

#7

OFFICE OF THE MAYOR



JOE A. SMITH
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: April 9, 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 replacement from Emma Gist:

Sheila A. Aekel
Chief's Café
6708 Hwy. 161 N.
North Little Rock, AR

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

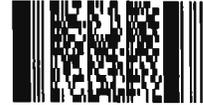
Thank you.

Attachments

FILED _____ A.M. 2:23 P.M.
BY G. Craigmyle
DATE 4-9-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT

D6J003-06L013



Date Received: 04/02/2015

Date Assigned: 04/03/2015

Applicant: SHEILA A. AEKEL

D.O.B: 01/11/1958

Green Card Number (Permanent Resident Alien):

Home Address: 6708 Hwy. 161, North Little Rock, AR, 72117

Home Phone:

Business Phone : 501-833-9110

Cell Phone: 720-308-9904

Trade Name: CHIEF'S CAFE

Former Trade Name: CHIEF'S CAFE

Business Address : 6708 Hwy. 161 N., North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Replacement from Emma Gist
00617

Dancing, if requested:

Comments / Remarks :

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

Mayor Joe Smith & City Council

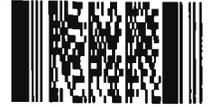
Michael Davis, Chief of Police

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: SHEILA A. AEKEL

TYPE OF APPLICATION: Restaurant Mixed Drink - Replacement from Emma Gist

BUSINESS NAME: CHIEF'S CAFE

BUSINESS ADDRESS: 6708 Hwy. 161 N., North Little Rock, AR, 72117

DATE OF APPLICATION: 04/02/2015

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.

