

Comm #1

OFFICE OF THE MAYOR



JOE A. SMITH  
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: August 24, 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 – new application #34395:

Lakisha Williams  
Williams Grocery  
2324 E Broadway  
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. **3:20** P.M.  
BY **A. Paul**  
DATE **8.24.20**  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by **J. Lissery**

NEWASSG0101

Printed On:08/20/2020

# ASSIGNMENT Received

Date Received: 08/18/2020

Date Assigned: 08/20/2020

Applicant: LAKISHA WILLIAMS

**AUG 24 2020**

D.O.B: 11/18/1978

Green Card Number (Permanent Resident Alien)

By: City of NLR Mayor's Office

Home Address: 107 WELLS FARGO TRAIL, JACKSONVILLE, AR 72076

Home Phone: 5019600108

Business Phone: (501) 503-5103

Cell Phone: (501) 960-0108

Trade Name: WILLIAMS GROCERY

Former Trade Name:

Business Address: 2324 E BROADWAY, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Application #34395**

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: LAKISHA WILLIAMS

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: WILLIAMS GROCERY

BUSINESS ADDRESS: 2324 E BROADWAY, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 08/18/2020

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: 08/20/2020

5/12/19/20  
Sent 8/19/20



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. \_\_\_\_\_

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:

Williams Grocery LLC FEIN# 85-0744032  
Corporate /Partnership/LLC Name

NAME Lalisha Antoinett Williams  
First Middle Last

HOME ADDRESS 167 Well Fargo Trl Jacksonville, Ar 72096 Pulaski  
Street City Zip County

BUSINESS NAME Williams Grocery FORMER NAME \_\_\_\_\_

BUSINESS ADDRESS 2324 E. Broadway North LR 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? Yes

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

Will there be dancing on the premises? No Dance Space \_\_\_\_\_ 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) \_\_\_\_\_

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ABC  
JUN 18 AM 11:1



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:

Lakisha A. Williams 107 Wells Fargo Trl Jacksonville, Ar 72076 - 100%  
\_\_\_\_\_  
\_\_\_\_\_

(B) Name and address of President and Secretary:

Lakisha A. Williams 107 Wells Fargo Trl Jacksonville Ar 72076  
\_\_\_\_\_

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 21st day of July, 2020

Lakisha A Williams  
Signature of Applicant or Managing Agent

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

Evelyn Best  
Notary Public

My Commission Expires: November 11, 2020

EVELYN BEST  
PULASKI COUNTY  
NOTARY PUBLIC - ARKANSAS  
My Commission Expires November 11, 2020  
Commission No. 12379541