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#### OFFICE OF THE MAYOR

TERRY C. HARTWICK

MAYOR

mayor@nlr.ar.gov



PHONE (501) 975-8601 FAX (501) 975-8633

#### P.O. BOX 5757 NORTH LITTLE ROCK, ARKANSAS 72119-5757

website: www.nir.ar.gov

#### **MEMORANDUM**

TO: Members of the North Little Rock City Council

FROM: Anita Paul

DATE: April 25, 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 replacement/new owner application – grocery store wine, retail beer off premises & small farm winery - retail

Angus Powell
Circle K Store 2709957
5506 MacArthur Drive
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** 

By Apita Paul - Admin

DATE 4-25-23

Diane Whitbey, City Clerk and Collector North Little Rock, Arkansas

RECEIVED by

Received

APR 2 5 2023

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	OI	Mru	INITACI 2	0100

#### NEWASSG0101

Assigned to Investigator:

Stockholders / Partners / LLC Members:

#### **ASSIGNMENT**

Date Assigned: 04/20/2023 Date Received: 04/20/2023 Applicant: ANGUS POWELL D.O.B: 01/06/1981 Green Card Number (Permanent Resident Alien): Home Address: 2714 TULIP HILL ROAD, MILTON, FL 32571 Cell Phone: (813) 777-6370 Home Phone: 8504541080 Business Phone: (850) 454-1080 Trade Name: CIRCLE K STORE 2709957 Former Trade Name: BIG RED #122 Business Address: 5506 MACARTHUR DRIVE, 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;

### COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: ANGUS POWELL

TYPE OF APPLICATION: GROCERY STORE WINE, RETAIL BEER OFF PREMISES, SMALL FARM

WINERY - RETAIL

BUSINESS NAME: CIRCLE K STORE 2709957

BUSINESS ADDRESS: 5506 MACARTHUR DRIVE, NORTH LITTLE ROCK, AR 72118, 60 - PULASKI

DATE OF APPLICATION: 04/20/2023

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.

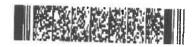
Printed On: 04/20/2023



#### STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

#### APPLICATION FOR RETAIL BEER PERMIT

	/1L00110L	O DE PERCHOL OF	MINOF DIAI2	ION	2 7 6
	APPLICA	TION FOR RETA	L BEER PERM	1	160
Check One: (	) ON PREMISES CO	NSUMPTION	New A	pplication	
· ·	OFF PREMISES C	ONSUMPTION	Replac	pplication cement \( \square\)	
submit answers to t	make application to the the following questions (	State of Arkansas under oath for vou	for a permit to	sell beer at retai	l, and do hereby
	Stores Inc.			74-1149540	)
Corporate /Partners	ship/LLC Name		- 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , ,	
NAME Angus		Terrell		Powell,	and the state of t
First		Middle		Last	
HOME ADDRESS	2714 Tulip Hill Rd.	Milton	32571		Rosa
	Street	City	Zip	Cot	
	Circle K Store 2709		FORMER NA	ME <u>Big Red</u>	Store #122
BUSINESS ADDRE	SS 5506 MacArthur		72110	Pulaski	
	Street	City	Zip	County	Township
	inside or outside city li	E	W WIII		
is the beer to be sol	d in connection with any	y other business?	(A	) If so, state type	of business
(café, drug store, po	of half, service station,	convenience store	, etc.) <u>Conv</u>	renience Store	with retail fuel
-			(B) If beeri	s to be sold in c	onnection with a
motor fuel sales bus	iness give number of g				
Are you the owner o	f the proposed premise	s7_Yes	Do you have the	premises lease	d? N/A
If leased, give name	and address of owner	N/A			
Will there be dancing	g on the premises?N	lo Da	ance Space	х	
Does anyone now h	old a beer or any other				
	Red Store # 122 - 0				and desired to a series
Has anyone, to your	knowledge, held a bee	r or any other per	nit at this location	on? Yes	If so, give name
and permit number(s					, in the figure indition
Do you or any other	person interested in this	s permit hold any	other type alcoh	olic beverage p	ermit? Yes
If held, give name, p	lace and permit number	r(s) <u>Circle K Sto</u>	ore #6345. Te	C	5 50 E
				75	
				CO 8	S 7 4
				0	
				:6	



