

#3

OFFICE OF THE MAYOR



JOE A. SMITH
MAYOR
mayor@nlr.ar.gov

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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: Anita Paul *AKP*
DATE: April 30, 2019
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* forms from the State of Arkansas. Alcoholic Beverage Control Division.

The following applicant has applied for a new grocery store wine permit:

John A. Moore
Murphy Oil USA #7466
13201 Crystal Hill Rd
North Little Rock, AR

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

Thank you.

Attachments

FILED _____ A.M. 3:30 P.M.
BY Anita Paul
DATE 4-30-19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Diane Whitbey

NEWASSG0101

APR 26 2019



D6J003-D6L013

**ASSIGNMENT
RECEIVED**
APR 30 2019
BY

Date Received: 04/03/2019

Date Assigned: 04/26/2019

Applicant: JOHN A. MOORE

D.O.B: 07/07/1967

Green Card Number (Permanent Resident Alien):

Home Address: 2316 Ridgewood, El Dorado, AR, 71730

Home Phone:

Business Phone : 501-851-1724

Cell Phone: 870-875-7517

Trade Name: MURPHY OIL USA # 7466

Former Trade Name:

Business Address : 13201 Crystal Hill Road, North Little Rock

County Pulaski

Type Of Investigation: Grocery Store Wine - NEW

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and
Comment Form Mailed to:

Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Eric S. Higgins, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC
Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



D6J003-D6L012

APPLICANT'S NAME: JOHN A. MOORE

TYPE OF APPLICATION: Grocery Store Wine - NEW

BUSINESS NAME: MURPHY OIL USA # 7466

BUSINESS ADDRESS: 13201 Crystal Hill Road, North Little Rock, AR, 72113

DATE OF APPLICATION: 04/03/2019

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. **Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACIC's request, do not run your own criminal history check through ACIC.**

Effective 7-17-9



**STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION**

APPLICATION FOR GROCERY STORE WINE PERMIT

Permitted Building Size

- Check One: Less than 35,001 sq.ft
 35,001 sq.ft - 50,000 sq.ft
 50,001 sq.ft - 75,000 sq.ft
 Greater than 75,000 sq.ft

New Application
 Replacement _____
 Permit No. 02249

I, or we, do hereby make application to the State of Arkansas for a permit to sell wine in a grocery store as authorized by Act 508 of 2017 and do hereby submit answers to the following questions under oath for your approval:

Murphy Oil USA, Inc. FEIN#: 71-0727492
 Corporate/Partnership/LLC Name

NAME John A Moore
 First Middle Last

MAILING ADDRESS PO Box 7300 El Dorado, AR 71731
 Street City Zip County

BUSINESS NAME Murphy USA #7466

BUSINESS ADDRESS 13201 Crystal Hill Rd. North Little Rock, AR 72113 Pulaski County
 Street City Zip County Township

Does your store, or will your store, maintain an inventory of human consumables? Yes _____ No

Provide the date your store opened for business: 06/24/2008

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 0.4 %

Does anyone now hold any type of permit at this location? Yes _____ No

- a. If "yes", give name, permit type, and permit number(s)
See full list attached
- b. Is one of the permits listed above a small farm wine retail permit? Yes _____ No
- c. Will the named permittee and floor plan of the permitted premises remain unchanged? Yes _____ No
- d. If you answered "Yes" to the above question, please complete the "Certification of Permit Status" form. You do not need to complete the remaining portion of this application; however, you must sign the application and have it notarized.

2018 APR -3 A 4:3

Is the proposed location inside or outside city limits? _____

Are you the owner of the proposed premises? _____ Do you have the premises leased? _____

If leased, give name and address of owner _____



If applicant is a partnership, give names and addresses of all partners:

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

Murphy Oil USA, Inc. is a wholly owned subsidiary of
Murphy USA, Inc. a publicly held corporation regularly
traded on the New York Stock Exchange under
the ticker symbol (MUSA)

(B) Name and address of President and Secretary:

Pres. B. Andrew Clyde, 520 E 8th Street, Eldorado AR 71730
Sec. Gregory L Smith; 247 Fawnwood Circle, AR 71730

NOTE: A Schedule A form is to be completed by each party to this application and is to be considered a part of the application. Existing Small Farm Wine Retail Permittees need not complete a Schedule A form; however, they must complete a Certification of Permit Status form. Any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

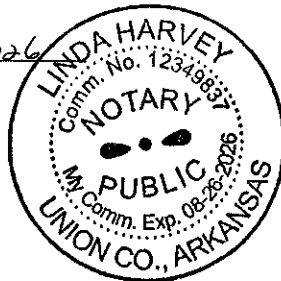
Signed this 1st day of April, 2019.

John A. Moore
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 1st day of April, 2019.

Linda Harvey
Notary Public

My Commission Expires: August 24, 2026



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

CERTIFICATION OF PERMIT STATUS
(FOR GROCERY STORE WINE PERMIT)

I, John A Moore, certify that I am the existing
Applicant (Please Print)

permittee/managing agent for Arkansas Small Farm Wine Retail Permit Number 02347,
Permit No.

Issued to: Murphy USA #7466
Business Name

13201 Crystal Hill Rd. North Little Rock, AR 72113
Business Address

I further certify that the information on file with the Arkansas Alcoholic Beverage Control regarding my background, the permitted business entity, and the permitted location is accurate. I understand that any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 1st day of April, 2019.

John A Moore
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 1st day of April, 2019.

Linda Harvey
Notary Public

My Commission Expires: August 24, 2026

