

# 8

OFFICE OF THE MAYOR



JOE A. SMITH  
MAYOR  
mayor@nlr.ar.gov

PHONE (501) 975-8601  
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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: October 2, 2018  
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 new restaurant beer and wine permit:

Khader A. Qandah  
Smokey Joe's Restaurant  
13503 Crystal Hill  
North Little Rock, AR

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

Thank you.

Attachments

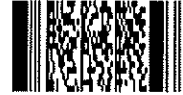
FILED 10:45 AM \_\_\_\_\_ PM  
BY G. Craigmyle  
DATE 10-2-18  
Diana Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by J. Ussey

NEWASSG0101

09/21/2018

## ASSIGNMENT

D8J003-D6L013



Date Received: 09/14/2018

Date Assigned: 09/21/2018

Applicant: KHADER A. QANDAH

D.O.B: 12/21/1956

Green Card Number (Permanent Resident Alien):

Home Address: 1803 Maple Ridge, Benton, AR, 72019

Home Phone:

Business Phone : 501-803-9445

Cell Phone: 501-590-9355

Trade Name: SMOKEY JOE'S RESTAURANT

Former Trade Name:

Business Address : 13503 Crystal Hill, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Beer and Wine - NEW

Dancing, if requested:

Comments / Remarks : **"Correction of Home Address"**

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:

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Stockholders / Partners / LLC  
Members:

### AMENDMENT

Sharon A Qandah, 1803 Maple Ridge, Benton, AR, 72109  
DOB: 6/19/1961

ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS



APPLICANT'S NAME: KHADER A. QANDAH

TYPE OF APPLICATION: Restaurant Beer and Wine - NEW

BUSINESS NAME: SMOKEY JOE'S RESTAURANT

BUSINESS ADDRESS: 13503 Crystal Hill, North Little Rock, AR, 72113

DATE OF APPLICATION: 09/14/2018

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.

PKP/PIN  
Given 9/14/18



STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION TO SELL RESTAURANT BEER  
AND WINE (ON PREMISES ONLY)

New \_\_\_\_\_  
Replacement \_\_\_\_\_  
Permit No. \_\_\_\_\_

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer and wine on the premises of a restaurant and do hereby submit answers to the following questions under oath:

IF CORPORATION/LLC, GIVE NAME Qandah Invest Co Inc FEIN# 71-054245C

NAME OF APPLICANT Khader Qandah

HOME ADDRESS 1803 Maple Ridge Reston 72019 Saline  
Street Address City Zip County

TRADE NAME OF BUSINESS Smokely Joe's Bar FORMER NAME Restaurant #2

ADDRESS OF BUSINESS 13503 Crystal Hill North Little Rock 72113  
Street Address City Zip County Pulaski

Is proposed location inside or outside the city limits? inside

Is your establishment primarily engaged in the business of serving food to the public prepared for consumption on the premises? Yes

Are you the owner of the proposed premises? NO Do you have the premises leased? Yes

If so, give name and address of owner Regal Properties LLC Colliers Int.  
P.O. Box 3546 Little Rock Ar. 72203-3546

Does anyone now hold a permit at this location? NO If so, give name, type and permit number(s) of same \_\_\_\_\_

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) \_\_\_\_\_  
2018 SEP 14 4 07 PM

Will there be dancing on the premises? NO Dance Space x



If applicant is a partnership, give name and address of all partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicant is a corporation/LLC give (A) names and addresses of stockholders/shareholders and amount of stock/shares held by each:

Khader Qandah 1803 Maple Ridge Benton Ar 72019 501  
Sharon Qandah 1803 Maple Ridge Benton Ar 72019 509

(B) Give names and addresses 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 this application; any misstatements or concealment of fact will be grounds for refusal of application or revocation of permit(s) if later disclosed.

Signed this 13 day of 9-2018

[Signature]  
Signature of Applicant or Managing Agent

Sworn and subscribed before me this 13 day of September, 2018

[Signature]  
Notary Public

My Commission Expires:  
7/15/25





DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

\*For all ON PREMISES permits - except private clubs\*

NAME OF OUTLET Smokey Joe's Bar-B-Q  
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.

restaurant w TV and Radio