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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: April 19, 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 restaurant mixed drink permit with a change of manager from Nahri Kim:

Falon Vela
Bar Louie
3929 McCain Blvd.
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 9:15 A.M. _____ P.M.
BY Glinda Craigmyle-Mayors
DATE 4-19-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Bo Thomas

ASSIGNMENT

D6J003-D6L013



Date Received: 04/08/2016

Date Assigned: 04/13/2016

Applicant: FALON VELA

D.O.B: 12/02/1982

Green Card Number (Permanent Resident Alien):

Home Address: 16401 Chenal Valley Drive #5104, Little Rock, AR, 72223

Home Phone:

Business Phone : 501-228-0444

Cell Phone: 501-590-5390

Trade Name: BAR LOUIE

Former Trade Name: BAR LOUIE

Business Address : 3929 McCain Blvd., North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Change of Manager from Nahri Kim
05878

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



05/05/2017

APPLICANT'S NAME: FALON VELA

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Nahri Kim

BUSINESS NAME: BAR LOUIE

BUSINESS ADDRESS: 3929 McCain Blvd., North Little Rock, AR, 72116

DATE OF APPLICATION: 04/08/2016

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)

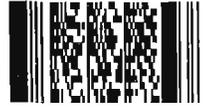
If yes, please explain your objections below:

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

COM00000101

D6J003-D6L045



Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: Nahri Kim

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
05878	BAR LOUIE 3929 McCain Blvd., North Little Rock, AR, 72116	501-228-0444	501-420-1445

	Current Address	If new address change here
Home Address	26 Serenity Drive Little Rock, AR, 72205	
Mailing Address	320 Eagle Crest Drive, Suite D Evansville, IN, 47715	11525 Cantrell Rd Ste 924 Little Rock, AR 72212
Email Address		

Please check the appropriate (Requested Change) :

- Change Of Manager
- Additional Stockholder(s)
- Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	
<input checked="" type="checkbox"/>	Restaurant Mixed Drink Maximum	\$50.00	NO CASH
Total Amount :			

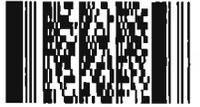
I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

03/02/16
Date

Fal Vela
Signature

RECEIVED
2016 APR - 8 - 8 P 2: 14

RECEIVED
2016 MAR 23 A 10: 55



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

D6J003-D6L014

NAME OF OUTLET Bar Louie

CITY North Little Rock COUNTY Pulaski

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.

We are a restaurant that specializes in hand-crafted martinis. We have a full kitchen with appetizers, flatbreads, sandwiches and desserts and stay open until 2:00am Monday through Friday, 1:00am Saturday and 12:00am Sunday.

Multiple horizontal lines for additional text entry.