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OFFICE OF THE 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 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 a new restaurant mixed drink permit:

Wanda L. Williams
Mama Bea's Burgers and Casual Dining
300 Lake Lane (side 2)
North Little Rock, AR

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

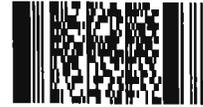
Attachments

FILED 10:30 AM _____ PM.
BY Glinda Craigmyle
DATE 7-20-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Ussey

NEWASSG0101

ASSIGNMENT

D6J0C3-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 : 501-777-1126

Cell Phone: 501-744-5768

Trade Name: MAMA BEAS BURGERS AND CASUAL DINING

Former Trade Name:

Business Address : 300 Lake Lane (side 2), North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - 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:**

Handwritten signature/initials



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel
 Restaurant Only

New Application
Replacement
Permit No. 06445

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

MAMA BEAS CASUAL Dining LLC FEIN# 043780873
Corporate/Partnership/LLC Name

NAME Wanda L Williams
First Middle Last

HOME ADDRESS 4618 FAIRLEE DR L.R. 72209 PULASKI
Street City Zip County

BUSINESS NAME Mama Beas Burgers and LLC Casual Dining FORMER NAME _____

BUSINESS ADDRESS 300 LAKE lane North Little Rock 72117 Pulaski
Street City Zip County

Is proposed location inside or outside city limits? inside

Are the beverages to be sold in connection with any other business? yes If so, state type of business
Convenience store located next door. It is a separate business.

Are you the owner of the proposed premises? no If leased, give name and address of owner
SULTAN, INC. 1995 Penny St. Conway. AR. 72034 Does

anyone now hold a permit at this location? yes If so, give name, type and permit number(s) of same
BEER PERMIT.

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? NO
If so, give name, place and permit number(s) _____

Number of sleeping rooms in hotel _____ Seating capacity of restaurant 50
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast Lunch Dinner Number of days open per week 7

Has there ever been a beer, wine or liquor permit revoked at this location? NO so, give name and date
revoked _____



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:

(B) Name and address of President and Secretary:

WILLIE MAE MOORE, 8821 Old Spanish Trail, L.R. AR

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of 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 21st day of June, 2016



Wanda 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



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

D6J003-D6L014

NAME OF OUTLET MAMA BEAS CASUAL Dining LLC

CITY NORTH LITTLE ROCK COUNTY ~~As~~ Pulaski

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

Mama Beas is a full-service dining restaurant, serving
Burgers, fries, and southern comfort food. We would like
to ~~provide~~ serve ~~the~~ mixed-drinks and beer at the tables
for our customers satisfaction.

thank you

We will also have 2 (32 inch) flat screen T.V.s
plus in the near future. We plan on having
Karaoke every third Saturday of the month.

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



06/21/2016 10:07

APPLICANT'S NAME: WANDA L. WILLIAMS

RECEIVED

TYPE OF APPLICATION: Restaurant Mixed Drink - NEW

JUL 13 2016

BUSINESS NAME: MAMA BEAS BURGERS AND CASUAL DINING

CITY OF NLR, MAYOR'S OFFICE
BY _____

BUSINESS ADDRESS: 300 Lake Lane (side 2), North Little Rock, AR, 72117

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.**