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OFFICE OF THE MAYOR



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CITY HALL
P.O. BOX 5757
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website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul *AKP*
DATE: May 8, 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 hotel/motel/restaurant mixed drink permit – change of manager from Daniel Sawran #01335:

Susan Richmond
Midas Restaurant Solutions, LLC
4100 Glover Lane
North Little Rock, AR 72117

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

Thank you.

Attachments

FILED _____ A.M. 3:00 P.M.
BY Anita Paul
DATE 5-8-19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Slusser

COMASSG0101

05/06/2019



ASSIGNMENT

D6J003-D6L013



Date Received: 05/02/2019

Date Assigned: 05/06/2019

Applicant: SUSAN RICHMOND

D.O.B: 03/21/1983

Green Card Number (Permanent Resident Alien):

Home Address: 15 Winnas Circle, Cabot, AR, 72023

Home Phone: 501-743-8410 **Business Phone :** 501-945-7444 **Cell Phone:**

Trade Name: MIDAS RESTAURANT SOLUTIONS, LLC

Former Trade Name: MIDAS RESTAURANT SOLUTIONS, LLC

Business Address : 4100 Glover Lane, North Little Rock **County** Pulaski

Type Of Investigation: Hotel/Motel/Restaurant Mixed Drink - Change of Manager from Daniel Sawran #01335

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and Comment Form Mailed to: Mayor Joe Smith & City Council
Michael Davis, Chief of Police
Sheriff Eric S. Higgins
Mr. Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



Form ABC-100-01

APPLICANT'S NAME: SUSAN RICHMOND

TYPE OF APPLICATION: Hotel/Motel/Restaurant Mixed Drink - Change of Manager from Daniel Sawran

BUSINESS NAME: MIDAS RESTAURANT SOLUTIONS, LLC

BUSINESS ADDRESS: 4100 Glover Lane, North Little Rock, AR, 72117

DATE OF APPLICATION: 05/02/2019

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.**

FP/RR
Sent 5/3/19

COM00000101



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

Permit Holder: Daniel Sawran → Susan Richmond

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
01335	MIDAS RESTAURANT SOLUTIONS, LLC 4100 Glover Lane, North Little Rock, AR, 72117	501-945-7444	

Home Address	Current Address	If new address change here
	43 Epernay Circle Little Rock, AR, 72223	15 winnais circle cabot, AR 72023
Mailing Address	4100 Glover Lane North Little Rock, AR, 72117	
Email Address	srichmond@midas hospitality.com	

Please check the appropriate (Requested Change) :

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

Please check applicable permits :

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

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).

4/15/2019
Date

Signature

2019 MAY -2 A 8:11



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

DSJ003-06L014

NAME OF OUTLET Hilton Garden Inn Little Rock

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 specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

The Hilton Garden Inn has a full-service restaurant and bar open seven (7) days a week from 5pm to 10 pm. There are three (3) televisions in the bar area. The televisions typically do not have the sound turned on. If a guest requests the sound on a television, the hotel will turn the sound on one (1) television.