#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 AKP
DATE: July 29, 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 & small farm winery - retail permit – new:

Todd Solomon
Circle K
3320 JFK Boulevard
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 8 A.M. _____ P.M.
BY Anita Paul
DATE 7/30/20
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by

NEWASSG0101

Printed On:07/24/2020

ASSIGNMENT

Date Received: 07/08/2020

Received

JUL 29 2020

City of NLR Mayor's Office

By:_____

Date Assigned: 07/24/2020

Applicant: TODD SOLOMON

D.O.B: 09/07/1963

Green Card Number (Permanent Resident Alien):

Home Address: 15127 PEAK LOOP, ALEXANDER, AR 72002

Home Phone: 6082166868 Business Phone: Cell Phone: (608) 216-6868

Trade Name: CIRCLE K

Former Trade Name:

Business Address: 3320 JFK BOULEVARD, 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;

Assigned to Investigator: _____

Stockholders / Partners / LLC Members : AMIN CHITALWALA, SHAMS NANJI

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: TODD SOLOMON

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES, SMALL FARM WINERY - RETAIL

BUSINESS NAME: CIRCLE K

BUSINESS ADDRESS: 3320 JFK BOULEVARD, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 07/08/2020

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: 07/24/2020

P&N sent 7/14/20

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

A-P18116-01

Check One: ( ) ON PREMISES CONSUMPTION

(X) OFF PREMISES CONSUMPTION

New Application x
Replacement
Permit No. 34278

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:

Gas Express LLC
Corporate /Partnership/LLC Name

FEIN# 58-2638530

NAME Todd (First) William (Middle) Solomon (Last)

HOME ADDRESS 15127 Peak Loop Alexander AR 72002-1836
Street City Zip County

BUSINESS NAME Circle K

FORMER NAME

BUSINESS ADDRESS 3320 JFK Blvd North Little Rock 72116 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? Inside

Is the beer to be sold in connection with any other business? No (A) If so, state type of business (café, drug store, pool hall, service station, convenience store, etc.)

(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

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

If leased, give name and address of owner Bluefin Development LLC, 6020 Ranch Dr, Ste B2, Little Rock AR 72223

Will there be dancing on the premises? No Dance Space No x

Does anyone now hold a beer or any other permit at this location? No If so, give name and permit number(s)

Has anyone, to your knowledge, held a beer or any other permit at this location? No If so, give name and permit number(s)

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)

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:

Amin Chitalwala, LLC Member, 1961Rosecliff Dr NE, Atlanta GA 30329, 50% ownership interest

Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA 30214, 50% ownership interest

(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 29th day of May, 2020.

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 29th day of May, 2020.

Penelope M. Pistacchio
Notary Public

My Commission Expires:

PENELOPE M. PISTACCHIO
MY COMMISSION EXPIRES
NOTARY
PUBLIC
SEPTEMBER 30, 2023
BARROW COUNTY, GEORGIA

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

New Application X
Replacement _____
Permit No. _____

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:

Gas Express LLC
Corporate/Partnership/LLC Name

FEIN# 58-2638530

NAME Todd Williams Solomon
First Middle Last

HOME ADDRESS 15127 Peak Loop Alexander AR 72002-1836
Street City State Zip County

BUSINESS NAME Circle K FORMER NAME _____

BUSINESS ADDRESS 3320 JFK Blvd North Little Rock AR 72116 Pulaski
Street City State Zip 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? (X) 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? _____

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

Are you the owner of the proposed premises? No If leased, give name and address of owner Bluefin Development LLC, 6020 Ranch Drive, Ste B2, Little Rock AR 72223

Does anyone now hold any other permit(s) at this location? NO If so, give name, type and permit number(s) _____

Has anyone, to your knowledge, held any other type permit(s) at this location? No If so, give name and permit number(s) _____

Give nearest distance, building to building, from CHURCH 0.2 miles SCHOOL ~~0.6 miles~~

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

n/a

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

LLC - 2 Members, each 50% ownership

Amin Chitalwala, LLC Member, 1961 Rosecliff Dr NE, Atlanta GA 30329, 50% ownership interest

Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA 30214, 50% ownership interest

(B) Name and address of President and Secretary:

n/a

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 29th day of May, 2020.

Applicant's Signature

Subscribed and sworn to before me this 29th day of May, 2020

Penelope M. Pistacchio
Notary Public

My Commission Expires:

PENELOPE M. PISTACCHIO
NOTARY PUBLIC
MY COMMISSION EXPIRES SEPTEMBER 30, 2023
BARROW COUNTY, GEORGIA