#1

OFFICE OF THE MAYOR

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

PHONE (501) 975-8601
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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: Anita Paul
DATE: May 30, 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 restaurant mixed drink permit – change of manager from Timothy Anderson - #06474:

Kevin Taylor
Hideaway Pizza
5103 Warden Road
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 11:40 A.M. ☒ P.M.
BY A. Paul
DATE 5-30-19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Hasse

COMASSG0101

ASSIGNMENT

D6J003-D6L013

RECEIVED
MAY 30 2019
BY:

Date Received: 05/22/2019

Date Assigned: 05/24/2019

Applicant: KEVIN TAYLOR

D.O.B: 04/02/1980

Green Card Number (Permanent Resident Alien):

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

Home Phone: 405-922-8602 **Business Phone :** 918-627-7447 **Cell Phone:**

Trade Name: HIDEAWAY PIZZA

Former Trade Name: HIDEAWAY PIZZA

Business Address : 5103 Warden Road, North Little Rock **County** Pulaski

Type Of Investigation: Restaurant Mixed Drink - Change of Manager from Timothy Anderson #06474

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: KEVIN TAYLOR

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Timothy Anderson

BUSINESS NAME: HIDEAWAY PIZZA

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

DATE OF APPLICATION: 05/22/2019

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: 05/24/2019

Revised 03/11/2016

rp/kr given 5/22/19

KOM00000101

Renewed

D6J003-D6L046

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

Permit Holder: **Timothy Anderson** → Kevin Taylor

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
06474	**HIDEAWAY PIZZA** **5103 Warden Road, North Little Rock, AR, 72116**	918-627-7447	

	Current Address	If new address change here
Home Address	10 Jackie Lane Conway, AR, 72032	
Mailing Address	1631 South Boston Avenue Tulsa, OK, 74119	
Email Address		

Please check the appropriate (Requested Change) :

- ☑ Change Of Manager
- ☐ Additional Stockholder(s)
- ☐ Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	
☑	Restaurant Mixed Drink Maximum	$50.00	**NO CASH**
	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).

5/6/19
Date

Signature

2019 MAY 22 P 1:02

COMETDS0101

D6J003-D6L014

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

*For all **ON PREMISES** permits - except private c lubs*

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

FULL SERVICE RESTAURANT W/ BAR.