#4

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: February 24, 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 a Retail Beer Off Premises & Small Farm Winery – Retail – New Application:

Tyler Pierce
Circle K
1604 Pike Avenue
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 _____ A.M. 2:00 P.M.
BY Anita Paul
DATE 2/24/23
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by _____

"An Equal Opportunity Employer"

Received
FEB 24 2023
City of
By:Printed On:02/21/2023

NEWASSG0101

ASSIGNMENT

Date Received: 02/10/2023

Date Assigned: 02/21/2023

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 #320

Former Trade Name:

Business Address: 1604 PIKE AVENUE, NORTH LITTLE ROCK, AR 72114, 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 #320

BUSINESS ADDRESS: 1604 PIKE AVENUE, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 02/10/2023

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: 02/21/2023

P+N given 2/10/23

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT 39666

Check One: ( ) ON PREMISES CONSUMPTION
(X) OFF PREMISES CONSUMPTION

New Application x
Replacement
Permit No.

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

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

HOME ADDRESS 610 President Clinton Ave, 1A, Little Rock AR 72201 Pulaski
Street City Zip County

BUSINESS NAME Circle K #320 FORMER NAME

BUSINESS ADDRESS 1604 Pike Ave, North Little Rock, AR 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? 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, 610 President Clinton Ave, 1A, Little Rock AR 72201

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

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 610 President Clinton Ave, 1A, Little Rock AR 72201 Pulaski
Street City State Zip County

BUSINESS NAME Circle K #320 FORMER NAME _____

BUSINESS ADDRESS 1604 Pike Ave, North Little Rock, AR 72114 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, 610 President Clinton Ave, 1A, Little Rock AR 72201

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) _____