

43

OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: July 10, 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 Post Exchange permit with a change of manager from, Jack Scarbrough:

Jason Smith
AR National Guard
Bldg. 5305, Camp Robinson
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 9:45 A.M. P.M.
BY Glinda Mayor's Office
DATE 7-11-17
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Ussery

ASSIGNMENT

D6J003-D6L013

**Date Received:** 06/21/2017**Date Assigned:** 06/29/2017**Applicant:** Jason Smith**D.O.B:** 02/05/1976**Green Card Number (Permanent Resident Alien):****Home Address:** 14 Hawk Drive, Vilonia, AR, 72173**Home Phone:****Business Phone :****Cell Phone:** 504-425-6727**Trade Name:** AR NAT'L GUARD M, W & R FUND, INC.**Former Trade Name:** AR NAT'L GUARD M, W & R FUND, INC.**Business Address :** Bldg. 5305, Camp Robinson, North Little Rock County Pulaski**Type Of Investigation:** Post Exchange - Change of Manager from Jack Scarbrough
01162**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: _____**Stockholders / Partners / LLC****Members:**

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

06J003-001012

APPLICANT'S NAME: JASON SMITH

TYPE OF APPLICATION: Post Exchange - Change of Manager from Jack Scarbrough

BUSINESS NAME: AR NAT'L GUARD M, W & R FUND, INC.

BUSINESS ADDRESS: Bldg. 5305, Camp Robinson, North Little Rock, AR, 72199

DATE OF APPLICATION: 06/21/2017

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.**

COM00000101

06000-061045



Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: **JACK SCARBROUGH**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
01162	AR NAT'L GUARD M, W & R FUND, INC. Bldg. 5305, Camp Robinson, North Little Rock, AR, 72199		

Home Address	Current Address	If new address change here
	620 Bayview Court Sherwood, AR, 72120	14 Hawk Dr Vilonia AR 72173
Mailing Address	Bldg. 5305, Camp Robinson North Little Rock, AR, 72199	
Email Address	jack@mwrcomplex.com	Jason@mwrcomplex.com

Please check the appropriate (Requested Change) :

- ☒ Change Of Manager
☐ Additional Stockholder(s)
☐ Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	NO CASH
<input checked="" type="checkbox"/>	Post Exchange	\$50.00	
Total Amount :		\$50.00	

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

May 31 2017
Date

Signature

2017 JUN 21 P 1:52

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES
FOR PRIVATE CLUB PERMITNAME OF OUTLET AR Nat'l Guard M, W & R Fund, Inc.CITY North Little Rock COUNTY Pulaski

Arkansas Law requires that a private club must exist for some reason other than the consumption of alcoholic beverages. On this sheet of paper, which is a part of your verified application, you are to describe, in complete detail, what entertainment (live bands, dancers, food service, etc.), social functions, or other recreational events will be available at the club for the members. If you are in doubt about whether to list an item, you are urged to include it.

Under Section 1.34 of the ABC regulations, any permit issued by this agency is only valid for the uses described in the original application. Any material change in the club's operation or entertainment, other than originally listed in this application, *without prior approval of the director*, shall be grounds for revocation of your permit.

On your floor plan, which is a separate attachment, please mark the entrance to the private club, noting the location of the guest book, and mark any major features of the private club area, including where specific entertainment items will be located.

PLEASE PRINT OR TYPE YOUR RESPONSES BELOW. USE THE BACK OF FORM, OR ADDITIONAL SHEETS, IF NECESSARY.
