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OFFICE OF THE MAYOR



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CITY HALL
P.O. BOX 5757
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: May 12, 2017
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 retail liquor and retail beer off premises permit with a replacement from Kulwinder Kaur:

Balwinder Kaur
Neighborhood Wine & spirits
4526 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. 3:15 P.M.
BY Glinda Craigmyle
DATE 5-12-17
Diane Whitby, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. S. Serrano

ASSIGNMENT

D6J003-D8LG13



Date Received: 05/02/2017

Date Assigned: 05/04/2017

Applicant: BALWINDER KAUR

D.O.B: 04/12/1975

Green Card Number (Permanent Resident Alien):

Home Address: 218 Red River Drive, Sherwood, AR, 72120

Home Phone:

Business Phone :

Cell Phone: 501-952-4407

Trade Name: NEIGHBORHOOD WINE & SPIRITS

Former Trade Name: NEIGHBORHOOD WINE & SPIRITS

Business Address : 4526 Camp Robinson Rd., North Little Rock County Pulaski

Type Of Investigation: Retail Liquor & Retail Beer off Premises - Change of Manager from
Kulwinder Kaur
02366

Dancing, if requested:

Comments / Remarks : **"New Owner"**

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: BALWINDER KAUR

TYPE OF APPLICATION: Retail Liquor & Retail Beer off Premises - Change of Manager from Kulwinder Kaur

BUSINESS NAME: NEIGHBORHOOD WINE & SPIRITS

BUSINESS ADDRESS: 4526 Camp Robinson Rd., North Little Rock, AR, 72118

DATE OF APPLICATION: 05/02/2017

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 ACICs request, do not run your own criminal history check through ACIC.

*Permit
5/3*

(Kedc 3-2-11)

00000000101

GA-1903-031,033



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

Permit Holder: **Kulwinder Kaur**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
02366	NEIGHBORHOOD WINE & SPIRITS 4526 Camp Robinson Rd., North Little Rock, AR, 72118	501-791-2626	

Home Address	Current Address	If new address change here
	5909 JFK, Apt 5302 North Little Rock, AR, 72118	
Mailing Address	4526 Camp Robinson Rd. North Little Rock, AR, 72118	
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	NO CASH
<input checked="" type="checkbox"/>	Retail Beer Off Premises	\$50.00	
<input checked="" type="checkbox"/>	Retail Liquor	\$50.00	
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).

4/25/12
Date

Kulwinder Kaur
Signature

RECEIVED
 2011 APR 28 A 7:56
 A.M.C.