

#4

OFFICE OF THE 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 Douglas McDowall:

Kulwinder Kaur
Neighborhood Wine & Spirits
4526 Camp Robinson Rd.
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. 2:15 P.M.
BY G. Craigmyle
DATE 2-1-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by D. Jayne

REPASSG0101

ASSIGNMENT

D6J003-D6L613



Date Received: 01/14/2016

Date Assigned: 01/27/2016

Applicant: KULWINDER KAUR

D.O.B: 01/02/1977

Green Card Number (Permanent Resident Alien):

Home Address: 5909 JFK, Apt 5302, North Little Rock, AR, 72118

Home Phone:

Business Phone : 501-791-2626

Cell Phone: 501-516-1346

Trade Name: NEIGHBORHOOD WINE & SPIRITS

Former Trade Name: NEIGHBORHOOD WINE & SPIRITS

Business Address : 4526 Camp Robinson Rd., North Little Rock **County** Pulaski

Type Of Investigation: Retail Liquor & Retail Beer off Premises - Replacement from Douglas McDowall
02366

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

FORM ABC-100 (01/15)

APPLICANT'S NAME: KULWINDER KAUR

TYPE OF APPLICATION: Retail Liquor & Retail Beer off Premises - Replacement from Douglas McDowall

BUSINESS NAME: NEIGHBORHOOD WINE & SPIRITS

BUSINESS ADDRESS: 4526 Camp Robinson Rd., North Little Rock, AR, 72118

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.

Handwritten scribbles



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR LIQUOR PERMIT

Check One: RETAIL
 WHOLESALE

New Application
Replacement
Permit No. 2366

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:

GURAV, LLC FEIN# 47-5662537
Corporate/ Partnership/LLC Name

NAME KULWINDER KAUR
First Middle Last

HOME ADDRESS 509 JPK, Apt 5302, NLR 72118 Pulaski
Street City Zip County

BUSINESS NAME Neighborhood Wine and SPIRITS FORMER NAME —

BUSINESS ADDRESS 4526 CAMP ROBINSON NLR 72118 PULASKI
Street City Zip County Township

Is proposed location inside or outside city limits? yes

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? yes Do you have the premises leased? No

If leased, give name and address of owner N/A

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

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:

RECEIVED
JAN 14 2011
A.B.C.

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)

Douglas D. McDOWALL, RLH 02366

Give nearest distance, building to building, from CHURCH over 100ft SCHOOL over 100ft