

OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul *AKP*
DATE: June 13, 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 restaurant mixed drink permit –
Minimum – New #00398:

Jose O. Vaquera
La Poblanita Mexican Buffet Inc.
3400 E Broadway Street
North Little Rock, AR 72114

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

Thank you.

Attachments

FILED 11:30 A.M. _____ P.M.
BY Anita Paul - mayors office
DATE 6-13-19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

NEWASSG0101

PRINTED ON 06/06/2019

ASSIGNMENT

D6J003-D6L013



Date Received: 06/04/2019

Date Assigned: 06/06/2019

Applicant: JOSE O. VAQUERA

D.O.B: 01/10/1975

Green Card Number (Permanent Resident Alien): 076444318

Home Address: 4208 Cobb Street, Little Rock, AR, 72204

Home Phone: **Business Phone :** 501-219-2373 **Cell Phone:**

Trade Name: LA POBLANITA MEXICAN BUFFET INC.

Former Trade Name:

Business Address : 3400 E Broadway Street, North Little Rock **County** Pulaski

Type Of Investigation: Restaruant Mixed Drink - Minimum - New #00398

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



06/003 001012

APPLICANT'S NAME: JOSE O. VAQUERA

TYPE OF APPLICATION: Restaruant Mixed Drink - Minimum - New

BUSINESS NAME: LA POBLANITA MEXICAN BUFFET INC.

BUSINESS ADDRESS: 3400 E Broadway Street, North Little Rock, AR, 72114

DATE OF APPLICATION: 06/04/2019

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.**

P/N/P/P/ke
given 6/4/19



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel

Restaurant Only

New Application

Replacement

Permit No.

00398

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

La Poblanita Mexican Buffet Inc FEIN# 841848023
Corporate/Partnership/LLC Name

NAME Jose Oracio Vaquera
First Middle Last

HOME ADDRESS 4208 Cobb St Little Rock Ar 72204
Street Zip County

BUSINESS NAME La Poblanita Buffet Inc FORMER NAME _____
Mexican

BUSINESS ADDRESS 3400 E Broadway St N Little Rock, Ar 72114
Street City Zip County

Is proposed location inside or outside city limits? _____

Are the beverages to be sold in connection with any other business? NO If so, state type of business _____

Are you the owner of the proposed premises? NO If leased, give name and address of owner _____ Does

anyone now hold a permit at this location? YES If so, give name, type and permit number(s) of same

Margarita Rodriguez

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? NO

If so, give name, place and permit number(s) _____

Number of sleeping rooms in hotel N/A Seating capacity of restaurant 50
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast _____ Lunch Dinner Number of days open per week 7

Has there ever been a beer, wine or liquor permit revoked at this location? NO If so, give name and date revoked N/A

2019 MAY 31 10 28 AM
2019 MAY 31 10 28 AM
2019 MAY 31 10 28 AM



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

N/A

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

Jose Oracio Vaquera
4208 Cobb st Little Rock, Ar 72204 100%

(B) Name and address of President and Secretary:

Jose Oracio Vaquera

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 30th day of May, 2019.

Signature of Jose Vaquera
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 30th day of May, 2019.

Notary Public

My Commission Expires: 09-14-2024

Revised 11/13/09

GRACIE SOTO
Notary Public-Arkansas
Pulaski County
My Commission Expires 09-14-2026
Commission # 12357648



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

D6J003-D6L014

NAME OF OUTLET La Poblanita Mexican Buffet LLC
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.

2 TVs
Live band every two weeks on Sunday

Multiple horizontal lines for additional text entry.