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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 restaurant beer and wine permit with a replacement from Gary Dillon #03217:

Frank Lawrence
North Little Rock Athletic Club
3804 McCain Park Drive
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 Thomas

ASSIGNMENT

D6JC03-D6L013



Date Received: 09/08/2016

Date Assigned: 09/15/2016

Applicant: FRANK LAWRENCE

D.O.B: 12/22/1968

Green Card Number (Permanent Resident Alien):

Home Address: 51 Robinwood Drive, Little Rock, AR, 72227

Home Phone:

Business Phone :

Cell Phone: 501-626-2265

Trade Name: NORTH LITTLE ROCK ATHLETIC CLUB

Former Trade Name: NORTH LITTLE ROCK ATHLETIC CLUB

Business Address : 3804 McCain Park Drive, North Little Rock **County** Pulaski

Type Of Investigation: Restaurant Beer & Wine (Combo) - Change of Manager from Gary Dillon #03217

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith & City Council
Michael Davis, Chief of Police
Sheriff Charles "Doc" Holladay
Mr. Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC Members:



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: FRANK LAWRENCE

TYPE OF APPLICATION: Restaurant Beer & Wine (Combo) - Change of Manager from Gary Dillon

BUSINESS NAME: NORTH LITTLE ROCK ATHLETIC CLUB

BUSINESS ADDRESS: 3804 McCain Park Drive, North Little Rock, AR, 72116

DATE OF APPLICATION: 09/08/2016

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.**

COM00000101



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

Permit Holder: ^{Gary Dillon} ~~Diane Daws~~ / ^{Frank Lawrence}

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
03217 R	NORTH LITTLE ROCK ATHLETIC CLUB 3804 McCain Park Drive, North Little Rock, AR, 72116		501-622-2200

Home Address	Current Address	If new address change here
	20 Chalamont Way Little Rock, AR, 72223	51 Robinwood Dr Little Rock, AR
Mailing Address	Post Office Box 17090 Little Rock, AR, 72222-0709	4610 Sandrock Little Rock 72116
Email Address		franklawrence@lrc.com

Please check the appropriate (Requested Change) :

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

Please check applicable permits :

Select	Permit Description	Fee	NO CASH
<input checked="" type="checkbox"/>	Restaurant Beer & Wine - On Premises Only	\$50.00	
Total Amount :		50.00	

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

RECEIVED
 2016 SEP - 1 A 9: 06
 A.B.C.

RECEIVED
 2016 SEP - 8 P 12: 30
 A.B.C.

