Comm #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: October 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 – replacement:

Kyong Son
Super Stop Main Street
1400 Main St
North Little Rock, AR 72114

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 10·29·20
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Ussery

NEWASSG0101 Printed On:10/26/2020

ASSIGNMENT

Received
OCT 29 2020
City of NLR Mayor's Office
By:

Date Received: 10/22/2020 Date Assigned: 10/26/2020

Applicant: KYONG SON D.O.B: 02/15/1959

Green Card Number (Permanent Resident Alien):

Home Address: 3012 NORTH HILLS BLVD, APT 4105 NLR, AR 72116

Home Phone: 5016123683 Business Phone: Cell Phone: (501) 612-3683

Trade Name: SUPER STOP MAIN STREET

Former Trade Name: KWON MANAGEMENT COMPANY

Business Address: 1400 MAIN ST., NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement**

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: KYONG A SON

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: SUPER STOP MAIN STREET

BUSINESS ADDRESS: 1400 MAIN ST., NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 10/22/2020

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: 10/26/2020

LIVESCAN

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

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

New Application _____
Replacement ✓
Permit No. 02135

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:

KWON MANAGEMENT Company
Corporate /Partnership/LLC Name

FEIN# 85-2880900

NAME KYONG (First) A (Middle) SON (Last)

HOME ADDRESS 3012 NORTH Hill Blvd (Street) North Little Rock (City) AR 72116 (Zip) PULASKI (County)

BUSINESS NAME Super Stop Main Street ; FORMER NAME _____

BUSINESS ADDRESS 1400 Main Street (Street) North Little Rock (City) 72114 (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.) Convenience store w/ gasoline sale (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 2.

Are you the owner of the proposed premises? Yes Do you have the premises leased? _____

If leased, give name and address of owner _____

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) Myself as sole-proprietor. 02135

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:

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

Kyong Son 96%
Lisa Brown 2%
Carl Miller 2%

(B) Name and address of President and Secretary:

President Kyong Son
Secretary Lisa Brown

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 7 day of Oct 2020.

Kyong A Son
Signature of Applicant or Managing Agent

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

Myran Lafaye White
Notary Public

My Commission Expires: 11/28/2025

MYRAN LAFAYE WHITE
Notary Public · Arkansas
Pulaski County
My Commission Expires 11-28-2025
Commission #12698901