#2

Received
NOV 16 2022
City of NLR Mayor's Office
By:

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: November 16, 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 retail beer off premises, retail liquor permit – replacement/new owner:

James Stacy
Gigi's Remount Liquor
24 Remount 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. 2:25 P.M.
BY A Paul
DATE 11-16-22
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Shelley Isaac

NEWASSG0101 Printed On:11/10/2022

ASSIGNMENT

Date Received: 11/10/2022 Date Assigned: 11/10/2022

Applicant: JAMES STACY D.O.B: 06/25/1979

Green Card Number (Permanent Resident Alien):

Home Address: 9805 MILLER ROAD, SHERWOOD, AR 72120

Home Phone: 5019127382 Business Phone: Cell Phone: (501) 912-7382

Trade Name: GIGI'S REMOUNT LIQUOR

Former Trade Name: REMOUNT LIQUOR

Business Address: 24 REMOUNT ROAD, 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 : DONNA MILLER-STACY

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: JAMES STACY

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES, RETAIL LIQUOR

BUSINESS NAME: GIGI'S REMOUNT LIQUOR

BUSINESS ADDRESS: 24 REMOUNT ROAD, NORTH LITTLE ROCK, AR 72118, 60 - PULASKI

DATE OF APPLICATION: 11/10/2022

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: 11/10/2022

LIVESCAN

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR LIQUOR PERMIT

39186

Check One: (✓) RETAIL

( ) WHOLESALE

New Application ____
Replacement ✓
Permit No. 02771-01

I, or we, do hereby make application to the State of Arkansas for a permit to sell vinous, spirituous and malt liquors at WHOLESALE/RETAIL and do hereby submit answers to the following questions under oath for your approval:

Alisha's 3 C's LLC — FEIN# 27-2134935
Corporate/ Partnership/LLC Name

NAME James (First) H (Middle) Stacy (Last)

HOME ADDRESS 9805 Miller Road (Street) Sherwood (City) 72120 (Zip) Pulaski (County)

BUSINESS NAME Gigi's Remount Liquor FORMER NAME Remount Liquor

BUSINESS ADDRESS 424 Remount Road (Street) NLR (City) 72114 (Zip) Pulaski (County) ____ (Township)

Is proposed location inside or outside city limits? inside

Will this liquor outlet be operated in connection with any other business? yes If so, state type of business Retail Beer

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

If leased, give name and address of owner Johnie Properties LLC 7155 Hwy 31 Lonoke

What portion of the above described premises will apply to this permit? Entire

APPLICANTS FOR RETAIL PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly, or indirectly, in the manufacture, blending, rectifying or wholesaling of alcoholic beverages, or beer? No If so, state name of party or parties: ____

APPLICANTS FOR WHOLESALE, RECTIFIER, OR MANUFACTURERS PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly or indirectly, in the dispensing at retail of alcoholic beverages, or beer? No If so, state name of party or parties: ____

Does anyone now hold any type of permit at this location? yes If so, give name and permit number(s) George Arendt # 02771-01

Give nearest distance, building to building, from CHURCH over 1000 ft SCHOOL over 1000 ft

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:

JAMES SYACY 9805 Miller Road Sherwood 72120

DONNA Miller-Syacy SAME

(B) Name and address of President and Secretary:

Op. Mgr -

9805 Miller Road Sherwood 72120

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 31 day of October 2022

X [signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 31 day of October 2022

CLARACE C. MARTIN
Comm. Exp. 12-15-2025
NOTARY PUBLIC
Comm. No. 12691158
PULASKI COUNTY, ARKANSAS

[signature]
Notary Public

My Commission Expires: 12-15-2025

Revised 9/22/08

LIVESCAN

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: ( ) ON PREMISES CONSUMPTION

( ) OFF PREMISES CONSUMPTION

New Application ✓
Replacement
Permit No. 02770-01

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:

Alisha's J C's LLC — FEIN# 27-2134931
Corporate /Partnership/LLC Name

NAME James H Stacy
First Middle Last

HOME ADDRESS 9805 Miller Rd Sherwood 72120 Pulaski
Street City Zip County

BUSINESS NAME Gigi's Remount Liquor FORMER NAME Remount Liquor

BUSINESS ADDRESS #24 Remount Rd NLR 72118 Pulaski
Street City Zip 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.) Retail Liquor

(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 N/A

Are you the owner of the proposed premises? no Do you have the premises leased? yes

If leased, give name and address of owner Johnie Properties LLC 2155 Hwy 3150 Beebe

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) George Arendt #02770-01

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

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:

James Stacy 9805 Miller Rd Sherwood 72120

Donna Miller-Stacy Same

(B) Name and address of President and Secretary:

Op-Manager

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 31 day of October, 2022.

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 31 day of October, 2022.

CLARACE C. MARTIN
Comm. Exp. 12-15-2025
NOTARY PUBLIC
Comm. No. 12693158
PULASKI COUNTY, ARKANSAS

Notary Public

My Commission Expires: 12-15-25