#2

# 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
DATE: May 31, 2022 AKP
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 restaurant mixed drink permit – Maximum – replacement/new owner:

Michael Bolding
TGI Fridays
2820 Lakewood Village Drive
North Little Rock, AR 72116

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

Thank you.

Attachments

Received
MAY 31 2022
City of NLR Mayor's Office
By:

NEWASSG0101

Printed On: 05/19/2022

# ASSIGNMENT

Date Received: 05/10/2022

Date Assigned: 05/19/2022

Applicant: MICHAEL BOLDING

D.O.B: 01/12/1991

Green Card Number (Permanent Resident Alien):

Home Address: 105 N. FAIRWAY AVENUE, SHERWOOD, AR 72120

Home Phone: 5012361576 Business Phone: (501) 758-2277 Cell Phone: (501) 236-1576

Trade Name: TGI FRIDAY'S

Former Trade Name: TGI FRIDAY'S

Business Address: 2820 LAKEWOOD VILLAGE DRIVE, NORTH LITTLE ROCK, AR 72116, 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: MICHAEL BOLDING

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: TGI FRIDAY'S

BUSINESS ADDRESS: 2820 LAKEWOOD VILLAGE DRIVE, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 05/10/2022

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: 05/19/2022

LIVESCAN

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR

CONSUMPTION ON THE PREMISES

Check One: ( ) Hotel-Motel

(X) Restaurant Only

New Application _____
Replacement X
Permit No. 38031

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

TGI Friday's Inc. FEIN# 13-2677117
Corporate/Partnership/LLC Name

NAME Michael Bolding
First Middle Last

HOME ADDRESS 105 N. Fairway Ave., Sherwood, AR 72120 Pulaski
Street City Zip County

BUSINESS NAME TGI Fridays FORMER NAME TGI Fridays

BUSINESS ADDRESS 2820 Lakewood Village Dr., N. Little Rock 72116 Pulaski
Street City Zip County

Is proposed location inside or outside city limits? Inside

Are the beverages to be sold in connection with any other business? No If so, state type of business

Are you the owner of the proposed premises? No If leased, give name and address of owner
Lakewood Village Shopping Park, LLC, 2851 Lakewood Village Dr., North Little Rock, AR 72116

Does anyone now hold a permit at this location? Yes If so, give name, type and permit number(s) of same
TGI Fridays - Restaurant Mixed Drink Maximum - 03205-01

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? Yes

If so, give name, place and permit number(s) See attached

Number of sleeping rooms in hotel N/A Seating capacity of restaurant 170
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast _____ Lunch X Dinner X Number of days open per week 7

Has there ever been a beer, wine or liquor permit revoked at this location? No If so, give name and date revoked _____

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:

TGIF Parent, Inc. - 19111 N. Dallas Pkwy., Ste. 165, Dallas, TX 75287 - 100% Shareholder

(B) Name and address of President and Secretary:

President: Raymond A. Blanchette, III - 434 Hickory Post Lane, Houston, TX 77079

Secretary: Jennifer A. Rote - 521 Sunbury Lane, Prosper, TX 75078

**NOTE:** 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.

Signed this 29th day of April

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 29th day of April, 2022.

Brylee Knight
Notary Public

My Commission Expires: 10/29/2030

Revised 11/13/09

BRYLEE KNIGHT
Notary Public - Arkansas
Pulaski County
Commission # 12712117
My Commission Expires Oct 29, 2030

NEWETDS0101

**DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES**

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

NAME OF OUTLET TGI Fridays

CITY N. Little Rock 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.**

A full service restaurant with televisions, recorded music playing on indoor speakers and speakers located outdoors on the patio.