FFICE OF THE MAYOR



JOE A. SMITH MAYOR mayor@nlr.ar.gov 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:

Glinda Craigmyle

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 a restaurant mixed drink permit with a change of manager from Jeff Seymour:

> Patrick M. McCleary Chuy's 5105 Warden Road North Little Rock, AR

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

Thank you.

Attachments

ASSIGNMENT

D6J003-D6L013



Date Received: 06/29/2017

Date Assigned: 06/30/2017

Applicant: PATRICK M. MCCLEARY

D.O.B: 09/11/1973

Green Card Number (Permanent Resident Alien):

Home Address: 112 Aeriel Circle, Maumelle, AR, 72113

Home Phone:

Business Phone: 501-821-2489

Cell Phone: 501-412-1701

Trade Name: CHUY'S

Former Trade Name: CHUY'S

Business Address: 5105 Warden Road, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Change of Manager from Jeff Seymour

01404

Dancing, if requested:

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to:

Mayor Joes 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



APPLICANT'S NAME: PATRICK M. MCCLEARY

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Jeff Seymour

BUSINESS NAME: CHUY'S

BUSINESS ADDRESS: 5105 Warden Road, North Little Rock, AR, 72116

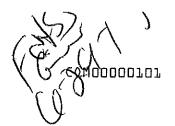
DATE OF APPLICATION: 06/29/2017

If yes, please explain your objections below:

NAME OF PUBLIC OFFICIAL:	
TITLE OF OFFICIAL:	
OFFICIAL MAILING ADDRESS:	
The state of the s	
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 ACICs request, do not run your own criminal history check through ACIC.**

Printed On: 06/30/2017





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

Permit Holder: Jeff Seymour Permit No Trade Name of Business and Address Business Phone Contact Phone **CHUY'S** 01404 501-821-2489 5105 Warden Road, North Little Rock, AR, 72116 Current Address If new address change here 75 Riverfront Drive, Apt 429 Home Address 112 Auriel Circle North Little Rock, AR, 72114 Maunelle AR 72113 3345 Bee Cave Road, Suite 402 105 Mailing Address Austin, TX, 78746 Email Address Please check the appropriate (Requested Change): ▼ Change Of Manager ☐ Additional Stockholder(s) ☐ Additional Partner(s) Please check applicable permits : Select Permit Description Fee Restaurant Mixed Drink Maximum V \$50.00 NO CASH **Total Amount:** 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).



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES *For all ON PREMISES permits - except private c lubs*

North Little Rock	COUNTY Pulaski
uses described in the original application.	, any permit issued by this agency is valid only for the Any material change in the outlet's operations or is application, without prior approval of the Director other administrative penalties.
Describe the types of business and entertainment occur on your permitted premises on the lines bel	t activities (cafe / restaurant, pool hall, dancing, etc.) to low. Use the back of this form if necessary.
If live entertainment is proposed, you mus entertainment, i.e., live bands, dancers, etc.	t be specific as to the type and description of
Restaurant; No live entertainme	nt