		N/A				
	No.					
f applicant i ∍ach:	is a corporat	ion/LLC, giv	e (A) Name an	d address	of stockholders and a	mount of stock held by
	N	/A				
	(	Corporation	n 100% com	pany ow	ned	
B) Name an	d address o	f President a	and Secretary:			
					20574 No	
			any initiation	VIIIOH, F	_ 323/1 - Vice Pres	sident
			wip i in tee, i	viliton, F	32571 - Vice Pres	sident
				VIIILOTI, F	_ 325/1 - VICE Pres	sident
NOTE: Scheo	dule A is to t	De complete	d hv each north	to this a	plication and fact.	
NOTE: Scheo applic	dule A is to t	De complete	d by each part	to this a	plication and fact.	onsidered a part of the fusal of application, or
NOTE: Sched applic revoca	dule A is to bation. Any ration of perm	pe complete mis-stateme mit(s) if later	d by each party nts or conceal disclosed.	to this a	plication and fact.	
NOTE: Sched applic revoca	dule A is to bation. Any ration of perm	pe complete mis-stateme mit(s) if later	d by each part	to this a	plication and fact.	
NOTE: Sched applic revoca	dule A is to bation. Any ration of perm	pe complete mis-stateme mit(s) if later	d by each party nts or conceal disclosed.	to this a	plication and fact.	
NOTE: Sched applic revoca	dule A is to bation. Any ration of perm	pe complete mis-stateme mit(s) if later	d by each party nts or conceal disclosed.	to this a	plication and fact.	
NOTE: Sched applic revoca	dule A is to bation. Any ration of perm	pe complete mis-stateme mit(s) if later	d by each party nts or conceal disclosed.	to this a	plication and is to be det will be grounds for re	considered a part of the fusal of application, or
NOTE: Sched applic revoca Signed this _	dule A is to be ation. Any reation of perm	be completed mis-statementi(s) if later day of	d by each party nts or conceals disclosed.	y to this apment of fa	plication and is to be det will be grounds for re	
NOTE: Sched applic revoca	dule A is to be ation. Any reation of perm	be completed mis-statementi(s) if later day of	d by each party nts or conceals disclosed.	to this a	plication and is to be det will be grounds for re	considered a part of the fusal of application, or
NOTE: Sched applic revoca Signed this _	dule A is to be ation. Any reation of perm	be completed mis-statementi(s) if later day of	d by each party nts or conceals disclosed.	y to this apment of fa	plication and is to be det will be grounds for re	considered a part of the fusal of application, or
NOTE: Sched applic revoca Signed this _	dule A is to be ation. Any reation of perm	be completed mis-statement(s) if later day of	d by each party nts or conceale disclosed.	y to this apment of fa	plication and is to be on the will be grounds for respond to the second	considered a part of the fusal of application, or carried application, application, and carried application, applicatio
NOTE: Sched applic revoca signed this _	dule A is to be ation. Any ration of perm	be completed mis-statementi(s) if later day of	d by each party nts or conceale disclosed.	y to this apment of fa	plication and is to be on the will be grounds for respond to the second	considered a part of the fusal of application, or
NOTE: Sched applic revoca signed this _	dule A is to be ation. Any ration of perm	be completed mis-statement(s) if later day of	d by each party nts or conceale disclosed.	y to this apment of fa	plication and is to be on the will be grounds for respond to the second	considered a part of the fusal of application, or card or Managing Agent



#### STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

				plication ement No	
APPLICATION FO	R:				
⊠ Small Farm Wi	nery - Retail 🔲 Small Fa	rm Winery - Wholes	ale 🛭 Small I	Farm Winery ·	- Manufacturer
	make application for the p under oath for your appro		nd do hereby	/ submit answ	ers to the
Circle K	Stores Inc.		F	EIN#74-1	1149540
Corporate/Par	rtnership/LLC Name				
NAMEAngu	le	Terrell		Powe	11, 111
Fi	iret	Middle		La	ist
HOME ADDRESS	2714 Tulip Hill Rd. Street	<u>Milton</u> City	FL State	32571 Zip	Santa Rosa County
BUSINESS NAME	Circle K Store 2709	•	AMEBig_l	Red Store	#122 <u> </u>
	ESS <u>5506 MacArthur</u> Street n inside or outside city lim	City	ck AR State	72118 Zip	Pulaski County
	retail level, are you a groo		oe store or li	quor store? (\	Yes () No
	es must maintain a \$7,500				
60	manufacturing, (1) how material production for the las			manufacturing	? <u>N/A</u>
2.2	of the proposed premises	•		give name ar	nd address of
Does anyone now I	nold any other permit(s) al (s) Big Red Store #1	t this location? Ye	<del>2</del> 8	If so, giv	e name, type
Has anyone, to you	ur knowledge, held any oth	ner type permit(s) at		Yes	If so, give
				D. C.	RECEIVE



Give nearest distance, building to building, from CHURCH	SCHOOL
if applicant is a partnership, give names and addresses of all partn	ers: N/A
If applicant is a corporation give (A) Name and address of stockholeach:	Iders and amount of stock held by
N/A	
Corporation 100% company owned	3
	-
(B) Name and address of President and Secretary:	
Angus T Powell, III - 2714 Tulip Hill Rd, Milton, FL	. 32571 - Vice President
Schedule "A" is to be completed by each party to this application a application. Any mis-statements or concealment of fact will be grorevocation of permit(s) if later disclosed.	and is to be considered a part of ounds for refusal of application, or
if making application for a <b>Small Farm Winery-Manufacturer, I</b> ce described in ACA 3-5-1602(c)(1) and enclose a copy of my Federa production from the calendar year previous to my application <b>(form</b>	Basic Permit and proof of my annual
Signed this day of	- Justina
	Applicant's Signature
Subscribed and sworn to before me thisday of	March , 2003
	Willer De Greatlene
My Commission Expires: 4/31/2006	
	DEBOARAH M. BRATTON MY COMMISSION # HH 210196 EXPIRES: April 21, 2026



## STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

#### APPLICATION FOR GROCERY STORE WINE PERMIT

Permitted Shock One	( ) 35 ( ) 50	Size ass than 35,001 sq.ft 5,001 sq.ft - 50,000 sq.ft 0,001 sq.ft - 75,000 sq.ft reater than 75,000 sq.ft		pplicationverment		
		nake application to the State 8 of 2017 and do hereby sul				
(	Circle K	Stores Inc.		FEIN#:	74-1149	540
46,171,444	Corpora	te/Partnership/LLC Name				
NAME	Angus	LULIANULA II. Sa tank and	Terreil		Powe	ell, III
	First		Middle			Last
MAILING AL	DDRESS.	2714 Tulip Hill Rd.	Milton		32571	Santa Rosa
		Street	City		Zip	County
BUSINESS I	NAME	Circle K 2709957		caccide and thinks the course of the forest as a second in the forest manage gaps		
		5 5506 MacArthur Street	North Little Rock City	72118 Zip	Pulaski County	Township
Does vour s	tore or	will your store, maintain an	inventory of human co	onsumables?	✓ y	es No
				5110V11110V	THE PERSON NAMED IN THE PERSON OF THE PERSON	- Anderson State of the State o
Provide the	date you	ir store opened for business	4/11/2023			
What perce	ntage of	your gross sales are derived	, or will be derived, fr	om the sale o	of alcoholic	
beverages?	. 1.5					
Does anyon	ie now ho	old any type of permit at this	s location?Y	/es	_No	
a. I	f "yes", ç	give name, permit type, and	permit number(s)			
15		Big Red Store #122, 5506	MacArthur, North Lit	ttle Rock, AF	R 72118	
b. I	s one of	 the permits listed above a s	mall farm wine retail [	permit?	Yes _	No
		amed permittee and floor pl	an of the permitted p	remises rema	ii.	
f	If you and	swered "Yes" to the above q û do not need to complete t cation and have it notarized.	he remaining portion (	ete the "Cert of this applica	lfication of Pe ation; howev	ermit Status" you must sign
Is the prop	osed loca	ition inside or outside city lir	mits? city limits	kr 22 - Jahan Mir in walle	200	
		of the proposed premises?		nave the prem		
If leased, g	ive name	and address of owner	N/Ą	-co	· · · · · · · · · · · · · · · · · · ·	1 1
*					:	3



