#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: June 1, 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:

Satnarayan Murthy
Aaryan Budhwani LLC
1504 Hwy 161
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. 2:15 P.M.
BY A. Paul
DATE 6-1-21
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by D. Lisseng

NEWASSG0101

Printed On:05/27/2021

ASSIGNMENT

Received

JUN 01 2021

City of NLR Mayor's Office

By:

Date Received: 05/12/2021

Date Assigned: 05/27/2021

Applicant: SATNARAYAN MURTHY

D.O.B: 05/05/1973

Green Card Number (Permanent Resident Alien):

Home Address: 1410 CHERRY BROOK DRIVE, LITTLE ROCK, AR 72211

Home Phone: 4014425527 Business Phone: Cell Phone: (501) 442-5527

Trade Name: AARYAN BUDHWANI LLC

Former Trade Name:

Business Address: 1504 HWY. 161, NORTH LITTLE ROCK, AR 72117, 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 :

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: SATNARAYAN MURTHY

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: AARYAN BUDHWANI LLC

BUSINESS ADDRESS: 1504 HWY. 161, NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 05/12/2021

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, 101 East Capitol, Suite 401, 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: 05/27/2021

LIVESCAN

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

35806

Check One: ( ) ON PREMISES CONSUMPTION

(✓) OFF PREMISES CONSUMPTION

New Application ✓
Replacement ____
Permit No. 02006

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:

AARYAN BUDHWANI LLC FEIN# 86-1868124
Corporate /Partnership/LLC Name

NAME SATNARAYAN MURTHY
First Middle Last

HOME ADDRESS 1410 Cherry Brook Dr LR AR 72211 (Pulaski)
Street City Zip County

BUSINESS NAME AARYAN BUDHWANI LLC FORMER NAME ____

BUSINESS ADDRESS 1504 Highway 161 North Little Rock AR 72117
Street City Zip County Township

Is proposed location inside or outside city limits? (Yes)

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.) Gas Station w/C 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 FAHEEM SALEEM

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) FAHEEM SALEEM # 02006

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:

SATNARAYAN MURTHY
1410 Cherry Brook Dr
Little Rock AR 72211

(B) Name and address of President and Secretary:

SATNARAYAN MURTHY
1410 Cherry Brook Dr Little Rock AR

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 17th day of March, 2021.

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 17th day of March 2021.

STATE OF ARKANSAS NOTARY PUBLIC
QUANESHA NICHELLE SMITH
MY COMMISSION # 12702229
EXPIRES: March 1, 2027
Pulaski County

Notary Public

My Commission Expires: _____