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OFFICE OF THE MAYOR



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CITY HALL
P.O. BOX 5757
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul *AKP*
DATE: September 13, 2019
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* forms from the State of Arkansas. Alcoholic Beverage Control Division.

The following applicant has applied for a new restaurant mixed drink permit – replacement for Eric Greer #03690:

James E. Greer
Lakewood Fish & Seafood House
4801 North Hills Blvd., Suite C
North Little Rock, AR 72116

Please note the 15-day comment period referred to in the final paragraph of the *Comments* page.

Thank you.

Attachments

FILED _____ A.M. 3:30 P.M.
BY Mayor's Office
DATE 9/13/19
Diane Whitby, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by *[Signature]*

ASSIGNMENT

D6J003-D6L013



Date Received: 09/03/2019



Date Assigned: 09/09/2019

Applicant: JAMES E. GREER

D.O.B: 10/16/1956

Green Card Number (Permanent Resident Alien):

Home Address: 128 Teresa Lane, Searcy, AR, 72143

Home Phone: 501-827-4315 Business Phone :

Cell Phone:

Trade Name: LAKEWOOD FISH & SEAFOOD HOUSE

Former Trade Name: LAKEWOOD LOUNGE

Business Address : 4801 North Hills Blvd., Suite C, North Little Rock County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Replacement for Eric Greer #03690

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and Comment Form Mailed to: Mayor Joe Smith & City Council
Michael Davis, Chief of Police
Sheriff Eric S. Higgins
Mr. Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



DA 002 (01/18) (BP)

APPLICANT'S NAME: JAMES E. GREER

TYPE OF APPLICATION: Restaurant Mixed Drink - Replacement for Eric Greer

BUSINESS NAME: LAKEWOOD FISH & SEAFOOD HOUSE

BUSINESS ADDRESS: 4801 North Hills Blvd., Suite C, North Little Rock, AR, 72116

DATE OF APPLICATION: 09/03/2019

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.**

Current



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel

(X) Restaurant Only

New Application

Replacement

Permit No. 03690

Replacing Eric Greer

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

JEG Services Inc FEIN# 26-2646793
Corporate/Partnership/LLC Name

NAME James Eric Greer
First Middle Last

HOME ADDRESS 128 Teresa Lane Searcy 72143 White
Street City Zip County

BUSINESS NAME Lakewood fish + seafood House FORMER NAME Lakewood Lounge

BUSINESS ADDRESS 4801 North Hills Blvd NRB 72146 Pulaski
Street City Zip County

Is proposed location inside or outside city limits? inside

Are the beverages to be sold in connection with any other business? no If so, state type of business

Are you the owner of the proposed premises? _____ If leased, give name and address of owner
General Properties 4801 North Hills Blvd Does

anyone now hold a permit at this location? no If so, give name, type and permit number(s) of same

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? no

If so, give name, place and permit number(s) _____

Number of sleeping rooms in hotel _____ Seating capacity of restaurant 676
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast _____ Lunch ✓ Dinner ✓ Number of days open per week 5

Has there ever been a beer, wine or liquor permit revoked at this location? no If so, give name and date revoked _____

2019 SEP 3



If applicant is a partnership, give names and addresses of all partners:

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

JEG Services Inc James Cecil Green
President 100% owner
128 Teresa Lane Searcy AR 72143

(B) Name and address of President and Secretary:

James Cecil Green President
James Cecil Green Secretary

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

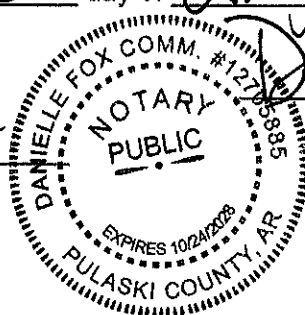
Signed this 15 day of August 2019

James Cecil Green
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 15 day of August 2019

My Commission Expires: 10/24/2028

Revised 11/13/09



Danielle Fox
Notary Public

