#1

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: January 31, 2023
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 premise – replacement/new owner:

Rajbir Singh
Broadway One Stop
605 E Broadway
North Little Rock, AR 72114

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

Thank you.

Attachments

FILED 9:35 A.M. _____ P.M.
BY Anita Paul
DATE 1-31-23
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Lissery

Received

JAN 31 2023

City of NLR Mayor's Office
By:_____

NEWASSG0101

Printed On:01/25/2023

ASSIGNMENT

Date Received: 01/19/2023

Date Assigned: 01/25/2023

Applicant: RAJBIR SINGH

D.O.B: 08/18/1985

Green Card Number (Permanent Resident Alien):

Home Address: 305 CHIMNEY ROCK DRIVE, SHERWOOD, AR 72120

Home Phone: 5012564519

Business Phone:

Cell Phone: (501) 256-4519

Trade Name: BROADWAY ONE STOP

Former Trade Name: STONE MART

Business Address: 605 E. BROADWAY, NORTH LITTLE ROCK, AR 72114, 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: RAJBIR SINGH

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: BROADWAY ONE STOP

BUSINESS ADDRESS: 605 E. BROADWAY, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 01/19/2023

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: 01/25/2023

LIVESCAN.

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT 39495

Check One: ( ) ON PREMISES CONSUMPTION

(X) OFF PREMISES CONSUMPTION

New Application _____
Replacement L
Permit No. ~~03153-01~~

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:

BROADWAY ONE STOP LLC FEIN# 92-1386333
Corporate /Partnership/LLC Name

NAME RAJBIR Singh
First Middle Last

HOME ADDRESS 305 Chimney Rock DR. Sherwood Pulaski
Street City Zip County

BUSINESS NAME BROADWAY ONE STOP FORMER NAME SAME

BUSINESS ADDRESS 605 East Broadway North Little Rock 72114 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? _____ (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? Lease Do you have the premises leased? Yes

If leased, give name and address of owner See Attached

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) _____

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes 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? _____

If held, give name, place and permit number(s) _____

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

_____

_____

_____

_____

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 17th day of January, 2023.

X [signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 17th day of January, 2023.

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