#Comm 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: August 13, 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 native beer permit – New #34349:

Joy Evans
The Filling Station
3623 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 A.M. 1:20 P.M.
BY A. Paul
DATE 8.13.20
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by: S. Ussery

NEWASSG0101 Printed On:08/10/2020

ASSIGNMENT

Received
AUG 1 3 2020
City of NLR Mayor
By

Date Received: 08/07/2020 Date Assigned: 08/10/2020

Applicant: JOY EVANS D.O.B: 03/03/1969

Green Card Number (Permanent Resident Alien):

Home Address: 30 SHERATON OAKS DRIVE, SHERWOOD, AR 72120

Home Phone: 5019120945 Business Phone: Cell Phone: (501) 912-0945

Trade Name: THE FILLING STATION NLR

Former Trade Name:

Business Address: 3623 JFK BOULEVARD, NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Application #34349**

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: JOY EVANS

TYPE OF APPLICATION: NATIVE BEER

BUSINESS NAME: THE FILLING STATION NLR

BUSINESS ADDRESS: 3623 JFK BOULEVARD, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 08/07/2020

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: 08/10/2020

FN
FP and RR
given
8-7-20

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR ARKANSAS NATIVE BEER AND MALT BEVERAGES PERMIT

Circle One: ON PREMISES / OFF PREMISES

New Application ✓
Replacement _____
Permit No. _____

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

Mojos on the Go DBA The filling Station NLR FEIN# 84-4628779
Corporate/partnership/LLC Name

NAME Joy L. EVANS
First Middle Last

HOME ADDRESS 30 Sheraton Oaks Drive Sherwood AR 72120 Pulaski
Street City Zip County

BUSINESS NAME The filling station NLR FORMER NAME N/A

BUSINESS ADDRESS 3623 JFK North Little Rock 72116 Pulaski
Street City Zip County Township Park th

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.) Farmers Market/Food Truck Com

_____ (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? Yes

If leased, give name and address of owner Coulson Oil Company

Do you permit dancing where beer will be sold? NO Dance Space _____ 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) _____

Give nearest distance, building to building, from CHURCH _____ SCHOOL _____

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

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

Joy Evans 100% (LLC)

(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 or application, or revocation of permit(s) if later disclosed.

Signed this 7th day of May, _____.

Applicant's Signature

Subscribed and sworn to before me this 7th day of May, 2020

Stacy M. Muntzel
Notary Public

STACY M. MUNTZEL
Comm. No. 12363303
NOTARY PUBLIC
My Comm. Exp. 12-11-2027
PULASKI CO., ARKANSAS

My Commission Expires: 12-11-2027

NEWETDS0101

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

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

NAME OF OUTLET The Filling Station NLR

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.

This is a food truck court and indoor market that will be alternating various food trucks and selling local produce inside. We will also have some local made crafts and wares as well. There will be indoor seating available to eat the purchased food items as well as a small patio section on the front side of building. We may have a singer set up with possibly a single instrument (guitar, piano, etc) in the future but we are unsure that it will be a regular event. There is not sufficient space for bands or anything of that nature. We would like to offer our customers the option of enjoying a local beverage, craft beer, to accomodate their meal.
TABLE TOP GAMES, KARAOKE, FAIR TYPE EVENTS FOR KIDS