#3

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: November 30, 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 grocery store wine, retail beer off premises, small farm winery – retail permit – change of manager:

Jessica Chavis
CVS/Pharmacy #10975
2501 McCain Blvd
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. 2:35 P.M.
BY Anita Paul - Mayors office
DATE 11-30-2020
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

NEWASSG0101

Printed On:11/23/2020

ASSIGNMENT

Date Received: 11/19/2020

Date Assigned: 11/23/2020

Applicant: JESSICA CHAVIS

D.O.B: 08/31/1981

Green Card Number (Permanent Resident Alien):

Home Address: 106 MAIN DRIVE, JACKSONVILLE, AR 72076

Home Phone: 5204883510 Business Phone: Cell Phone: (501) 834-1090

Trade Name: CVS/PHARMACY #10975

Former Trade Name: CVS/PHARMACY #10975

Business Address: 2501 MCCAIN BOULEVARD, NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

is Business Address located within City Limits: Yes

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 :

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: JESSICA CHAVIS

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

BUSINESS NAME: CVS/PHARMACY #10975

BUSINESS ADDRESS: 2501 MCCAIN BOULEVARD, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 11/19/2020

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: 11/23/2020

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

Permit Holder: JOHNATHAN MUSE

34880

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
00343-03	CVS/PHARMACY #10975	(501) 834-1090	(501) 606-9287

	Current Address	If new address change here
Home Address	30 Carriage Cove Austin, AR 72007	
Mailing Address	1 CVS DRIVE Woonsocket, Rhode Island 02895	
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	
[ ]	RETAIL BEER OFF PREMISES	$ 50.00	NO CASH
[ ]	SMALL FARM WINERY - RETAIL	$ 50.00	
[ ]	GROCERY STORE WINE	$ 50.00	
[ ]			
	Total Amount :	$ 150.00	

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).

9/24/2020
Date

Signature

RECEIVED
2020 SEP 30 A 10 33
ABC

RECEIVED
2020 NOV 19 A 10:39
ABC