

#3

OFFICE OF THE MAYOR



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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: February 1, 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 retail liquor and retail beer off premises permit with a replacement from Iskandar Sbait:

Cherihan I. Sbait
D & H Liquor
1604 Pike Ave.
North Little Rock, AR

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

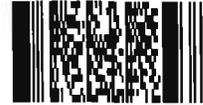
Thank you.

Attachments

FILED *2* A.M. *2:15* P.M.
BY *G. Craigmyle*
DATE *2-1-16*
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by *B. Taylor*

ASSIGNMENT

D6J003 D6L013



Date Received: 01/14/2016

Date Assigned: 01/27/2016

Applicant: CHERIHAN I. SBAIT

D.O.B: 02/01/1985

Green Card Number (Permanent Resident Alien):

Home Address: 1308 South Bailey Street, Jacksonville, AR, 72076

Home Phone:

Business Phone : 501-375-7199

Cell Phone: 501-529-2058

Trade Name: D & H LIQUOR

Former Trade Name: D & H LIQUOR

Business Address : 1604 Pike Ave., North Little Rock

County Pulaski

Type Of Investigation: Retail Liquor & Retail Beer off Premises - Replacement from Iskandar Sbait
00835

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith & City Council

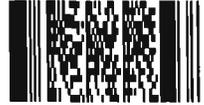
Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC Members:



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

DR 162 (REV 11)

APPLICANT'S NAME: CHERIHAN I. SBAIT

TYPE OF APPLICATION: Retail Liquor & Retail Beer off Premises - Replacement from Iskandar Sbait

BUSINESS NAME: D & H LIQUOR

BUSINESS ADDRESS: 1604 Pike Ave., North Little Rock, AR, 72114

DATE OF APPLICATION: 01/14/2016

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.

FCS
1-14-10



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR LIQUOR PERMIT

Check One: () RETAIL

() WHOLESALE

New Application _____
Replacement _____
Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell vinous, spirituous and malt liquors at WHOLESALE/RETAIL and do hereby submit answers to the following questions under oath for your approval:

Corporate/ Partnership/LLC Name _____ FEIN# _____

NAME Cherinan Iskandar Sbait
First Middle Last

HOME ADDRESS 1308 S. Bailey St. Jacksonville 72076 Pulaski
Street City Zip County

BUSINESS NAME D & H Liquor FORMER NAME _____

BUSINESS ADDRESS 11004 Pike Ave NLR 72114 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? Inside

Will this liquor outlet be operated in connection with any other business? NO If so, state type of business _____

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

If leased, give name and address of owner Laura Bramlett 35K Holding-3704 N. Hills Blvd NLR

What portion of the above described premises will apply to this permit? 100% Building

APPLICANTS FOR RETAIL PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly, or indirectly, in the manufacture, blending, rectifying or wholesaling of alcoholic beverages, or beer? NO If so, state name of party or parties: _____

Iskandar Sbait # 00835

APPLICANTS FOR WHOLESALE, RECTIFIER, OR MANUFACTURERS PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly or indirectly, in the dispensing at retail of alcoholic beverages, or beer? NO If so, state name of party or parties: _____

Does anyone now hold any type of permit at this location? Yes If so, give name and permit number(s) _____

Iskandar Sbait #00835

Give nearest distance, building to building, from CHURCH 3 miles SCHOOL 1.1 miles

RECEIVED
JAN 14 12:59



**STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT**

Check One: () ON PREMISES CONSUMPTION
() OFF PREMISES CONSUMPTION

New Application _____
Replacement _____
Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer at retail, and do hereby submit answers to the following questions under oath for your approval:

Corporate /Partnership/LLC Name _____ FEIN# _____

NAME Cherinan Iskandar Sbait
First Middle Last

HOME ADDRESS 1308 S. Bailey St. Jacksonville AR 7207
Street City Zip County Pulaski

BUSINESS NAME D & H Liquor FORMER NAME _____

BUSINESS ADDRESS 1604 Pike Ave NLR 72114 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? Inside

Is the beer to be sold in connection with any other business? NO (A) If so, state type of business (café, drug store, pool hall, service station, convenience store, etc.) _____

_____ (B) If beer is to be sold in connection with a motor fuel sales business give number of gasoline and/or diesel pumps at each location _____

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

If leased, give name and address of owner Paula Bramlett 3704 N. Hills Blvd NLR, AR

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

Does anyone now hold a beer or any other permit at this location? Yes If so, give name and permit number(s) Iskandar Sbait # 00835

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes If so, give name and permit number(s) Iskandar Sbait # 00835

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? NO

If held, give name, place and permit number(s) _____

2016 JAN 14 P 12:56

RECEIVED