Comm #4

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: August 30, 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:

Taha Al Towayti
Camp Market
4700 Camp Robinson Road
North Little Rock, AR 72118

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

Thank you.

Attachments

FILED A.M. 2:50 P.M.
BY A. Paul
DATE 8.30.21
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Ussery

NEWASSG0101

Printed On:08/25/2021

ASSIGNMENT

Received

AUG 30 2021

City of NLR Mayor's Office

By:_____

Date Received: 08/24/2021

Date Assigned: 08/24/2021

Applicant: TAHA AL TOWAYTI

D.O.B: 09/07/1999

Green Card Number (Permanent Resident Alien):

Home Address: 13 Lisa Court Little Rock, AR 72212

Home Phone: 5018125223 Business Phone: (801) 707-8988 Cell Phone: (845) 283-5299

Trade Name: CAMP MARKET

Former Trade Name: RIDGE MART

Business Address: 4700 CAMP ROBINSON ROAD, NORTH LITTLE ROCK, AR 72118, 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 :

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: TAHA AL TOWAYTI

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: CAMP MARKET

BUSINESS ADDRESS: 4700 CAMP ROBINSON ROAD, NORTH LITTLE ROCK, AR 72118, 60 - PULASKI

DATE OF APPLICATION: 08/24/2021

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: 08/25/2021

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. 36491

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:

CAMP MARKET INC
Corporate /Partnership/LLC Name

FEIN# 87-1810173

NAME TAHA (First) _____ (Middle) ALTOWAIJI (Last)

HOME ADDRESS #13 LISA COURT (Street) LITTLE ROCK (City) 72212 (Zip) PULASKI (County)

BUSINESS NAME CAMP MARKET FORMER NAME _____

BUSINESS ADDRESS 4700 CAMP ROBINSON RD (Street) N. LITTLE ROCK (City) 72118 (Zip) PULASKI (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.) _____

_____ (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 MATEWAY INVESTMENT LLC

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) 02708

Has anyone, to your knowledge, held a beer or any other permit at this location? YES If so, give name and permit number(s) 02708

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:

TAHA ALTOWAY TI #13 LISA COURT LITTLE ROCK, AR 72212

100%

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

(B) Name and address of President and Secretary:

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 6th day of August, 2021.

X [signature]

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 6th day of August, 2021.

Claudette Dixon

Notary Public

My Commission Expires: 02/01/2023

CLAUDETTE DIXON
NOTARY PUBLIC-STATE OF ARKANSAS
JEFFERSON COUNTY
My Commission Expires 2-1-2023
Commission # 12391432