



OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: June 15, 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 an off premises retail beer and small farm winery permit with a change of manager from Carl White:

Kimberly J. White
Superstop
18823 MacArthur Drive
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. 12:05 P.M.
BY Glinda Craigmyle - Mayors o
DATE 6-15-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by De Thomas

ASSIGNMENT

D6J003-D6L013



Date Received: 06/03/2016

Date Assigned: 06/09/2016

Applicant: KIMBERLY J. WHITE

D.O.B: 09/03/1961

Green Card Number (Permanent Resident Alien):

Home Address: 173 Lily Drive, Maumelle, AR, 72113

Home Phone:

Business Phone :

Cell Phone: 501-851-7100

Trade Name: SUPERSTOP

Former Trade Name: SUPERSTOP

Business Address : 18823 MacArthur Drive, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises & Small Farm Wine - Change of Manager from Carl White
03151

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

APPLICANT'S NAME: KIMBERLY J. WHITE

TYPE OF APPLICATION: Retail Beer off Premises & Small Farm Wine - Change of Manager from Carl White

BUSINESS NAME: SUPERSTOP

BUSINESS ADDRESS: 18823 MacArthur Drive, North Little Rock, AR, 72118

DATE OF APPLICATION: 06/03/2016

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. **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.**

