

Comm  
#01

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: Anita Paul *AKP*  
DATE: February 5, 2019  
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 new grocery store wine permit:

Johnathan S. Muse  
CVS/Pharmacy #10975  
2501 McCain Blvd  
North Little Rock, AR

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

Thank you.

Attachments

FILED \_\_\_\_\_ A.M. 2:45 P.M.  
BY A. Paul  
DATE 2-5-19  
Diene Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by D. Whisery

NEWASSG0101

02/01/2019

**ASSIGNMENT**

D6J003-D6L013



Date Received: 01/30/2019

Date Assigned: 02/01/2019

Applicant: JOHNATHAN S. MUSE

D.O.B: 07/26/1977

Green Card Number (Permanent Resident Alien):

Home Address: 30 Carriage Cove, Austin, AR, 72007

Home Phone:

Business Phone : 501-834-1090

Cell Phone: 501-606-9287

Trade Name: CVS/PHARMACY #10975

Former Trade Name:

Business Address : 2501 McCain 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

Eric S. Higgins, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: \_\_\_\_\_

Stockholders / Partners / LLC  
Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS



D6J003-D6L012

APPLICANT'S NAME: JOHNATHAN S. MUSE

TYPE OF APPLICATION: Grocery Store Wine - NEW

BUSINESS NAME: CVS/PHARMACY #10975

BUSINESS ADDRESS: 2501 McCain Blvd., North Little Rock, AR, 72116

DATE OF APPLICATION: 01/30/2019

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.**

1515 West 7th Street  
Little Rock, AR 72201

Rec'd 1-30-19

STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR GROCERY STORE WINE PERMIT

Permitted Building Size

- Check One:  Less than 35,001 sq.ft \$1,000,000  
 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. \_\_\_\_\_

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:

ARKANSAS CVS PHARMACY, L.L.C.

FEIN#: 45-2673479

Corporate/Partnership/LLC Name

NAME Jonathon Shane Muse  
 First Middle Last

MAILING ADDRESS One CVS Dr, Licensing Dept/MC1160, Woonsocket, RI 02895  
 Street City Zip County

BUSINESS NAME CVS/PHARMACY # 10975

BUSINESS ADDRESS 2501 McCain Blvd. North Little Rock, AR 72116 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: 01/27/2019

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 1%

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

a. If "yes", give name, permit type, and permit number(s)

Retail Beer Off Premises & Small Farm Winery-Retail License # 00343

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? \_\_\_\_\_

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.

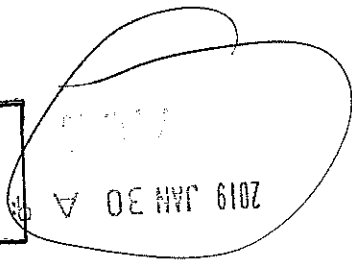
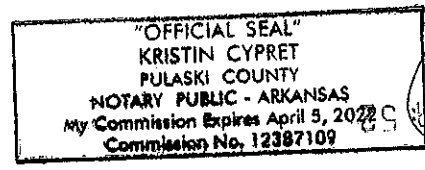
Signed this 26 day of January, 2019.

[Signature]  
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 26 day of January, 2019.

[Signature]  
Notary Public

My Commission Expires: April 5, 2022



STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION

CERTIFICATION OF PERMIT STATUS  
(FOR GROCERY STORE WINE PERMIT)

I, Jonathon Shane Muse, certify that I am the existing  
*Applicant (Please Print)*

permittee/managing agent for Arkansas Small Farm Wine Retail Permit Number 00343  
*Permit No.*

issued to: Arkansas CVS Pharmacy, L.L.C. dba CVS/pharmacy # 10975  
*Business Name*

2501 McCain Blvd., North Little Rock, AR 72116  
*Business Address*

I further certify that the information on file with the Arkansas Alcoholic Beverage Control regarding my background, the permitted business entity, and the permitted location is accurate. I understand that any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 28 day of January, 2019.

Jonathon S Muse  
*Signature of Applicant or Managing Agent*

Subscribed and sworn to before me this 28 day of January, 2019.

Kristin Cypret  
*Notary Public*

My Commission Expires: April 5, 2022

2019 JAN 30 A 9:52

