#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 AKP
DATE: May 27, 2020
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 retail beer off premises permit – New:

Chul Kim
Family Mart
5800 MacArthur Drive
North Little Rock, AR 72118

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

Thank you.

Attachments

FILED _____ A.M. 3:30 P.M.
BY anita paul, Mayors Off
DATE 5/27/20
Diane Whitboy, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by _____

NEWASSG0101

Received

Printed On:05/22/2020

ASSIGNMENT

MAY 27 2020

City of NLR Mayor's Office
By:_____

Date Received: 05/11/2020

Date Assigned: 05/22/2020

Applicant: CHUL KIM

D.O.B: 01/14/1955

Green Card Number (Permanent Resident Alien):

Home Address: 5015 VELVET RIDGE DRIVE APARTMENT 13, NORTH LITTLE ROCK, AR 72116

Home Phone: 5014120789 Business Phone: (501) 615-8918 Cell Phone: (501) 412-0789

Trade Name: FAMILY MART

Former Trade Name:

Business Address: 5800 MACARTHUR DRIVE, NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Application**

Dancing, if requested: No

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to: ABC-ATC.AssignmentSheet@dfa.arkansas.gov; ABC-ATC.AssignmentSheet@dfa.arkansas.gov;

Assigned to Investigator: _____

Stockholders / Partners / LLC Members :

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: CHUL KIM

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: FAMILY MART

BUSINESS ADDRESS: 5800 MACARTHUR DRIVE, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 05/11/2020

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: 05/22/2020

PARK
P&N
sent
5/13/20

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

A-P1531-01

Check One: ( ) ON PREMISES CONSUMPTION
(✓) OFF PREMISES CONSUMPTION

New Application ✓
Replacement
Permit No. 33950

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

Corporate /Partnership/LLC Name _____ FEIN# _____

NAME Chul (First) Joong (Middle) Kim (Last)

HOME ADDRESS 5015 Velvet Ridge Dr (Street) #13 (APT) NLR (City) 72116 (Zip) Pulaski (County)

BUSINESS NAME Family Mart FORMER NAME K&Y food mart AL No. 2018-00 Kil Joong

BUSINESS ADDRESS 3860 Mac Arthur Dr. (Street) NLR (City) 72116 (Zip) Pulaski (County) Hill (Township)

Is proposed location inside or outside city limits? Inside

Is the beer to be sold in connection with any other business? Yes (A) If so, state type of business (café, drug store, pool hall, service station, convenience store, etc.) Convenieck store

(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 diesel pump (1) gas pump (3) total L

Are you the owner of the proposed premises? No Do you have the premises leased? Yes

If leased, give name and address of owner

Will there be dancing on the premises? No Dance Space

Does anyone now hold a beer or any other permit at this location? yes If so, give name and permit number(s) • State of Arkansas Department of Finance and Administration permit ID # 0029611-004
• Tobacco permit #030PY-04

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes If so, give name and permit number(s) Kil Joong Kim AL #2018-00003

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? No

If held, give name, place and permit number(s)

2020 MAR 27 A 10:58 ABC

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

Dong Sil Kim (wife)

5015 Velvet Ridge Dr APT #13 NLR AR 72116

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

Sole Proprietorship

(B) Name and address of President and Secretary:

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

Signed this [illegible] day of 04/06/2020

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 6th day of April 2020

Notary Public

My Commission Expires: 10/14/2029

LAROSA HOWARD
Comm. No. 12373754
NOTARY PUBLIC
My Comm. Exp. 10-14-2029
PULASKI CO., ARKANSAS