

#2

OFFICE OF THE MAYOR



JOE A. SMITH
MAYOR
mayor@nlr.ar.gov

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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 20, 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 permit with a replacement from Mohsain Kazmi:

Wanda L. Williams
Bea's Mart
300 Lake 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 10:30 A.M. _____ P.M.
BY Glinda Craigmyle
DATE 7-20-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Issery

REPASSG0101

ASSIGNMENT

D6J003 D6L013



Date Received: 06/21/2016

Date Assigned: 07/08/2016

Applicant: WANDA L. WILLIAMS

D.O.B: 08/28/1963

Green Card Number (Permanent Resident Alien):

Home Address: 4618 Fairlee Drive, Little Rock, AR, 72209

Home Phone:

Business Phone :

Cell Phone: 501-744-5768

Trade Name: BEA'S MART

Former Trade Name: 786 FOOD MART

Business Address : 300 Lake Ln, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises - Replacement from Mohsain Kazmi

RECEIVED

JUL 13 2016

CITY OF NLR, MAYOR'S OFFICE
BY _____

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:**



06/03/2016 7

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: WANDA L. WILLIAMS

TYPE OF APPLICATION: Retail Beer off Premises - Replacement from Mohsain Kazmi

BUSINESS NAME: BEA'S MART

BUSINESS ADDRESS: 300 Lake Ln, North Little Rock, AR, 72114

DATE OF APPLICATION: 06/21/2016

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.**

FOSS
OWN
02174



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

05987
Rep

Check One: ON PREMISES CONSUMPTION
 OFF PREMISES CONSUMPTION

New Application _____
Replacement _____
Permit No. ~~007400~~

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:

MAMA BEAS CASUAL Dining LLC FEIN# 430-86-9653
Corporate /Partnership/LLC Name

NAME Wanda LOUISE Williams
First Middle Last

HOME ADDRESS 4618 Fairlee DR Little Rock AR Pulaski
Street City Zip County

BUSINESS NAME BEAS Mart FORMER NAME _____

BUSINESS ADDRESS 300 LAKE LANE North Little Rock AR 72209 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? YES

Is the beer to be sold in connection with any other business? yes (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.) Convenience Store

(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: 7

Are you the owner of the proposed premises? NO Do you have the premises leased? yes

If leased, give name and address of owner SULTAN INC 1995 Beany - St Conway AR

Will there be dancing on the premises? NO Dance Space GRANT SIX 12

Does anyone now hold a beer or any other permit at this location? yes If so, give name and permit number(s) MOHSAIN KAZMI

Has anyone, to your knowledge, held a beer or any other permit at this location? NOT TO MY KNOWLEDGE 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) _____



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

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

Willie MAE MOORE 100%

(B) Name and address of President and Secretary:

Willie MAE MOORE president & SECRETARY
8821 Old Spanish TRAIL, Little Rock, ARK 72227

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 6-21-16 day of _____.



Wanda Louise Williams
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 21st day of June, 2016.

[Signature]
Notary Public

My Commission Expires: 1/26/18