

Handwritten mark: a star with a vertical line through it.

OFFICE OF THE MAYOR



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

PHONE (501) 340-5301
FAX (501) 340-5333

CITY HALL
P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
website: www.northlittlerock.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: January 27, 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 new restaurant mixed drink permit:

Judy C. Waller-Breece
U.S. Pizza Company, Inc.
4001 McCain Park Drive
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 11:45 A.M. _____ P.M.
BY Glinda Craigmyle
Mayor's Office
DATE 1/27/16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT

D6J003-D6L013



Date Received: 01/11/2016

Date Assigned: 01/19/2016

Applicant: JUDY C. WALLER-BREECE

D.O.B: 08/25/1947

Green Card Number (Permanent Resident Alien):

Home Address: 200 Ridgeway, Little Rock, AR, 72205

Home Phone:

Business Phone :

Cell Phone: 501-280-0399

Trade Name: U.S. PIZZA COMPANY, INC.

Former Trade Name:

Business Address : 4001 McCain Park Drive, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - NEW

Dancing, if requested:

Comments / Remarks : This location currently hold a retail beer on premises & restaurant wine permit

Copies Of Assignment and Comment Form Mailed to: Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

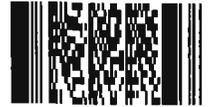
Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC

Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



RESTAURANT PERMIT

APPLICANT'S NAME: JUDY C. WALLER-BREECE

TYPE OF APPLICATION: Restaurant Mixed Drink - NEW

BUSINESS NAME: U.S. PIZZA COMPANY, INC.

BUSINESS ADDRESS: 4001 McCain Park Drive, North Little Rock, AR, 72116

DATE OF APPLICATION: 01/11/2016

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.

AK
1-1314



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

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

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

New Application
Replacement
Permit No.

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.

U.S. Pizza Co. FEIN# 71-0661909
Corporate/Partnership/LLC Name

NAME Judy C. Waller-Breece
First Middle Last

HOME ADDRESS 200 Ridgeway Little Rock 72205 Polaski
Street City Zip County

BUSINESS NAME U.S. Pizza Co. FORMER NAME _____

BUSINESS ADDRESS 4001 McCain Park Dr. North Little Rock 72116 Polaski
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
Restaurant

Are you the owner of the proposed premises? Yes If leased, give name and address of owner
_____ Does

anyone now hold a permit at this location? Yes If so, give name, type and permit number(s) of same
Judy C. Waller-Breece, Retail Beer, 02723

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? Yes
If so, give name, place and permit number(s) See attachment

Number of sleeping rooms in hotel _____ Seating capacity of restaurant 235
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast _____ Lunch Dinner 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 _____

2016 JAN 11 3:23
GSA/BOEN



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

NAME OF OUTLET U.S. Pizza Co.

CITY North Little Rock COUNTY Polaski

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 much specified as to the type and description of that entertainment, i.e., live bands, dancers, etc.

Restaurant serving pizza, salads, and sandwiches.

Multiple horizontal lines for additional text entry.