#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: Charlotte Thomas ct

DATE: March 12, 2021

SUBJECT: Alcoholic Beverage Permit

For your information, I have enclosed a copy of the *Assignment* and *Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for a restaurant mixed drink maximum permit – change of manager application:

Samear Qatium

Buffalo Wild Wings

4600 Silver Creek Drive

North Little Rock, AR 72120

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

Thank you.

Attachments

FILED _____ A.M. 4 pm P.M.
BY Charlotte Thomas
DATE 3.12.21
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [illegible]

"An Equal Opportunity Employer"

Received

MAR 12 2021

City of NLR Mayor's Office
By:

NEWASSG0101

Printed On:03/10/2021

ASSIGNMENT

Date Received: 03/01/2021

Date Assigned: 03/10/2021

Applicant: SAMEAR QATIUM

D.O.B: 08/11/1995

Green Card Number (Permanent Resident Alien):

Home Address: 9609 VAUGHN DRIVE, LITTLE ROCK, AR 72205

Home Phone: 5012498198

Business Phone:

Cell Phone:

Trade Name: BUFFALO WILD WINGS

Former Trade Name: BUFFALO WILD WINGS

Business Address: 4600 SILVER CREEK DRIVE, 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 : Jeromy Howard

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: SAMEAR QATIUM

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: BUFFALO WILD WINGS

BUSINESS ADDRESS: 4600 SILVER CREEK DRIVE, NORTH LITTLE ROCK, AR 72120, 60 - PULASKI

DATE OF APPLICATION: 03/01/2021

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: 03/10/2021

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

Permit Holder: Tarissa Bates

35385

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
04695	Buffalo Wild Wings 4600 Silver Creek Dr North Little Rock, AR 72120		(417) 658-8100

	Current Address	If new address change here
Home Address	16 Dove Lane Vilonia, AR 72173	9609 Vaughn Drive Little Rock AR 72205
Mailing Address	8045 SW 36th St Oklahoma City, OK 73179	
Email Address	thoward124@aol.com	Sgattum@Howardcompanies.org

Please check the appropriate (Requested Change) :

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

Please check applicable permits :

Select	Permit Description	Fee
[x]	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).

1-20-21
Date

Signature

RECEIVED
2021 JAN -1 AM 11:33

NEWETDS0101

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

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

NAME OF OUTLET Buffalo Wild Wings North Little Rock Wings

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.

T.V.s

Jukebox Tunes in Bar Area only

Trivia via Mobile Application

Cornhole games on Patio