

OFFICE OF THE MAYOR

Comm. #1



JOE A. SMITH
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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 30, 2016
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 a restaurant mixed drink permit with a change of manager from Falon Vela:

Nadeem Siddique
Nick's Bar Louie NLR
3929 McCain 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 _____ A.M. 12:35 P.M.
BY G. Craigmyle
DATE 12-30-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by D. Kessler

REPASSG0101

12/09/2016

ASSIGNMENT

DGJ003 DGL013



Date Received: 12/08/2016

Date Assigned: 12/09/2016

Applicant: NADEEM SIDDIQUE

D.O.B: 09/22/1958

Green Card Number (Permanent Resident Alien):

Home Address: 16 Menden Lane, Little Rock, AR, 72223

Home Phone:

Business Phone : 501-420-1445

Cell Phone:

Trade Name: NICK'S BAR LOUIE NLR

Former Trade Name: BAR LOUIE

Business Address : 3929 McCain Blvd., North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Replacement from Falon Vela
05878

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

ALB 100 (REV. 11/15)

APPLICANT'S NAME: NADEEM SIDDIQUE

TYPE OF APPLICATION: Restaurant Mixed Drink - Replacement from Falon Vela

BUSINESS NAME: NICK'S BAR LOUIE NLR

BUSINESS ADDRESS: 3929 McCain Blvd., North Little Rock, AR, 72116

DATE OF APPLICATION: 12/08/2016

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.**



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

06.003-031.011

NAME OF OUTLET NICK'S BAR LOUIE NLR

CITY NORTH LITTLE ROCK COUNTY PULASKI

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

BAR AND RESTAURANT
LOCATION HAVE TV'S, MUSIC
OCCASIONALLY D.J. OR LIVE BAND IN THE FUTURE

FILED
12874



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel
() Restaurant Only

New Application _____
Replacement ✓
Permit No. 5878
Vela Falon

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

FEIN# _____

Corporate/Partnership/LLC Name _____

NAME NADEEM AYUB SIDDIQUE
First Middle Last

HOME ADDRESS 16 MENDEN LANE L.R. 72223 PULASKI
Street City Zip County

BUSINESS NAME NICKS BAR LOUIE NLR FORMER NAME NLR BAR LOUIE

BUSINESS ADDRESS 3929 MCCAIN BLVD NLR 72116 PULASKI
Street City Zip County

Is proposed location inside or outside city limits? INSIDE

Are the beverages to be sold in connection with any other business? YES If so, state type of business
BAR AND RESTAURANT

Are you the owner of the proposed premises? NO If leased, give name and address of owner
SIMON PROPERTY Does

anyone now hold a permit at this location? YES If so, give name, type and permit number(s) of same
FALON VELA RESTAURANT MIXED DRINK MAX. 05878

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? NO
If so, give name, place and permit number(s) _____

Number of sleeping rooms in hotel 0 Seating capacity of restaurant OVER 200
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast _____ Lunch X Dinner X Number of days open per week 7

Has there ever been a beer, wine or liquor permit revoked at this location? NO If so, give name and date
revoked _____

RECEIVED
DEC 8 2016
DEC 8 2016
RECEIVED
DEC 8 2016
DEC 8 2016



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: Schedule A is to be completed by each party to this application and is to be considered a part of 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 7 day of DEC 2016



[Signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 7th day of December, 2016

[Signature]
Notary Public

My Commission Expires: 10/08/2019