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OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: March 19, 2015
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 restaurant mixed drink permit with a change of manager from Dan Jayroe:

Chad M. Jones
Mexico Chiquito, Inc.
4511 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. 4:15 P.M.
BY Glinda - Mayor's Ofc.
DATE 3-19-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by J. Marshall

ASSIGNMENT

D6J003 D8LC13



Date Received: 03/12/2015

Date Assigned: 03/13/2015

Applicant: CHAD M. JONES

D.O.B: 11/10/1972

Green Card Number (Permanent Resident Alien):

Home Address: 23801 Mills Mountain Road, Little Rock, AR, 72223

Home Phone:

Business Phone : 501-851-1411

Cell Phone: 501-837-8913

Trade Name: MEXICO CHIQUITO, INC.

Former Trade Name: MEXICO CHIQUITO, INC.

Business Address : 4511 Camp Robinson Rd., North Little Rock **County** Pulaski

Type Of Investigation: Restaurant Mixed Drink - Change of Manager from Dan Jayroe
02239

Dancing, if requested:

Comments / Remarks :

**Copies Of Assignment and
Comment Form Mailed to:**

Mayor Joe Smith & City Council

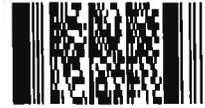
Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

**Stockholders / Partners / LLC
Members:**



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: CHAD M. JONES

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Dan Jayroe

BUSINESS NAME: MEXICO CHIQUITO, INC.

BUSINESS ADDRESS: 4511 Camp Robinson Rd., North Little Rock, AR, 72118

DATE OF APPLICATION: 03/12/2015

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.

