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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: September 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 retail beer off premises, retail liquor – replacement/new owner:

Gerry Issioffia  
Inter City Liquor  
4010 Pike Avenue  
North Little Rock, AR 72118

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

Thank you.

Attachments

FILED 10:33 A.M. \_\_\_\_\_ P.M.  
BY Anita Paul - Mayors office  
DATE 9-9-2020  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by K. Thomas

**ASSIGNMENT  
Received**

Date Received: 08/31/2020

Date Assigned: 08/31/2020

Applicant: GERRY ISSIOFFIA

SEP 09 2020

D.O.B: 04/28/1964

Green Card Number (Permanent Resident Alien): **City of NLR Mayor's Office**

**By:** \_\_\_\_\_

Home Address: 8815 BYRON DRIVE, LITTLE ROCK, AR 72205

Home Phone: 5019605162

Business Phone:

Cell Phone: (501) 960-5162

Trade Name: INTER CITY LIQUOR

Former Trade Name:

Business Address: 4010 PIKE AVENUE, NORTH LITTLE ROCK, AR 72118, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner**

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: GERRY ISSIOFFIA

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES, RETAIL LIQUOR

BUSINESS NAME: INTER CITY LIQUOR

BUSINESS ADDRESS: 4010 PIKE AVENUE, NORTH LITTLE ROCK, AR 72118, 60 - PULASKI

DATE OF APPLICATION: 08/31/2020

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: 08/31/2020

P9N  
sent 8/28/20



STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR LIQUOR PERMIT

Check One:  RETAIL  
 WHOLESALE

New Application \_\_\_\_\_  
Replacement  \_\_\_\_\_  
Permit No. 02194

A-1945-01

34426

I, or we, do hereby make application to the State of Arkansas for a permit to sell vinous, spirituous and malt liquors at WHOLESALE/RETAIL and do hereby submit answers to the following questions under oath for your approval:

[Redacted] Sole proprietor FEIN# 71-082-8404  
Corporate/ Partnership/LLC Name

NAME Gerry O Issioffia  
First Middle Last

HOME ADDRESS 8815 Byron Dr Little Rock, AR 72205 pulask  
Street City Zip County

BUSINESS NAME Inter city Liquor FORMER NAME Mary's Liquor Store

BUSINESS ADDRESS 4010 Pike Ave North Little Rock AR 72118 Pulaski  
Street City Zip County Township

Is proposed location inside or outside city limits? Inside city limit

Will this liquor outlet be operated in connection with any other business? yes If so, state type of business  
Convenience store

Are you the owner of the proposed premises? No Do you have the premises leased? working on it  
If leased, give name and address of owner Emanuel Nwachitwa 4010 pike Ave North Little Rock AR 721

What portion of the above described premises will apply to this permit? Leased.

APPLICANTS FOR RETAIL PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly, or indirectly, in the manufacture, blending, rectifying or wholesaling of alcoholic beverages, or beer? No If so, state name of party or parties: \_\_\_\_\_

APPLICANTS FOR WHOLESALE, RECTIFIER, OR MANUFACTURERS PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly or indirectly, in the dispensing at retail of alcoholic beverages, or beer? No If so, state name of party or parties: \_\_\_\_\_

Does anyone now hold any type of permit at this location? yes If so, give name and permit number(s)  
Kayode Spencer - Cole 02194

Give nearest distance, building to building, from CHURCH more than 600 ft SCHOOL More than 600 ft

RECEIVED  
2020 SEP 24 11:11 AM  
ABC



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

None

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

None

(B) Name and address of President and Secretary:

Gerry Issioffia 8815 Byron Dr Little Rock  
AR 72205

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.

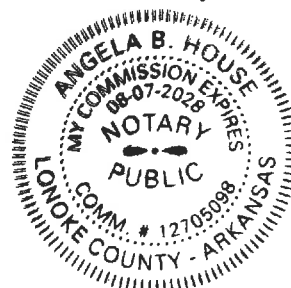
Signed this 21 day of July, 2020

[Signature]  
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 21 day of July, 2020

Angela B. House  
Notary Public

My Commission Expires: 08-07-2028





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

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

New Application \_\_\_\_\_  
Replacement  \_\_\_\_\_  
Permit No. 02194

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:

Sole Proprietor FEIN# [REDACTED] 71-0828404  
Corporate /Partnership/LLC Name

NAME Gerry O Issioffia  
First Middle Last

HOME ADDRESS 8815 Byron Dr. Little Rock, AR 72205 Pulaski  
Street City Zip County

BUSINESS NAME Inter-City Liquor FORMER NAME Mary's Liquor Store

BUSINESS ADDRESS 3422 Burks Av. North Little Rock 72118 Pulaski  
Street City Zip County Township

Is proposed location inside or outside city limits? Inside City Limit

Is the beer to be sold in connection with any other business? yes (A) If so, state type of business  
(café, drug store, pool hall, service station, convenience store, etc.) Convenience Store

(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? yes Do you have the premises leased? yes

If leased, give name and address of owner \_\_\_\_\_

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? YES If so, give name and permit number(s) Kayode Spencer - Cole 02194

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) \_\_\_\_\_

RECEIVED  
2011 AUG 24 P 2:4  
ABC



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

No

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

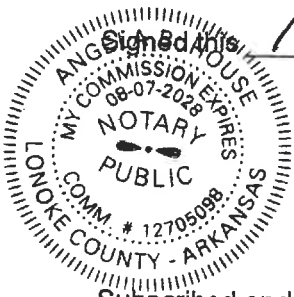
None

(B) Name and address of President and Secretary:

Gerry Issioffia

8815 Byron Dr., Little Rock, AR 72205

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 17 day of July, 2020.

*Issioffia*

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 17 day of July, 2020.

*Angela B. House*

Notary Public

My Commission Expires: 08-07-2028

