

#6

OFFICE OF THE 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: Glinda Craigmyle *GC*
DATE: March 3, 2015
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 and small farm winery permit with a change of manager from Ronald Hoskin:

Curtis Earp
MAPCO Express Inc #7519
3300 Springhill Dr.
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 10:35 A.M. _____ P.M.
BY G. Craigmyle
DATE 3-3-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by U. Rogers

ASSIGNMENT

DBJ003-C9L013



Date Received: 01/30/2015

Date Assigned: 02/02/2015

Applicant: CURTIS EARP

D.O.B: 12/15/1955

Green Card Number (Permanent Resident Alien):

Home Address: 4334 Ed Allen Road, Benton, AR, 72019

Home Phone:

Business Phone : 501-945-0344

Cell Phone: 256-997-2605

Trade Name: MAPCO EXPRESS INC #7519

Former Trade Name: MAPCO EXPRESS INC #7519

Business Address : 3300 Springhill Drive, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premies & Small Farm Wine - Change of Manager from
Ronald Hoskin
03577

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:**



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: CURTIS EARP

TYPE OF APPLICATION: Retail Beer off Premies & Small Farm Wine - Change of Manager from Ronald Hoskin

BUSINESS NAME: MAPCO EXPRESS INC #7519

BUSINESS ADDRESS: 3300 Springhill Drive, North Little Rock, AR, 72103

DATE OF APPLICATION: 01/30/2015

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.