#3

OFFICE OF THE MAYOR

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

CITY HALL
P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
website: www.nlr.ar.gov

PHONE (501) 975-8601
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul AKP
DATE: June 1, 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 – replacement/new owner:

Jacqueline Covey
JMT One-Stop, Inc.
4800 MacArthur Dr.
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. 1:00 P.M.
BY A. Paul
DATE 6-1-20
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by D. Hissen

NEWASSG0101

Printed On:05/28/2020

ASSIGNMENT

Received
JUN 01 2020
City of NLR Mayor's Office
By:

Date Received: 04/15/2020

Date Assigned: 05/28/2020

Applicant: JACQUELINE COVEY

D.O.B: 06/30/1960

Green Card Number (Permanent Resident Alien):

Home Address: 7 LUCY LANE, SHERWOOD, AR 72120

Home Phone: 5012402877 Business Phone: (501) 247-6185 Cell Phone: (501) 240-2877

Trade Name: JMT ONE-STOP, INC.

Former Trade Name: MAC ARTHUR SHELL

Business Address: 4800 MACARTHUR DR., NORTH LITTLE ROCK, AR 72118, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner**

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 : JOO PARK

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: JACQUELINE COVEY

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: JMT ONE-STOP, INC.

BUSINESS ADDRESS: 4800 MACARTHUR DR., NORTH LITTLE ROCK, AR 72118, 60 - PULASKI

DATE OF APPLICATION: 04/15/2020

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: 05/28/2020

FP & PK
Livescan

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: ( ) ON PREMISES CONSUMPTION
A-P154301 (X) OFF PREMISES CONSUMPTION

New Application _____
Replacement X
Permit No. 01823
Replacing Yong H. Kim 33963

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:

JMT One-Stop, Inc. FEIN# 84-4329002
Corporate /Partnership/LLC Name

NAME Jacqueline Ditrich Covey
First Middle Last

HOME ADDRESS 7 Lucy Ln. Sherwood 72120 Pulaski
Street City Zip County

BUSINESS NAME JMT One-Stop, Inc. FORMER NAME MacArthur C-Stop, Inc.

BUSINESS ADDRESS 4800 MacArthur NLR 72118 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? Yes

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.) C-Store with Gas Pumps

_____ (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 3

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

If leased, give name and address of owner YB Investment LLC 9416 Millers Point Sherwood 72120

Will there be dancing on the premises? NO Dance Space _____ x _____

Does anyone now hold a beer or any other permit at this location? Yes If so, give name and permit number(s) _____

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes If so, give name and permit number(s) Morgan Truck Stop, Inc. 02326

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? Yes

If held, give name, place and permit number(s) Morgan Truck Stop, Inc. 02326

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

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

Joo Bong Park 109 Maranes Maumelle, AR 72113 100%

(B) Name and address of President and Secretary:

Joo Bong Park 109 Maranes Maumelle, AR 72113 President

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 _____ day of _____, _____.

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 10th day of April, 2020.

Notary Public

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

My Commission Expires: 10/14/2029