

#3

OFFICE OF THE MAYOR



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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 30, 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 caterer permit with a replacement from Robert Best:

Brian T. Kearns
Simply the Best Catering, Inc.
220 Smoke Lane
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. 2:18 P.M.
BY Glinda Craigmyle-Mayors of
DATE 6-30-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Jo Thomas

REPASSG0101

ASSIGNMENT

D6J003-D6LG13



Date Received: 06/20/2016

Date Assigned: 06/23/2016

Applicant: BRIAN T. KEARNS

D.O.B: 08/22/1975

Green Card Number (Permanent Resident Alien):

Home Address: 22 Wagon Wheel Court, Little Rock, AR, 72211

Home Phone:

Business Phone :

Cell Phone: 314-825-1554

Trade Name: SIMPLY THE BEST CATERING, INC.

Former Trade Name: SIMPLY THE BEST CATERING, INC.

Business Address : 220 Smokey Lane, North Little Rock

County Pulaski

Type Of Investigation: Off Premises Caterer's - Replacement from Robert Best
03005

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:**

Laura Kearns, 22 Wagon Wheel Court, Little Rock, AR, 72211
DOB: 11/12/1982

*Best
2014*



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR OFF PREMISES CATERER'S PERMIT

Permit No. _____
New _____
Replacement _____

I, or we, do hereby make application to the State of Arkansas for an *Off Premises Caterer's Permit*, and do hereby submit answers to the following questions under oath for your approval:

IF CORPORATION, GIVE NAME Oak and Apple Hospitality LLC FEIN# _____

NAME OF APPLICANT Brian Kearns

HOME ADDRESS 22 Wagon Wheel Ct. Little Rock 72211 Polaski
Street Address City Zip County

TRADE NAME OF BUSINESS Simply the Best Catering

ADDRESS OF PREMISES 220 Smokey Ln. N. Little Rock Polaski
Street Address City Zip County

Is proposed location inside or outside the city Limits? inside

Are you the owner of the premises to be occupied? no Do you have the

premises leased? yes If leased, give

name and address of owner:

Rob Best

Does anyone now hold a permit for this location? yes If so, give name and

permit number of same: Robert A. Best #03005

Do you or any other person interested in this permit hold a beer, wine, or liquor permit? no If held, give name, place, and permit number of same:

Give nearest distance (building to building) from:

CHURCH _____ 200 feet SCHOOL n/a feet

I, or we, certify that the above business has been in business for more than one (1) year and that sixty percent (60%) or more of the gross sales for the preceding year have been derived from food sales grossing in excess of one hundred thousand dollars (\$100,000).

2016 JUN 10 A 9:59
2016 JUN 10 A 9:59
2016 JUN 10 A 9:59



It is understood that this permit authorizes the holder thereof to purchase alcoholic beverages from a permitted retail outlet, to transport the alcoholic beverages to a private function in a "wet" area and to serve alcoholic beverages to attendees in conjunction with catered food.

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

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

Laura Keans 22 Wagon Wheel Ct.
Little Rock, AR 72211

50% ownership

May Keans 22 Wagon Wheel Ct.
Little Rock, AR 72211

(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 misstatements or concealment of fact will be grounds for refusal of application or revocation of permit(s) if later disclosed.

Signed this May day of 19, 16.

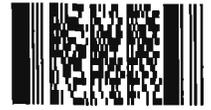
[Signature]
Applicant's Signature

Subscribed and sworn this 19 day of MAY, 2016

[Signature]
Notary Public

My Commission Expires:
7/28/2016





06/23/2016

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: BRIAN T. KEARNS

TYPE OF APPLICATION: Off Premises Caterer's - Replacement from Robert Best

BUSINESS NAME: SIMPLY THE BEST CATERING, INC.

BUSINESS ADDRESS: 220 Smokey Lane, North Little Rock, AR, 72116

DATE OF APPLICATION: 06/23/2016

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.**