#2

# OFFICE OF THE MAYOR

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

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

## MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul AKP
DATE: February 18, 2022
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:

Monica Han
Camp C-Stop
4622 Camp Robinson
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. 12:25 P.M.
BY Anita Paul
DATE 2/18/22
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by B Boyd

NEWASSG0101

Printed On:02/15/2022

# ASSIGNMENT

Received

FEB 18 2022

City of NLR Mayor's Office

By:

Date Received: 02/14/2022

Date Assigned: 02/15/2022

Applicant: MONICA HAN

D.O.B: 12/20/1964

Green Card Number (Permanent Resident Alien):

Home Address: 9416 MILLERS POINTE, SHERWOOD, AR 72120

Home Phone: 5014428433

Business Phone:

Cell Phone: (501) 442-8433

Trade Name: CAMP C-STOP

Former Trade Name: JMJ SHELL

Business Address: 4622 CAMP ROBINSON, NORTH LITTLE ROCK, AR 72118, 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: MONICA HAN

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: CAMP C-STOP

BUSINESS ADDRESS: 4622 CAMP ROBINSON, NORTH LITTLE ROCK, AR 72118, 60 - PULASKI

DATE OF APPLICATION: 02/14/2022

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: 02/15/2022

CURRENT

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: ( ) ON PREMISES CONSUMPTION

(X) OFF PREMISES CONSUMPTION

New Application _____
Replacement X
Permit No. 37401

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:

Corporate /Partnership/LLC Name: Camp C-Stop, Inc FEIN# 87-3280804

NAME: First: Monica Middle: B Last: Han

HOME ADDRESS: Street: 9416 Millers Pointe City: Sherwood Zip: 72120 County: Pulaski

BUSINESS NAME: Camp C-Stop, Inc FORMER NAME: _____

BUSINESS ADDRESS: Street: 4622 Camp Robinson City: NLR Zip: 72118 County: Pulaski 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.) C-Store with Gas Pumps

(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 Coulson Oil Co. 5101 Northshore Ln, NLR AR 72118

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) JMJ Shell, Inc # 00182

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes If so, give name and permit number(s) # 00182

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:

N/A

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

Monica B. Han 9416 Millers Pointe, Sherwood AR 72120 100%

(B) Name and address of President and Secretary:

Monica B. Han 9416 Millers Pointe, Sherwood, AR 72120 President

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 9 day of February, 2022.

Monica Han

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 9 day of February, 2022.

LaRosa Howard

Notary Public

My Commission Expires: 10/14/2029

LAROSA HOWARD
Comm. No. 12373754
NOTARY PUBLIC
My Comm. Exp. 10-14-2029
PULASKI CO. ARKANSAS