#2

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
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul AKP
DATE: January 29, 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/new owner:

Baljinder Singh
Argenta Mart
623 North Cypress
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. 4:13 P.M.
BY Anita Paul - mayors office
DATE 1-29-21
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

NEWASSG0101

Printed On:01/27/2021

ASSIGNMENT

Received
JAN 29 2021
City of NLR Mayor
By:

Date Received: 01/27/2021

Date Assigned: 01/27/2021

Applicant: BALJINDER SINGH

D.O.B: 12/03/1975

Green Card Number (Permanent Resident Alien):

Home Address: 8208 BRIGHTON DRIVE, NORTH LITTLE ROCK, AR 72116

Home Phone: 5012189773

Business Phone:

Cell Phone: (501) 218-9773

Trade Name: ARGENTA MART

Former Trade Name: US FUEL

Business Address: 623 NORTH CYPRESS, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner**

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 : BALJIT MULTANI, INDERJIT SINGH

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: BALJINDER SINGH

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: ARGENTA MART

BUSINESS ADDRESS: 623 NORTH CYPRESS, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 01/27/2021

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: 01/27/2021

FD&RR given 1/26/21

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

35137

Check One: ( ) ON PREMISES CONSUMPTION

(✓) OFF PREMISES CONSUMPTION

New Application ____
Replacement ✓
Permit No. 03754

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:

Argenta Mart LLC
Corporate/Partnership/LLC Name

NAME Balsinder Singh
First Middle Last

MALING ADDRESS 8208 Brighton Dr Sherwood 72120 Pulaski
Street City Zip County

BUSINESS NAME Argenta mart FORMER NAME ____

BUSINESS ADDRESS 623 Ho Cypress St NLR 72114 Pulaski
Street City Zip 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.) Convience Store w/gas

(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 6

Are you the owner of the proposed premises? yes Do you have the premises leased? N/A

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) Jasmeet/Kushal - Balsinder Singh 03754

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

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? yes

If held, give name, place and permit number(s) Indersit Singh - RB 00266 4414 E Broadway NLR (Best Supply Stop); Warehouse Liquor 01754 Indersit Balsit Kaur Multani RB 03754 (member - Jasmeet/Kushal Singh

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

n/A

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

Indersit Singh 218 Red River Sherwood 72120 33 Grant

BALSIT KAUR MALKANI 437 Chimney Rock Sherwood 72120 375

Balsinder Singh 8208 Brighton DR Sherwood 72120 350 Unit

(B) Name and address of ~~President and Secretary~~ OM:

Balsinder Singh 8208 Brighton DR Sherwood 72120

Operating Manager

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 2nd day of November, 2020.

Balsinder Singh

Signature of Applicant or Managing Agent

CLARACE C. MARTIN
Comm. Exp. 12-15-2025
NOTARY PUBLIC
Comm. No. 12699115
PULASKI COUNTY, ARKANSAS

Subscribed and sworn to before me this 2nd day of November 2020.

Clarace C Martin

Notary Public

My Commission Expires: 12-15-2025