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OFFICE OF THE MAYOR



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CITY HALL
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: August 3, 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 restaurant mixed drink permit with a change of manager from Nicholas Cooper:

Bradley D. Watkins
Courtyard by Marriott
4339 Warden Road
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 _____ AM. 3:25 PM.
BY Glinda Craigmyle - mayors office
DATE 8-3-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Thomas

ASSIGNMENT

D6J003-D6LG13



Date Received: 07/27/2016

Date Assigned: 08/01/2016

Applicant: BRADLEY D. WATKINS

D.O.B: 08/27/1982

Green Card Number (Permanent Resident Alien):

Home Address: 7633 Vestal Blvd., Apt #02, North Little Rock, AR, 72113

Home Phone:

Business Phone : 501-859-8620

Cell Phone: 870-635-2586

Trade Name: COURTYARD BY MARRIOTT

Former Trade Name: COURTYARD BY MARRIOTT

Business Address : 4339 Warden Road, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Change of Manager from Nicholas Cooper
05242

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 Jegely, Prosecuting Attorney

Assigned to Investigator: _____

**Stockholders / Partners / LLC
Members:**

Handwritten notes:
 7-22-14
 [Signature]

COM00000101



Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: **NICHOLAS COOPER**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
05242	COURTYARD BY MARRIOTT 4339 Warden Road, North Little Rock, AR, 72116	501-859-8620	

Home Address	Current Address	If new address change here
	4501 Hickory Avenue #3 North Little Rock, AR, 72116	
Mailing Address	4339 Warden Road North Little Rock, AR, 72116	
Email Address		

Please check the appropriate (Requested Change) :

Change Of Manager

Additional Stockholder(s)

Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	
<input checked="" type="checkbox"/>	Hotel / Motel / Restaurant Mixed Drink Minimum	\$50.00	NO CASH
Total Amount :			

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

Date
Signature

216 JUN 27 P 1:56



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

NAME OF OUTLET Courtyard by Marriott

CITY North Little Rock COUNTY 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 much specified as to the type and description of that entertainment, i.e., live bands, dancers, etc.

Televisions and music played over speakers

Multiple horizontal lines for additional text entry.



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: BRADLEY D. WATKINS

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Nicholas Cooper

BUSINESS NAME: COURTYARD BY MARRIOTT

BUSINESS ADDRESS: 4339 Warden Road, North Little Rock, AR, 72116

DATE OF APPLICATION: 07/27/2016

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.**