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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: September 26, 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 permit:

Mohammad H. Honarmand
Zone Mart
8701 Maumelle 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. 12:00 P.M.
BY Julie Fisher - Admin
DATE 9-26-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

NEWASSG0101

ASSIGNMENT

DBJ003-C8LC13



Date Received: 08/17/2016

Date Assigned: 09/02/2016

Applicant: MOHAMMAD H. HONARMAND

D.O.B: 01/01/1960

Green Card Number (Permanent Resident Alien):

Home Address: 120 Cherokee Drive, Maumelle, AR, 72113

Home Phone:

Business Phone :

Cell Phone: 501-412-7262

Trade Name: ZONE MART

Former Trade Name:

Business Address : 8701 Maumelle Blvd., North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises - NEW

Dancing, if requested:

Comments / Remarks : "**city correction**"

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:

AMENDMENT



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: MOHAMMAD H. HONARMAND

TYPE OF APPLICATION: Retail Beer off Premises - NEW

BUSINESS NAME: ZONE MART

BUSINESS ADDRESS: 8701 Maumelle Blvd., North Little Rock, AR, 72113

DATE OF APPLICATION: 08/17/2016

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.**