

Comm.
1

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 31, 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 hotel/motel/restaurant mixed drink permit with a change of manager from Charlie Todd:

Daniel C. Sawran
Midas Restaurant Solutions, LLC / Hilton Garden Inn
4100 Glover Lane
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 11:10 A.M. _____ P.M.
BY G. Craigmyle
DATE 9-1-17
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by J. Hsberg

ASSIGNMENT

D6J003-D6L013



Date Received: 08/21/2017

Date Assigned: 08/24/2017

Applicant: DANIEL C. SAWRAN

D.O.B: 07/11/1976

Green Card Number (Permanent Resident Alien):

Home Address: 43 Epernay Circle, Little Rock, AR, 72223

Home Phone:

Business Phone : 501-945-7444

Cell Phone: 315-952-6430

Trade Name: MIDAS RESTAURANT SOLUTIONS, LLC

Former Trade Name: MIDAS RESTAURANT SOLUTIONS, LLC

Business Address : 4100 Glover Lane, North Little Rock

County Pulaski

Type Of Investigation: Hotel/Motel/Restaurant Mixed Drink - Change of Manager from
Charlie Todd
01335

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:**

File given 8/21/17

COM000000101



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

Permit Holder: CHARLIE TODD → Daniel SAWRAN

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
01335	MIDAS RESTAURANT SOLUTIONS, LLC 4100 Glover Lane, North Little Rock, AR, 72117	501-945-7444	

Home Address	Current Address	If new address change here
	3208 Henson Place Bryant, AR, 72022	
Mailing Address	4100 Glover Lane North Little Rock, AR, 72117	
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"/>	Hotel / Motel / Restaurant Mixed Drink Maximum	\$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).

_____ Date _____ Signature _____

RECEIVED
 2017 AUG 21 P 4: 23
 ABC

RECEIVED
 2017 AUG 21 P 3: 37
 ABC



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

NAME OF OUTLET Great American Grill

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 much specified as to the type and description of that entertainment, i.e., live bands, dancers, etc.

Cafe

Restaurant

Room Service

Banquets

Multiple horizontal lines for additional text entry.

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



12/11/16 10:00 AM

APPLICANT'S NAME: DANIEL C. SAWRAN

TYPE OF APPLICATION: Hotel/Motel/Restaurant Mixed Drink - Change of Manager from Charlie Todd

BUSINESS NAME: MIDAS RESTAURANT SOLUTIONS, LLC

BUSINESS ADDRESS: 4100 Glover Lane, North Little Rock, AR, 72117

DATE OF APPLICATION: 08/21/2017

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.**