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OFFICE OF THE MAYOR



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CITY HALL
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: August 19, 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 off premises retail beer & small farm winery permit:

William A. Grieb
Murphy Express #8797
111 West Pershing 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. 3:20 P.M.
BY Julie Fisher - Admin
DATE 8-19-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

ASSIGNMENT

D6J003-D6L013



Date Received: 08/12/2016

Date Assigned: 08/16/2016

Applicant: William A. Grieb

D.O.B: 10/13/1982

Green Card Number (Permanent Resident Alien):

Home Address: 2306 Pathway, El Dorado, AR, 71731

Home Phone:

Business Phone : 870-875-7680

Cell Phone: 870-881-6657

Trade Name: MURPHY EXPRESS #8797

Former Trade Name:

Business Address : 111 West Pershing Blvd., North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises & Small Farm Wine - NEW

Dancing, if requested:

Comments / Remarks :

**Copies Of Assignment and
Comment Form Mailed to:**

Mayor Joes Smith & City Council

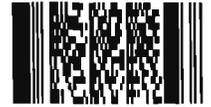
Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

**Stockholders / Partners / LLC
Members:**



CHANGING ONLY

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: WILLIAM A. GRIEB

TYPE OF APPLICATION: Retail Beer off Premises & Small Farm Wine - NEW

BUSINESS NAME: MURPHY EXPRESS #8797

BUSINESS ADDRESS: 111 West Pershing Blvd., North Little Rock, AR, 72114

DATE OF APPLICATION: 08/12/2016

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.**

P & N
FC and RR
given
8-12-10



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. 04850

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:

Murphy Oil USA, Inc. FEIN# 71-0727492
Corporate/Partnership/LLC Name

NAME William Araron Grieb
First Middle Last

MAILING ADDRESS 2306 Pathway El Dorado 71731 Union
~~PO Box 7300~~ Street City Zip County

BUSINESS NAME Murphy Express # 8797 FORMER NAME _____

BUSINESS ADDRESS 111 W Pershing Blvd North Little Rock 72114 Pulaski
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? Yes (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.) convenience store and gas station

(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 12

Are you the owner of the proposed premises? Yes Do you have the premises leased? _____
If leased, give name and address of owner _____

Will there be dancing on the premises? NO Dance Space _____

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? Yes If so, give name and permit number(s) 2-RR Retail Cigarette Tobacco Permit #10983-02, Retailer Lottery License # 201093

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? Yes
If held, give name, place and permit number(s) See attached

