#2

OFFICE OF THE MAYOR

JOE A. SMITH
MAYOR
mayor@nlr.ar.gov

PHONE (501) 975-8601
FAX (501) 975-8633

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: Anita Paul AVP
DATE: May 22, 2019
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment* and *Comments of Officials* forms from the State of Arkansas. Alcoholic Beverage Control Division.

The following applicant has applied for a new small farm wine – manufacturer - #05683 permit:

Kimberly D. Davis
Paris Winery Inc.
5524 JFK Blvd
North Little Rock, AR 72116

Please note the 15-day comment period referred to in the final paragraph of the *Comments* page.

Thank you.

Attachments

FILED 2:00 A.M. P.M.
BY A Paul
DATE 5-22-19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by

NEWASSG0101

ASSIGNMENT

D6J003-D6L013

RECEIVED
MAY 22 2019
BY:

Date Received: 05/20/2019

Date Assigned: 05/21/2019

Applicant: KIMBERLY D. DAVIS

D.O.B: 12/02/1974

Green Card Number (Permanent Resident Alien):

Home Address: 6 Garden Oaks Cove, Maumelle, AR, 72113

Home Phone:

Business Phone :

Cell Phone: 417-343-4220

Trade Name: PARIS WINERY INC.

Former Trade Name:

Business Address : 5524 JFK Blvd., North Little Rock

County Pulaski

Type Of Investigation: Small Farm Wine - Manufacturer - New #05683

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith & City Council
Michael Davis, Chief of Police
Sheriff Eric S. Higgins
Mr. Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: KIMBERLY D. DAVIS

TYPE OF APPLICATION: Small Farm Wine - Manufacturer - New

BUSINESS NAME: PARIS WINERY INC.

BUSINESS ADDRESS: 5524 JFK Blvd., North Little Rock, AR, 72116

DATE OF APPLICATION: 05/20/2019

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 ACIC□s request, do not run your own criminal history check through ACIC.**

Printed On: 05/21/2019

Revised 03/11/2016

P&N given 5/20/19

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

New Application ✓
Replacement _____
Permit No. 05683

APPLICATION FOR:

☐ Small Farm Winery - Retail ☐ Small Farm Winery - Wholesale ☒ Small Farm Winery - Manufacturer

I, or we, do hereby make application for the permit noted above and do hereby submit answers to the following questions under oath for your approval:

Paris Winery Inc — FEIN# 2616929666
Corporate/Partnership/LLC Name

NAME Kimberly (First) Denise (Middle) Davis (Last)

HOME ADDRESS 7605 Vestal Blvd Apt 3 (Street) NLR (City) AR (State) 72113 (Zip) Pulaski (County)

BUSINESS NAME Paris Winery Inc FORMER NAME _____

BUSINESS ADDRESS 5524 JFK Blvd (Street) NLR (City) AR (State) 72116 (Zip) Pulaski (County)

Is proposed location inside or outside city limits? inside

If application is for retail level, are you a grocery store, convenience store or liquor store? ( ) Yes ( ) No

(Convenience stores must maintain a $7,500.00 inventory of human consumables.)

If application is for manufacturing, (1) how many gallons do you contemplate manufacturing? 4500

(2) What was your total production for the last calendar year? 0

Are you the owner of the proposed premises? No If leased, give name and address of owner Waller Investments, 2710 Kavanaugh Blvd, LR 72205

Does anyone now hold any other permit(s) at this location? Yes If so, give name, type and permit number(s) Hawgz Blues Cafe LLC - Restaurant Mixed Drink #065

Has anyone, to your knowledge, held any other type permit(s) at this location? unknown If so, give name and permit number(s) _____

Give nearest distance, building to building, from CHURCH 5 mi SCHOOL 5 mi

If applicant is a partnership, give names and addresses of all partners: _____

If applicant is a corporation give (A) Name and address of stockholders and amount of stock held by each:

Kimberly Davis - 7605 Vestal Blvd Apt 3 NLR AR 72113 - 97%
Diana Gunderson - 2982 Harvey Bowden Rd, Paris TN 38242

(B) Name and address of President and Secretary:

President - Kimberly Davis - 7605 Vestal Blvd Apt 3 NLR AR 72113
Sec'y - Diana Gunderson - 2982 Harvey Bowden Rd, Paris TN 38242

Schedule "A" is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

If making application for a ***Small Farm Winery-Manufacturer,*** I certify that I meet the criteria as described in ACA 3-5-1602(c)(1) and enclose a copy of my Federal Basic Permit **and** proof of my annual production from the calendar year previous to my application **(form/s TTB F 5120.17)**.

Signed this 17 day of May, 2019.

Kimberly Davis
Applicant's Signature

Subscribed and sworn to before me this 17 day of May 2019

Mary Dover
Notary Public

My Commission Expires: 10-12-2026

NOTARY PUBLIC-ARKANSAS
MARY DOVER
No. 12699293
COMM. EXP. 10-12-2026
PULASKI COUNTY

Hawgz Blues Cafe - North Little Rock
@HawgzBluesCafe

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