Comm 1

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 AKP
DATE: July 15, 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 new retail beer off premises, retail liquor – replacement/new owner:

Nichole Williams
Old Mill Wine & Spirits
2600 Lakewood Village Dr., Ste. A
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 _____ A.M. 1:55 P.M.
BY Anita Paul
DATE 7-15-20
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Ussery

NEWASSG0101

Printed On:07/13/2020

ASSIGNMENT

Received
JUL 15 2020
City of NLR Mayor's Office
By: _____

Date Received: 07/13/2020

Date Assigned: 07/13/2020

Applicant: NICHOLE WILLIAMS

D.O.B: 10/02/1975

Green Card Number (Permanent Resident Alien):

Home Address: 17 STONEWOOD COVE, CABOT, AR 72023

Home Phone: 5018505967

Business Phone:

Cell Phone: (501) 850-5967

Trade Name: OLD MILL WINE & SPIRITS

Former Trade Name:

Business Address: 2600 LAKEWOOD VILLAGE DR., STE. A, NORTH LITTLE ROCK, AR 72116, 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;

Assigned to Investigator: _____

Stockholders / Partners / LLC Members :

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: NICHOLE WILLIAMS

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES, RETAIL LIQUOR

BUSINESS NAME: OLD MILL WINE & SPIRITS

BUSINESS ADDRESS: 2600 LAKEWOOD VILLAGE DR., STE. A, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 07/13/2020

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: 07/13/2020

FP + RK
investigation

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR LIQUOR PERMIT

Check One: (X) RETAIL
( ) WHOLESALE

New Application _____
Replacement X
Permit No. _____

A-P1760-01

34211

I, or we, do hereby make application to the State of Arkansas for a permit to sell vinous, spirituous and malt liquors at WHOLESALE/RETAIL and do hereby submit answers to the following questions under oath for your approval:

Sterling Soars Trust, Nichole Williams Trustee FEIN# 71-0807995
Corporate/ Partnership/LLC Name

NAME Nichole Annette Williams
First Middle Last

HOME ADDRESS 17 Stonewood Cove CABOT, AR 72023 Lonoke
Street City Zip County

BUSINESS NAME Old Mill Wine & Spirits FORMER NAME SAME

BUSINESS ADDRESS 2600 Lakewood Village Drive, North Little Rock, AR 72116
Street City Zip County Pulaski Township

Is proposed location inside or outside city limits? Inside

Will this liquor outlet be operated in connection with any other business? NO If so, state type of business

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

If leased, give name and address of owner Ashley Company 2851 Lakewood Village North Little Rock, AR 721

What portion of the above described premises will apply to this permit? All

APPLICANTS FOR RETAIL PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly, or indirectly, in the manufacture, blending, rectifying or wholesaling of alcoholic beverages, or beer? NO If so, state name of party or parties: _____

APPLICANTS FOR WHOLESALE, RECTIFIER, OR MANUFACTURERS PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly or indirectly, in the dispensing at retail of alcoholic beverages, or beer? _____ If so, state name of party or parties: _____

Does anyone now hold any type of permit at this location? yes If so, give name and permit number(s)
Kelly McCabe 02428

Give nearest distance, building to building, from CHURCH 1715' SCHOOL 3986'

*** COMPLETED APP W/ BKGRND & FP received 7/9/20

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

N/A

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

Sterling Sears Trust, Nichole Williams, Trustee

(B) Name and address of President and Secretary:

N/A

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 8th day of April, 2020.

X [signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 8 day of April 2020.

[signature]
Notary Public

My Commission Expires: 1-30-2022

CHARLES R SINGLETON
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires January 30, 2022
Commission No. 12385584

Revised 9/22/08

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

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

New Application ____
Replacement X
Permit No. ____

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:

Sterling Sears Trust, Nichole Williams, Trustee — FEIN# ____
Corporate /Partnership/LLC Name

NAME Nichole (First) Annette (Middle) Williams (Last)

HOME ADDRESS 17 Stonewood Cove (Street) Cabot (City) AR 72023 (Zip) Lonoke (County)

BUSINESS NAME Old Mill Wine & Spirits FORMER NAME Old Mill Wines And Spirits

BUSINESS ADDRESS 2600 Lakewood Village Dr. (Street) North Little Rock (City) AR 72116 (Zip) Pulaski (County) ____ (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.) Retail Liquor

(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 N/A

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

If leased, give name and address of owner Ashley Company, 2851 Lakewood Village, NLR, AR 72116

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) Kelly McCabe

Has anyone, to your knowledge, held a beer or any other permit at this location? yes If so, give name and permit number(s) Kelly McCabe

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) Maumelle Fine Wines & Spirits, Inc #02197

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

N/A

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

Sterling Sears Trust, Nichole Williams, Trustee

(B) Name and address of President and Secretary:

N/A

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 8th day of April, 2020

x Nichole Williams
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 8 day of April, 2020

Charles R. Singleton
Notary Public

My Commission Expires: 1-30-2022

CHARLES R. SINGLETON
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires January 30, 2022
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