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**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 on premises native beer and malt beverage permit:

Amanda J. Carpenter  
Mugs Cafe  
515 Main Street  
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 off

DATE 7-29-16

Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas

RECEIVED by He Thomas

# ASSIGNMENT

D6J003-D6L013



**Date Received:** 07/19/2016

**Date Assigned:** 07/25/2016

**Applicant:** AMANDA J. CARPENTER

**D.O.B:** 09/03/1981

**Green Card Number (Permanent Resident Alien):**

**Home Address:** 158 Sheridan Rd., North Little Rock, AR, 72116

**Home Phone:**

**Business Phone :** 501-379-9101

**Cell Phone:** 615-714-3874

**Trade Name:** MUGS CAFE

**Former Trade Name:**

**Business Address :** 515 Main Street, North Little Rock

**County** Pulaski

**Type Of Investigation:** Native Beer & Malt Beverage - 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 and date: 7-19-14*



STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION  
APPLICATION FOR ARKANSAS NATIVE BEER AND MALT BEVERAGES PERMIT

Circle One:  ON PREMISES  
 OFF PREMISES

New Application \_\_\_\_\_  
Replacement \_\_\_\_\_  
Permit No. 06473

I, or we, do hereby make application to the State of Arkansas for a permit to sell Arkansas native beer and malt beverages, and do hereby submit answers to the following questions under oath for your approval:

Mugs Cafe, LLC FEIN# 45-4599234  
Corporate/partnership/LLC Name

NAME AMANDA JEAN CARPENTER  
First Middle Last

HOME ADDRESS 158 Sheridan Rd NLR AR 72116  
Street City Zip County

BUSINESS NAME Mugs Cafe FORMER NAME \_\_\_\_\_

BUSINESS ADDRESS 515 MAIN ST NLR 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? NO (A) If so, state type of business  
(café, drug store, pool hall, service station, convenience store, etc.) \_\_\_\_\_

(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 \_\_\_\_\_

Are you the owner of the proposed premises? yes Do you have the premises leased? yes

If leased, give name and address of owner RHS Properties 801 Technology Dr LR, AR 72206

Do you permit dancing where beer will be sold? NO Dance Space \_\_\_\_\_ x \_\_\_\_\_

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? NO If so, give name and permit number(s) \_\_\_\_\_





DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

\*For all ON PREMISES permits - except private clubs\*

D6J003-D6L014

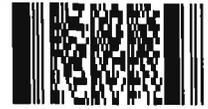
NAME OF OUTLET Mugs Cafe  
CITY North Little Rock COUNTY Pulaski

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 specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

None



ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: AMANDA J. CARPENTER

TYPE OF APPLICATION: Native Beer & Malt Beverage - NEW

BUSINESS NAME: MUGS CAFE

BUSINESS ADDRESS: 515 Main Street, North Little Rock, AR, 72114

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.**