

#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: Charlotte Thomas *ct*
DATE: January 21, 2016
SUBJECT: Alcoholic Beverage 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 on premises Private Club & Retail Beer permit with a change of Manager from Philip Patten 02994:

Margarett S. Hinson
4 Quarter Bar
415 Main Street
North Little Rock, AR 72114

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

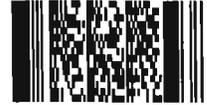
Thank you.

Attachments

FILED _____ A.M. 4:15 P.M.
BY: Charlotte Thomas
DATE 1-21-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Charlotte Thomas

ASSIGNMENT

D6J003-D6L613



Date Received: 12/22/2015

Date Assigned: 01/19/2016

Applicant: MARGARETT S. HINSON

D.O.B: 01/11/1948

RECEIVED

JAN 21 2016

Green Card Number (Permanent Resident Alien):

CITY OF NLR, MAYOR'S OFFICE
BY _____

Home Address: 5216 Crescent Drive, North Little Rock, AR, 72118

Home Phone:

Business Phone :

Cell Phone: 501-590-4202

Trade Name: 4 QUARTER BAR

Former Trade Name: TRAX

Business Address : 415 Main Street, North Little Rock

County Pulaski

Type Of Investigation: Private Club & Retail Beer on Premises - Change of Manager from Philip Patten 02994

Dancing, if requested: Yes

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:



15/07/2016 10:00

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: MARGARETT S. HINSON

TYPE OF APPLICATION: Private Club & Retail Beer on Premises - Change of Manager from Philip Patten

BUSINESS NAME: 4 QUARTER BAR

BUSINESS ADDRESS: 415 Main Street, North Little Rock, AR, 72116

DATE OF APPLICATION: 12/22/2015

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE : _____

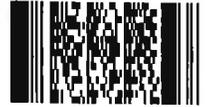
SIGNATURE OF OFFICIAL: _____ DATE: _____

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.



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES
FOR PRIVATE CLUB PERMIT

NAME OF OUTLET 4 Quarter Bar

CITY n. Little Rock ar COUNTY pulaski

Arkansas Law requires that a private club must exist for some reason other than the consumption of alcoholic beverages. On this sheet of paper, which is a part of your verified application, you are to describe, in complete detail, what entertainment (live bands, dancers, food service, etc.), social functions, or other recreational events will be available at the club for the members. If you are in doubt about whether to list an item, you are urged to include it.

Under Section 1.34 of the ABC regulations, any permit issued by this agency is only valid for the uses described in the original application. Any material change in the club's operation or entertainment, other than originally listed in this application, *without prior approval of the director*, shall be grounds or revocation of your permit.

On your floor plan, which is a separate attachment, please mark the entrance to the private club, noting the location of the guest book, and mark any major features of the private club area, including where specific entertainment items will be located.

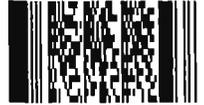
PLEASE PRINT OR TYPE YOUR RESPONSES BELOW. USE THE BACK OF FORM, OR ADDITIONAL SHEETS, IF NECESSARY.

We Will have live Music fri and Sat nights - We Plan on Serving
food from a full Kitchen Area - There Will be a small dance floor -

CTN00000101

Application For Change Of Trade Name

D6J003-D6L044



Permit Holder: PHILIP PATTEN

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
02994	TRAX 415 Main Street, North Little Rock, AR, 72116		

Home Address	Current Address	If new address change here
	9 Midwood Court Little Rock, AR, 72205	
Mailing Address	P.O. Box 34083 Little Rock, AR, 72203	
Email Address		

Please check applicable permits :

Select	Permit Description	Fee	
<input checked="" type="checkbox"/>	Retail Beer On Premises	\$50.00	
<input checked="" type="checkbox"/>	Private Club Class B	\$50.00	NO CASH
Total Amount :			

Business Trade Name Requested :	<i>4 Quarter Bar</i>
--	----------------------

I, **PHILIP PATTEN**, do hereby acknowledge the following and request re-issuance of Alcoholic Beverage Control Permit(s) Changing trade name for the above referenced business.

- That I received a copy of Instructions for Change Of Trade Name Application.
- That all answers are true to the best of my knowledge.

12-15-15
Date

Philip Patten
Permittee's Signature

OK

RECEIVED
2015 DEC 17 P 3:19
A.B.C.

COM00000101

06J003-D&L.045



Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: PHILIP PATTEN

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
02994	TRAX 415 Main Street, North Little Rock, AR, 72116		

Home Address	Current Address	If new address change here
	9 Midwood Court Little Rock, AR, 72205	
Mailing Address	P.O. Box 34083 Little Rock, AR, 72203	
Email Address		

Please check the appropriate (Requested Change) :

Change Of Manager

Additional Stockholder(s)

Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	
<input checked="" type="checkbox"/>	Retail Beer On Premises	\$50.00	NO CASH
<input checked="" type="checkbox"/>	Private Club Class B	\$50.00	
Total Amount :			

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).

12-15-15
Date

Signature

RECEIVED
2015 DEC 22 P 3:06