

Communication #5

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: Anita Paul **AKP**
DATE: July 9, 2020
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:

Christopher DeSalvo
Shoppers Value Foods #5803
4155 E. Broadway
North Little Rock, AR 72117

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

Thank you.

Attachments

FILED AM 2:15 PM
BY Anita Paul
DATE 07-09-2020
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT
Received

Date Received: 07/06/2020

Date Assigned: 07/06/2020

Applicant: CHRISTOPHER DESALVO

JUL 09 2020

D.O.B: 07/21/1969

Green Card Number (Permanent Resident Alien):
Home Address: 91 CYPRESS CREEK, CABOT, AR 72023

City of NLR Mayor's Office
By: _____

Home Phone: 5016267915

Business Phone:

Cell Phone: (501) 945-9755

Trade Name: SHOPPERS VALUE FOODS #5803

Former Trade Name: SHOPPERS VALUE FOODS #5803

Business Address: 4155 E. BROADWAY, NORTH LITTLE ROCK, AR 72117, County 60 - PULASKI

is Business Address located within City Limits: N/P

Type Of Investigation: **Additional Permits**

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 : Michael Woods, Charles Evans, II

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: CHRISTOPHER DESALVO

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

BUSINESS NAME: SHOPPERS VALUE FOODS #5803

BUSINESS ADDRESS: 4155 E. BROADWAY, NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 07/06/2020

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: 07/06/2020

Handwritten: *AN Sent 7/1/20*



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR GROCERY STORE WINE PERMIT

Permitted Building Size
Check One: Less than 35,001 sq.ft
 35,001 sq.ft - 50,000 sq.ft
 50,001 sq.ft - 75,000 sq.ft
 Greater than 75,000 sq.ft

New Application
Replacement _____
Permit No. _____

Handwritten: *34147*

Handwritten: *A-11717-01*

I, or we, do hereby make application to the State of Arkansas for a permit to sell wine in a grocery store as authorized by Act 508 of 2017 and do hereby submit answers to the following questions under oath for your approval:

Cypress Creek Partners, LLC

FEIN#: 26-3370866

Corporate/Partnership/LLC Name

NAME Christopher S DeSalvo
First Middle Last

MAILING ADDRESS 7123 J. 30 suite 11 Little Rock 72209 Ark.
Street City Zip County

BUSINESS NAME Shoppers Value Foods #5803

BUSINESS ADDRESS 4155 E. Broadway NLR 72117 Ark.
Street City Zip County Township

Does your store, or will your store, maintain an inventory of human consumables? Yes No

Provide the date your store opened for business: 2009

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 3 %

Does anyone now hold any type of permit at this location? Yes No

a. If "yes", give name, permit type, and permit number(s)
Christopher DeSalvo - Retail Beer OFF Premises - Small Farm Winery - 00666

b. Is one of the permits listed above a small farm wine retail permit? Yes No

c. Will the named permittee and floor plan of the permitted premises remain unchanged? Yes No

d. If you answered "Yes" to the above question, please complete the "Certification of Permit Status" form. You do not need to complete the remaining portion of this application; however, you must sign the application and have it notarized.

Is the proposed location inside or outside city limits? _____

Are you the owner of the proposed premises? _____ Do you have the premises leased? _____

If leased, give name and address of owner _____

Handwritten stamp: *2011 MAY 28 P 1:55*



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

(B) Name and address of President and Secretary:

NOTE: A Schedule A form is to be completed by each party to this application and is to be considered a part of the application. Existing Small Farm Wine Retail Permittees need not complete a Schedule A form; however, they must complete a Certification of Permit Status form. Any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

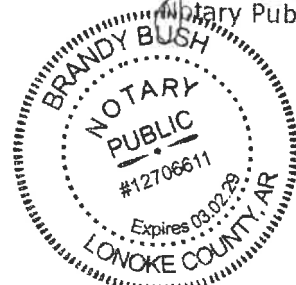
Signed this 5th day of May, 2020

[Signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 5 day of May, 2020

Brandy Bush
Notary Public

My Commission Expires: 3/21/2029



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

CERTIFICATION OF PERMIT STATUS
(FOR GROCERY STORE WINE PERMIT)

I, Christopher DeSalvo, certify that I am the existing
Applicant (Please Print)

permittee/managing agent for Arkansas Small Farm Wine Retail Permit Number 00666
Permit No.

issued to: Shoppers Value Foods #5803
Business Name

4155 E. Broadway NLR, AR 72117
Business Address

I further certify that the information on file with the Arkansas Alcoholic Beverage Control regarding my background, the permitted business entity, and the permitted location is accurate. I understand that any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 5th day of MAY, 2020

[Signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 5 day of May, 2020

Brandy Bush
Notary Public

My Commission Expires: 3/2/2029