If applicant is a partnership, give names and	l addresse	es of all	partners:	
N/A	*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	or some vectorial days	AND ANGERSON SEC.	May o African An Africa
Avery gales was estimated to the contract of t			TPV (: httl://links.com/phones/phones/	V0000 1
iner offerhand branchistation and a policy of the policy o	ollobra (stepha	in to one radiowegin, wastablestendensam	parameter adjunctive for fire place (1974) - representation of the about the BANKA and the second or source or sold of the second of the second or source or sold of the second of the s	PARTITION NO J.
- MANAGER - Mana			k formula kilara salangan ayak kilangan kilangan. Akana sa salam salah dalam salah salah salah salah salah sal	Andrew Control of the American
If applicant is a corporation/LLC, give (A) Na	ome and a	iddress (	of stockholders and amount of stock	held by each
N/A	***************************************		A CONTRACTOR OF THE CONTRACTOR	
			pany owned	
	•		and the second s	The state of the s
			a a grande para que que en experimento en esperante en el grande de la desta de la companya del companya de la companya del companya de la companya del la companya de la companya del la companya de la	re-viving): 300ha a sala sasar sasar sasar sasar sasar sasar sasar sa
(B) Name and address of President and Seco				, <u></u>
Angus T Powell, III - 2714 Tulip Hill R	*	, FL 32	571 - Vice President	
, and a second of the second o	9000-9000 -Wink	VARIANTE VARIANTE	AV As MANAGEMENT (S) & C top to	Acceptance of the control of the con
- Alan			Pri (Miller) An . Miller (Mill	Marine a Water Commence
NOTE: A Schedule A form is to be completed the application. Existing Small Farm Wine R they must complete a Certification of Permit grounds for refusal of application, or revoca	tetail Perr Status fo	nittees n orm. An	eed not complete a Schedule A form y false statements or concealment of	n; however,
Signed this day of		7.5	100a	
Signed this day of	ususasiii uuruselikki koos, kokselli.	* i	Muysu	
		120m 1211m	Signature of Applicant or Managin	g Agent
Subscribed and sworn to before me this	MAKE.	day of _	March	. W. 3
			Notary Public	manifestation of the second
My Commission Expires: 401000	The first real states than the makes in the		DEBOARAH M. BRATTON MY COMMISSION # HH 210196 EXPIRES: April 21, 2026	
				Roviced 9/14/17

#### MEMORANDUM

DATE: 3/31/2023

TO:

ABC Administration

101 East Capitol Avenue, Suite 401

Little Rock, Arkansas 72201

FROM:

Circle K Store 2709957

5506 MacArthur

North Little Rock, AR 72118

RE:

New "On Site Representative"

NAME: Laura Picklesimer

HOME ADDRESS: 15 Fairfield Drive, North Little Rock, AR 72120

CONTACT TELEPHONE NUMBER: 501-612-4208

DATE OF BIRTH (must be at least 21 years of age): 4/20/1968

The person above will be the "on site representative" for the business(s) listed below; list each location, including ABC permit number: