MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul
DATE: April 2, 2021
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 grocery store wine, retail beer off premises, small farm winery – retail permit – change of manager:

Tanner Krause  
Kum & Go #144  
5216 JFK Blvd  
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
NEWASSG0101

ASSIGNMENT

Received

APR 02 2021

City of NLR Mayor's Office

By: ______________________

Date Received: 03/15/2021

Date Assigned: 03/30/2021

Applicant: TANNER KRAUSE

D.O.B: 06/22/1987

Green Card Number (Permanent Resident Alien):

Home Address: 765 FOSTER DRIVE, DES MOINES, IA 50309

Home Phone: 5154576249

Business Phone: ______________________

Cell Phone: ______________________

Trade Name: KUM & GO #144

Former Trade Name: KUM & GO #144

Business Address: 5216 JFK BLVD., NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

is Business Address located within City Limits: N/P

Type Of Investigation: Change of Manager Application

Dancing, if requested: No

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to: ABC-ATC.AssignmentSheet@dfa.arkansas.gov;

Assigned to Investigator: ______________________

Stockholders / Partners / LLC Members: ______________________
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: TANNER KRAUSE

TYPE OF APPLICATION: GROCERY STORE WINE, GROCERY STORE WINE, RETAIL BEER OFF PREMISES, SMALL FARM WINERY - RETAIL

BUSINESS NAME: KUM & GO #144

BUSINESS ADDRESS: 5216 JFK BLVD., NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 03/15/2021

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.

Printed On: 03/30/2021
Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: Kyle Krause

<table>
<thead>
<tr>
<th>Permit No</th>
<th>Trade Name of Business and Address</th>
<th>Current Address</th>
<th>If new address change here</th>
</tr>
</thead>
<tbody>
<tr>
<td>01420-02</td>
<td>Kum &amp; Go I44 5216 JFK Blvd North Little Rock, AR 72117</td>
<td>30375 Napa Ranch Rd Waukee, IA 50263</td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address: 1459 Grand Ave Des Moines, IA 50309

Email Address: license@kumandgo.com

Please check the appropriate (Requested Change):

- [x] Change Of Manager
- [ ] Additional Stockholder(s)
- [ ] Additional Partner(s)

Please check applicable permits:

<table>
<thead>
<tr>
<th>Select</th>
<th>Permit Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x]</td>
<td>Retail Beer Off Premises</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>[x]</td>
<td>Small Farm Winery</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>[x]</td>
<td>Grocery Store Wine</td>
<td>$ 50.00</td>
</tr>
</tbody>
</table>

Total Amount: $ 150.00

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
MEMORANDUM

TO: ABC Administration  
    1515 West 7th Street, Suite 503  
    Little Rock, Arkansas 72201  

DATE: 3.3.2021

FROM: Kum & Go, LQ  
      1459 Grand Ave  
      Des Moines, IA 50309  

RE: New "On Site Representative"

NAME: Stephen Ray  
HOME ADDRESS: 9225 Woodbine Drive, Sherwood, AR 72120  
CONTACT TELEPHONE NUMBER: 501-975-1603  
DATE OF BIRTH (must be at least 21 years of age): 8/12/1973

The person above will be the "on site representative" for the business(s) listed below;  
list each location, including ABC permit number:

[Attachment]