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# 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: February 17, 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, Small Farm Winery – Retail – new application:

Tyler Pierce
Circle K
4300 E Broadway Street
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. 3:01 P.M.
BY Bailey Noland
DATE 2/17/2022
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by

NEWASSG0101

Printed On:02/15/2022

# ASSIGNMENT

Received

FEB 17 2022

City of NLR Mayor's Office

By:

Date Received: 02/15/2022

Date Assigned: 02/15/2022

Applicant: TYLER PIERCE

D.O.B: 05/15/1984

Green Card Number (Permanent Resident Alien):

Home Address: 12 ADKINS COURT, ALEXANDER, AR 72002

Home Phone: 5015299811 Business Phone: Cell Phone: (501) 529-9811

Trade Name: CIRCLE K

Former Trade Name:

Business Address: 4300 E. BROADWAY STREET, NORTH LITTLE ROCK, AR 72117, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New 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 : SHAMS NANJI, AMIN CHITALWALA

# COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: TYLER PIERCE

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES, SMALL FARM WINERY - RETAIL

BUSINESS NAME: CIRCLE K

BUSINESS ADDRESS: 4300 E. BROADWAY STREET, NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 02/15/2022

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

P+N given 2/10/22
CURRENT

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: ( ) ON PREMISES CONSUMPTION

(X) OFF PREMISES CONSUMPTION

New Application X
Replacement
Permit No. 3739

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:

Gas Express LLC
Corporate /Partnership/LLC Name

FEIN# 58-2638530

NAME Tyler (First) John (Middle) Pierce (Last)

HOME ADDRESS 12 Adkins Ct (Street) Little Rock (City) AR 72212 (Zip) Pulaski (County)

BUSINESS NAME Circle K

FORMER NAME

BUSINESS ADDRESS 4300 E Broadway St (Street) North Little Rock (City) AR 72117 (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? No (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

Are you the owner of the proposed premises? No Do you have the premises leased?

If leased, give name and address of owner Bluefin Development LLC, 1400 W Markham, Ste 204, Little Rock AR 72202

Will there be dancing on the premises? No Dance Space No x

Does anyone now hold a beer or any other permit at this location? No If so, give name and permit number(s)

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? Yes

If held, give name, place and permit number(s) Gas Express LLC d/b/a Circle K - Arkansas

RECEIVED 2022 FEB 10 AM 8:35

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:

Amin Chitalwala, LLC Member, 1961Rosecliff Dr NE, Atlanta GA 30329, 50% ownership interest

Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA 30214, 50% ownership interest

(B) Name and address of President and Secretary:

n/a

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 Feb, 2022.

Signature of Applicant or Managing Agent

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

Notary Public

My Commission Expires:

NOTARY PUBLIC
BARROW COUNTY, GEORGIA
PENELOPE M. PISTACCHIO
MY COMMISSION EXPIRES SEPTEMBER 30, 2023

**STATE OF ARKANSAS**
**ALCOHOLIC BEVERAGE CONTROL DIVISION**

New Application X
Replacement _____
Permit No. _____

**APPLICATION FOR:**

☒ Small Farm Winery - Retail ☐ Small Farm Winery - Wholesale ☐ Small Farm Winery - Manufacturer

I, or we, do hereby make application for the permit noted above and do hereby submit answers to the following questions under oath for your approval:

Gas Express LLC — FEIN# 58-2638530
Corporate/Partnership/LLC Name

NAME Tyler John Pierce
First Middle Last

HOME ADDRESS 12 Adkins Ct Little Rock AR 72212 Pulaski
Street City State Zip County

BUSINESS NAME Circle K FORMER NAME _____

BUSINESS ADDRESS 4300 E Broadway St North Little Rock AR 72117 Pulaski
Street City State Zip County

Is proposed location inside or outside city limits? inside

If application is for retail level, are you a grocery store, convenience store or liquor store? (X) Yes ( ) No

(Convenience stores must maintain a $7,500.00 inventory of human consumables.)

If application is for manufacturing, (1) how many gallons do you contemplate manufacturing? _____

(2) What was your total production for the last calendar year? _____

Are you the owner of the proposed premises? No If leased, give name and address of owner Bluefin Development LLC, 1400 W Markham, Ste 204, Little Rock AR 72202

Does anyone now hold any other permit(s) at this location? No If so, give name, type and permit number(s) _____

Has anyone, to your knowledge, held any other type permit(s) at this location? No If so, give name and permit number(s) _____

Give nearest distance, building to building, from CHURCH 1.8 miles SCHOOL 1.2 miles

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

n/a

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

LLC - 2 Members, each 50% ownership

Amin Chitalwala, LLC Member, 1961 Rosecliff Dr NE, Atlanta GA 30329, 50% ownership interest

Shams Nanji, LLC Member, 150 Northern Oaks Dr, Fayetteville GA 30214, 50% ownership interest

(B) Name and address of President and Secretary:

n/a

Schedule "A" is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

If making application for a ***Small Farm Winery-Manufacturer,*** I certify that I meet the criteria as described in ACA 3-5-1602(c)(1) and enclose a copy of my Federal Basic Permit **and** proof of my annual production from the calendar year previous to my application **(form/s TTB F 5120.17)**.

Signed this 9 day of February 2022.

Applicant's Signature

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

Notary Public

My Commission Expires:

PENELOPE M. PISTACCHIO
NOTARY PUBLIC
BARROW COUNTY, GEORGIA
MY COMMISSION EXPIRES SEPTEMBER 28, 2023