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OFFICE OF THE MAYOR



JOE A. SMITH
MAYOR
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CITY HALL
P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: July 7, 2015
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 permit with a replacement from Shiraz Sutar:

Yu J. Lee
North Hills Phillips 66
4601 North Hills 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 _____ A.M. 3:25 P.M.
BY Glinda - Mayor's Office
DATE 7-7-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

REPASSG0101

ASSIGNMENT

D6J003 06L013



Date Received: 06/09/2015

Date Assigned: 06/19/2015

Applicant: YU J. LEE

D.O.B: 11/06/1956

Green Card Number (Permanent Resident Alien):

Home Address: 130 Mountain Valley, Maumelle, AR, 72113

Home Phone: **Business Phone :** 501-753-2429 **Cell Phone:** 501-773-5948

Trade Name: NORTH HILLS P 66

Former Trade Name: NORTH HILLS P 66

Business Address : 4601 North Hills Blvd., North Little Rock **County** Pulaski

Type Of Investigation: Retail Beer off Premises - Replacement from Shiraz Sutar
03156

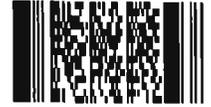
Dancing, if requested:

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: YU J. LEE

TYPE OF APPLICATION: Retail Beer off Premises - Replacement from Shiraz Sutar

BUSINESS NAME: NORTH HILLS P 66

BUSINESS ADDRESS: 4601 North Hills Blvd., North Little Rock, AR, 72116

DATE OF APPLICATION: 06/09/2015

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.