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OFFICE OF THE MAYOR



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MAYOR
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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: 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 Retail Beer off Premises & Small Farm Wine – New #06366

Todd Solomon
Circle K
700 E Broadway Street
North Little Rock, AR 72114

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 Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

NEWASSG0102

09/11/2019

ASSIGNMENT

D6J003-D6L013



Date Received: 09/04/2019



Date Assigned: 09/11/2019

Applicant: TODD SOLOMON

D.O.B: 09/07/1963

Green Card Number (Permanent Resident Alien):

Home Address: 15127 Peak Loop, Alexander, AR, 720021836

Home Phone: 608-216-6868 Business Phone :

Cell Phone:

Trade Name: CIRCLE K

Former Trade Name:

Business Address : 700 E Broadway Street, North Little Rock County Pulaski

Type Of Investigation: Retail Beer off Premises & Small Farm Wine - New #06366

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: Amin Chitalwala, 1961 Rosecliff Dr, Atlanta, GA, 303292756
DOB: 10/9/1974

Shams Nanji, 150 Northern Oaks Drive, Fayetteville, GA,
30214
DOB: 3/31/1972

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



BC300 (03/16/12)

APPLICANT'S NAME: TODD SOLOMON

TYPE OF APPLICATION: Retail Beer off Premises & Small Farm Wine - New

BUSINESS NAME: CIRCLE K

BUSINESS ADDRESS: 700 E Broadway Street, North Little Rock, AR, 72114

DATE OF APPLICATION: 09/04/2019

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.**

9/6 given
14/19



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION
(X) OFF PREMISES CONSUMPTION

New Application x
Replacement
Permit No. 06346

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer at retail, and do hereby submit answers to the following questions under oath for your approval:

Gas Express LLC FEIN# 58-2638530
Corporate /Partnership/LLC Name

NAME Todd William Solomon
First Middle Last

HOME ADDRESS 15127 Peak Loop Alexander AR 72002-1836
Street City Zip County

BUSINESS NAME Circle K FORMER NAME

BUSINESS ADDRESS 700E Broadway Street North Little Rock 72114 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? Inside

Is the beer to be sold in connection with any other business? No (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.)

 (B) If beer is to be sold in connection with a
motor fuel sales business give number of gasoline and/or diesel pumps at each location

Are you the owner of the proposed premises? No Do you have the premises leased?

If leased, give name and address of owner Bluefin Development LLC, 6020 Ranch Dr, Ste B2, Little Rock AR 72223

Will there be dancing on the premises? No Dance Space No x

Does anyone now hold a beer or any other permit at this location? No If so, give name and permit
number(s)

Has anyone, to your knowledge, held a beer or any other permit at this location? No If so, give name
and permit number(s)

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

If held, give name, place and permit number(s)

789 SEP 14 10 37 AM '19



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

n/a

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

Amin Chitalwala, LLC Member, 1961 Rosecliff Dr NE, Atlanta GA 30329, 50% ownership interest

Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA 30214, 50% ownership interest

(B) Name and address of President and Secretary:

n/a

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the 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 19th day of August

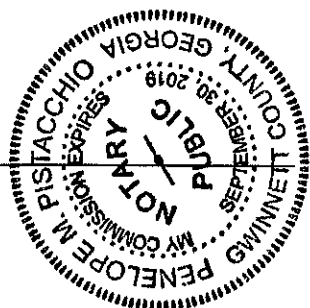
2019
Julia Doh

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 19th day of August 2019

Penelope M Pistacchio
Notary Public

My Commission Expires:





Give nearest distance, building to building, from CHURCH 0.2 miles SCHOOL 0.6 miles

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

n/a

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

LLC - 2 Members, each 50% ownership
Amin Chitalwala, LLC Member, 1961 Rosecliff Dr NE, Atlanta GA 30329, 50% ownership interest
Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA 30214, 50% ownership interest

(B) Name and address of President and Secretary:

n/a

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.

If making application for a **Small Farm Winery-Manufacturer**, I certify that I meet the criteria as described in ACA 3-5-1602(c)(1) and enclose a copy of my Federal Basic Permit and proof of my annual production from the calendar year previous to my application (form/s TTB F 5120.17).

Signed this 19th day of August, 2019
[Signature]
Applicant's Signature

Subscribed and sworn to before me this 19th day of August, 2019

[Signature]
Notary Public

My Commission Expires: _____

