

OFFICE OF THE MAYOR



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JOE A. SMITH
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: Glinda Craigmyle *GC*
DATE: June 29, 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 a new on premises wine and retail beer permit:

Vickie Trang Le
Posh Nails & Spa
5913 JFK Blvd.
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 10:20 A.M. _____ P.M.
BY Chief of Staff Bradley
DATE 6-29-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by J. M. [Signature]

ASSIGNMENT

D6J0C3-D6L013



Date Received: 06/15/2016

Date Assigned: 06/17/2016

Applicant: VICKIE TRANG LE

D.O.B: 07/10/1987

Green Card Number (Permanent Resident Alien):

Home Address: 10750 Frenchmen Loop #A, North Little Rock, AR, 72113

Home Phone:

Business Phone : 501-771-7777

Cell Phone: 501-551-5322

Trade Name: POSH NAILS & SPA

Former Trade Name:

Business Address : 5913 JFK Blvd., North Little Rock

County Pulaski

Type Of Investigation: On Premises Wine & Retail Beer on Premises - NEW

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



06/15/2016

APPLICANT'S NAME: VICKIE TRANG LE

TYPE OF APPLICATION: On Premises Wine & Retail Beer on Premises - NEW

BUSINESS NAME: POSH NAILS & SPA

BUSINESS ADDRESS: 5913 JFK Blvd., North Little Rock, AR, 72116

DATE OF APPLICATION: 06/15/2016

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.**

Handwritten signatures and initials in the top left corner.



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR ON PREMISES WINE PERMIT

New application _____
Replacement _____
Permit No. 060407

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

IF CORPORATION, GIVE NAME _____ FEIN# 534 111088

NAME OF APPLICANT Vickie Trangle

HOME ADDRESS OF APPLICANT 10750 Frenchmen Loop #A NLR, AR 72113
Street Address City Zip County

TRADE NAME OF BUSINESS POSH NAILS & SPA FORMER NAME _____

ADDRESS OF BUSINESS 5913 JFK Blvd. NLR AR 72116 Pulaski
Street Address City Zip County

Is proposed location inside or outside the city limits? _____

Are you the owner of the premises to be occupied? yes Do you have the premises leased? yes

If so, give name and address of owner Nike Friedrichsnyder; 7500 AR-107 Sherwood AR 72120

Do you have pool tables where wine will be sold? no If so, how many? _____

Does anyone now hold a beer, wine or liquor permit at this location? no

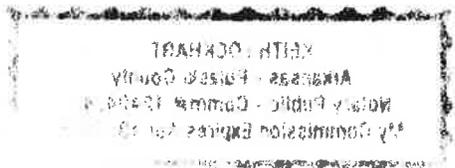
If so, give name and permit number(s) _____

Do you or any other person interested in this permit hold a beer, wine or liquor permit? no

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

Give nearest distance, building to building, from:

CHURCH _____ SCHOOL _____



Vertical stamp: 2016 JUN 15 11:44



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

NA

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

NA

(B) Name and address of President and Secretary:

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the 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 15 day of June, 2016

[Signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 15 day of June, 2016

[Signature]
Notary Public

My Commission Expires: April 13, 2025





**STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT**

Check One: () ON PREMISES CONSUMPTION
() OFF PREMISES CONSUMPTION

New Application _____
Replacement _____
Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer at retail, and do hereby submit answers to the following questions under oath for your approval:

Corporate /Partnership/LLC Name _____ FEIN# _____

NAME Vickie Trang Le
First Middle Last

HOME ADDRESS 10750 Frenchmen loop # A NLR, AR 72113 Plaske
Street City Zip County

BUSINESS NAME POSH NAIL & SPA FORMER NAME _____

BUSINESS ADDRESS 5913 JFK Blvd NLR, AR 72116 _____
Street City Zip County Township

Is proposed location inside or outside city limits? inside

Is the beer to be sold in connection with any other business? no (A) If so, state type of business (café, drug store, pool hall, service station, convenience store, etc.) _____

_____ (B) If beer is to be sold in connection with a motor fuel sales business give number of gasoline and/or diesel pumps at each location _____

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

If leased, give name and address of owner Nike Friedrichsmyer, 7500 AR 107, Sherwood 72120

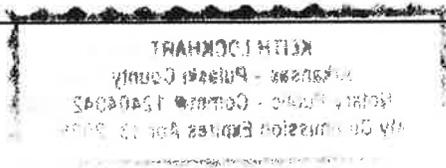
Will there be dancing on the premises? no Dance Space no x _____

Does anyone now hold a beer or any other permit at this location? no If so, give name and permit number(s) _____

Has anyone, to your knowledge, held a beer or any other permit at this location? no If so, give name and permit number(s) _____

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

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



REC'D JUN 10 10 11 AM '08



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

N/A

If applicant is a corporation give (A) names and addresses of stockholders and amount of stock held by each:

N/A

(B) Give names and addresses of President and Secretary:

NOTE: Schedule "A" is to be completed by each party to this application and is to be considered a part of this application; any misstatements or concealment of fact will be grounds for refusal of application or revocation permit or permits if later disclosed.

Signed this 15 day of June, 2016.

Victor Brando
Signature of Applicant or Managing Agent

Sworn and subscribed before me this 15 day of June, 2016.

Keith Lockhart
Notary Public

My Commission Expires: April 13, 2025



