#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: September 18, 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 restaurant mixed drink maximum permit – change of manager application:

Lauren Carek
On The Border
6000 Warden Road
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 10:00 A.M. _____ P.M.
BY Anita paul-mayor's office
DATE 9-18-2020
Diane Whisboy, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

NEWASSG0101

Printed On:09/14/2020

ASSIGNMENT

Received
SEP 18 2020
City of NLR Mayor's Office
By:_____

Date Received: 09/11/2020

Date Assigned: 09/14/2020

Applicant: LAUREN CAREK

D.O.B: 03/19/1984

Green Card Number (Permanent Resident Alien):

Home Address: 12 WOODSIDE DRIVE, MAYFLOWER, AR 72106

Home Phone: 5013183731

Business Phone:

Cell Phone:

Trade Name: ON THE BORDER

Former Trade Name: ON THE BORDER

Business Address: 6000 WARDEN ROAD, NORTH LITTLE ROCK, AR 72120, County 60 - PULASKI

is Business Address located within City Limits: N/P

Type Of Investigation: **Change of Manager 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 : Joshua Olshansky, Stephen Clark, Christopher Morris

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: LAUREN CAREK

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: ON THE BORDER

BUSINESS ADDRESS: 6000 WARDEN ROAD, NORTH LITTLE ROCK, AR 72120, 60 - PULASKI

DATE OF APPLICATION: 09/11/2020

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: 09/14/2020

Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: KARA JONES A-P1995-01 34491

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
05245	ON THE BORDER 6000 WARDEN ROAD North Little Rock, AR 72120		(214) 205-3771

	Current Address	If new address change here
Home Address	93 Otto Road Vilonia, AR 72173	
Mailing Address	2201 WEST ROYAL LANE, SUITE 240 Irving, Texas 75063	
Email Address		

Please check the appropriate (Requested Change) :

- [x] Change Of Manager
- [ ] Additional Stockholder(s)
- [ ] Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee
[ ]	Restaurant Mixed Drink Maximum	$ 50.00
[ ]		
[ ]		
[ ]		
	Total Amount :	$ 50.00

NO CASH

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

8/12/2020
Date

Signature

RECEIVED
2020 SEP 11 P 12:32
ABC

COMETDS0101

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

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

NAME OF OUTLET ON The Border

CITY Sherwood 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.

Full Service Restaurant providing alcoholic beverages