Comm 1

OFFICE OF THE MAYOR

TERRY C. HARTWICK
MAYOR
mayor@nlr.ar.gov

CITY HALL
P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
website: www.nlr.ar.gov

PHONE (501) 975-8601
FAX (501) 975-8633

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul AKP
DATE: January 15, 2021
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 permit replacement:

Arvid Singh
Best Superstop
4414 E Broadway
North Little Rock, AR 72117

Please note the 15-day comment period referred to in the final paragraph of the *Comments* page.

Thank you.

Attachments

FILED A.M. 3:40 P.M.
BY A. Paul
DATE 1-15-21
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Hissey

NEWASSG0101

Printed On:01/11/2021

ASSIGNMENT

Received
JAN 15 2021
City of NLR Mayor's Office
By:

Date Received: 01/08/2021

Date Assigned: 01/08/2021

Applicant: ARVID SINGH

D.O.B: 01/02/1994

Green Card Number (Permanent Resident Alien):

Home Address: 850 MAPLE STREET APARTMENT 817, NORTH LITTLE ROCK, AR 72114

Home Phone: 8174207166

Business Phone:

Cell Phone: (571) 420-7166

Trade Name: BEST SUPERSTOP

Former Trade Name: BEST SUPERSTOP

Business Address: 4414 E. BROADWAY, NORTH LITTLE ROCK, AR 72117, 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 : AMANJOT KAUR, MANDEEP SINGH, AMANPREET SINGH

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: ARVID SINGH

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: BEST SUPERSTOP

BUSINESS ADDRESS: 4414 E. BROADWAY, NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 01/08/2021

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: 01/11/2021

FP+RR 1/8/21
~~Text~~ given to Claire

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: ( ) ON PREMISES CONSUMPTION

(X) OFF PREMISES CONSUMPTION

New Application _____
Replacement _____
Permit No. 00266 35066

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:

HANS KAUR LLC
Corporate /Partnership/LLC Name

NAME ARVIND (First) _____ (Middle) SINGH (Last)

MALING ADDRESS 850 MAPLE ST - A-822 (Street) NLR (City), AR (Zip) 72114 PULASKI (County)

BUSINESS NAME Best Superstop FORMER NAME Same

BUSINESS ADDRESS 4414 E BDWY (Street) NLR (City) PULASKI (County) 72117 (Zip) _____ (Township)

Is proposed location inside or outside city limits? INSIDE

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

_____ (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 4

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

If leased, give name and address of owner PREMEXPRESS, LLC 218 Red Oak Street

Will there be dancing on the premises? No Dance Space N/A x _____

Does anyone now hold a beer or any other permit at this location? Yes If so, give name and permit number(s) Indarjit Singh 00264

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes If so, give name and permit number(s) RR 00266

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) _____

JAN 8 2021 8:15 AM
RECEIVED

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:

25% ARUND SINGH, 850 Maple St A817 NLR AR 72114

25% MANDEEP SINGH, 129-16- 101 AVE. S Richmond Hill, NY 11419

25% Amarpreet Singh, " " " "

25% ~~Am~~ Amanjot Kaur " " " "

(B) Name and address of ~~President and Secretary~~: OPERATING MANAGER

ARUND SINGH, 850 MAPLE ST, A-817 NLR AR 72114

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 25 day of Sept, 2020.

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 25 day of Sept, 2020.

CLARACE C. MARTIN
Comm. Exp. 12-15-2025
NOTARY PUBLIC
Comm. No. 12403158
PULASKI COUNTY, ARKANSAS

Notary Public

My Commission Expires: 12-15-25