

#2

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 29, 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:

Timothy D. Anderson
Hideaway Pizza
5103 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 _____ A.M. 1:00 P.M.
BY Glinda Craigmyle - Mayors d
DATE 7-29-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

NEWASSG0101

ASSIGNMENT

DSJ003 C6LG13



Date Received: 07/19/2016

Date Assigned: 07/25/2016

Applicant: TIMOTHY D. ANDERSON

D.O.B: 07/06/1974

Green Card Number (Permanent Resident Alien):

Home Address: 10 Jackie Lane, Conway, AR, 72032

Home Phone:

Business Phone : 918-627-7447

Cell Phone: 918-269-6808

Trade Name: HIDEAWAY PIZZA

Former Trade Name:

Business Address : 5103 Warden Raod, 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

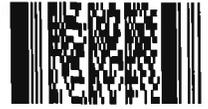
Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC Members: Darren M Lister, 18044 East Falcon Pass, Owasso, OK, 74055
DOB: 10/7/1964



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

BR 07-01-0101

APPLICANT'S NAME: TIMOTHY D. ANDERSON

TYPE OF APPLICATION: Restaurant Mixed Drink - NEW

BUSINESS NAME: HIDEAWAY PIZZA

BUSINESS ADDRESS: 5103 Warden Raod, North Little Rock, AR, 72116

DATE OF APPLICATION: 07/19/2016

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.**

Timothy D. Anderson
7-19-10



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. 06474

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.

HIDEAWAY-2 INC. FEIN# 74-2674487
Corporate/Partnership/LLC Name

NAME TIMOTHY D. ANDERSON
First Middle Last

HOME ADDRESS 10 JACKIE LANE, CONWAY AR 72032 FAULKNER
Street City Zip County

BUSINESS NAME HIDEAWAY PIZZA FORMER NAME _____

BUSINESS ADDRESS 5103 WARDEN ROAD, NORTH LITTLE ROCK, AR 72116 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? No If so, state type of business _____

Are you the owner of the proposed premises? No If leased, give name and address of owner
PAT MURPHY PROPERTIES, PO BOX 3368, BARTLESVILLE, OK 74006 Does

anyone now hold a permit at this location? NO If so, give name, type and permit number(s) of same _____

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 223
(NOTE: Seating capacity should also include any lounge or outside seating areas)

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

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

7-19-10 P-2-27



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

03.000-048.011

NAME OF OUTLET HIDEAWAY PIZZA

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.

FULL SERVICE RESTAURANT. OUR MENU WILL CONSIST OF
PIZZA, APPETIZERS, SALADS, SANDWICHES, PASTA, DESSERTS,
NON-ALCOHOLIC BEVERAGES AS WELL ALCOHOLIC BEVERAGES.
65% OF SALES ARE TO DINE IN GUESTS AND THE REMAINING
SALES ARE TO-GO. APPROXIMATELY 5% OF SALES WILL
BE FOR ALCOHOLIC BEVERAGES. WE WILL SELL
LOW POINT, STRONG BEER, WINE, AND LIQUOR. OUR
RESTAURANT HOURS WILL BE SUNDAY THROUGH THURSDAY FROM
11AM TO 9:30PM AND FRIDAY AND SATURDAY FROM 11AM TO
10:30PM.