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OFFICE OF THE MAYOR



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

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

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: August 1, 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 an off premises retail beer permit with a change of manger from, Angelia Strickland:

Cynthia L. Williams  
Tobacco Superstop #42  
4604 JFK Blvd., Suite 10  
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 10:05 A.M. \_\_\_\_\_ P.M.  
BY D. Craigmyle - Mayor  
DATE 8/1/18  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by B. Taylor

# ASSIGNMENT

D6J003-D6L013



Date Received: 07/17/2018

Date Assigned: 07/18/2018

Applicant: CYNTHIA L. ADAMS

D.O.B: 02/13/1983

Green Card Number (Permanent Resident Alien):

Home Address: 1416 West 11th Street, North Little Rock, AR, 72114

Home Phone:

Business Phone : 870-633-0099

Cell Phone: 501-697-6358

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 Angelia Strickland  
05838

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, Prosecutig Attorney

Assigned to Investigator:

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Stockholders / Partners / LLC  
Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS



06J003-1301.012

APPLICANT'S NAME: CYNTHIA L. ADAMS

TYPE OF APPLICATION: Retail Beer off Premises - Change of Manager from Angelia Strickland

BUSINESS NAME: TOBACCO SUPERSTORE #42

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

DATE OF APPLICATION: 07/17/2018

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.**

COM00000101



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

Permit Holder: **Angella Strickland**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
05838	TOBACCO SUPERSTORE #42 4604 JFK, Suite 10, North Little Rock, AR, 72116	870-633-0099	

Home Address	Current Address	If new address change here
	202 West Lilly Carlisle, AR, 72024	
Mailing Address	3550 David Cohn Drive Forrest City, AR, 72335	
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"/>	Retail Beer Off Premises	\$50.00	
<b>Total Amount :</b>			

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).

6-27-18  
Date

Cynthia Adams  
Signature

2018 JUL 17 A 10: 28