05838

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

APPLICANT'S NAME: STEPHANIE A. DANIELS

TYPE OF APPLICATION: Retail Beer off Premises - Change of Manager from Wendell Huddleston

BUSINESS NAME: TOBACCO SUPERSTORE #42

BUSINESS ADDRESS: 4604 JFK, Suite 10, North Little Rock, AR, 72116

DATE OF APPLICATION: 07/03/2019

If yes, please explain your objections below:

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)

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

Printed On: 07/11/2019 Revised 03/11/2016

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D8J003-D8L041

Change Of Manager / Additional Stockholder(s) / Partner(s) Application					
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Change C	Of Manager	•			
☐ Additional	Stockholder(s)				
☐ Additional	l Partner(s)				
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	process and the state of the st	Varantine a VVIII		i i	
Retail	Beer Off Premises		\$50.00	17753519	
	,	Total Amount	: 5000		
I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s)					
and make a n	equest for the above mentioned change(s).		Common of the second		
10-19	-19	Tracke	winth	Rolan	
	Date	7-1-1	Signatore		

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