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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: Glinda Craigmyle *GC*  
DATE: December 28, 2017  
SUBJECT: Alcoholic Beverages 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 off premises Grocery Store Wine – New

Randy Horne  
Corner Store #1795  
9723 Maumelle Blvd.  
North Little Rock, AR

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

Thank you.

Attachments

FILED 10:30 A.M. \_\_\_\_\_ P.M.  
BY Glinda C. Mayors Office  
DATE 12-28-17  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by *[Signature]*

NEWASSG0101

# ASSIGNMENT

D6J003-D6L013



**Date Received:** 12/13/2017

**Date Assigned:** 12/14/2017

**Applicant:** RANDY HORNE

**D.O.B:** 09/24/1956

**Green Card Number (Permanent Resident Alien):**

**Home Address:** 8903 Burning Tree Road, Pensacola, FL, 32514

**Home Phone:**

**Business Phone :** 850-549-2876

**Cell Phone:** 850-454-1134

**Trade Name:** CORNER STORE #1795

**Former Trade Name:**

**Business Address :** 9723 Maumelle Blvd., North Little Rock

**County** Pulaski

**Type Of Investigation:** Grocery Store Wine - NEW

**Dancing, if requested:**

**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:**

ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS



ORJ000 100 0 1

APPLICANT'S NAME: RANDY HORNE

TYPE OF APPLICATION: Grocery Store Wine - NEW

BUSINESS NAME: CORNER STORE #1795

BUSINESS ADDRESS: 9723 Maumelle Blvd., North Little Rock, AR, 72113

DATE OF APPLICATION: 12/13/2017

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 ACICs request, do not run your own criminal history check through ACIC.**

**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. 00795

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:

CST Arkansas Station LLC FEIN#: 90-0815630  
 \_\_\_\_\_  
 Corporate/Partnership/LLC Name

NAME Randy Cremona Horne  
 \_\_\_\_\_  
 First Middle Last

MAILING ADDRESS 19500 Bulverde Rd., San Antonio 78259 Bexar  
 \_\_\_\_\_  
 Street City Zip County

BUSINESS NAME CORNER STORE 1795  
 \_\_\_\_\_

BUSINESS ADDRESS 9723 Maumelle Blvd North Little Rock 72113 Pulaski  
 \_\_\_\_\_  
 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: 6/30/2012

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 14 %

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

a. If "yes", give name, permit type, and permit number(s)  
Randy Horne Retail Beer Off Premise/ Small Farm Winery - Retail 00795

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? 08 10 30

Are you the owner of the proposed premises? \_\_\_\_\_ Do you have the premises leased? \_\_\_\_\_

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

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 7th day of December, 2017.

*[Handwritten Signature]*

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 7th day of December, 2017.

*[Handwritten Signature: Deborah M. Bratton]*

Notary Public

My Commission Expires: 4/21/2018



DEBORAH M. BRATTON  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF114752  
Expires 4/21/2018