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OFFICE OF THE MAYOR



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CITY HALL
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *HC*
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

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. Usery

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 Aerial 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

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.**

00000000101



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
01404	CHUY'S 5105 Warden Road, North Little Rock, AR, 72116	501-821-2489	

Home Address	Current Address	If new address change here
	75 Riverfront Drive, Apt 429 North Little Rock, AR, 72114	112 Aumel Circle Maumelle, AR 72113
Mailing Address	3345 Bee Cave Road, Suite 402 105 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	NO CASH
<input checked="" type="checkbox"/>	Restaurant Mixed Drink Maximum	\$50.00	
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).

6-22-17
Date

[Signature]
Signature



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

NAME OF OUTLET Chuy's

CITY North Little Rock

COUNTY Pulaski

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director* , shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

Restaurant; No live entertainment