

#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: 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

FILED            A.M. 4:08            P.M.  
BY Anita Paul-Admin  
DATE 4-25-23  
Diane Whitebey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by K. Thomas

Received

APR 25 2023

City of NLR Mayor's Office

By: \_\_\_\_\_  
Printed On: 04/20/2023

NEWASSG0101

## ASSIGNMENT

Date Received: 04/20/2023

Date Assigned: 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

Home Phone: 8504541080

Business Phone: (850) 454-1080

Cell Phone: (813) 777-6370

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;

Assigned to Investigator: \_\_\_\_\_

Stockholders / Partners / LLC Members :

# 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**

43166

Check One: ( ) ON PREMISES CONSUMPTION  
 OFF PREMISES CONSUMPTION

New Application \_\_\_\_\_  
 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:

Circle K Stores Inc. FEIN# 74-1149540  
 Corporate /Partnership/LLC Name

NAME Angus Terrell Powell, III  
 First Middle Last

HOME ADDRESS 2714 Tulip Hill Rd. Milton 32571 Santa Rosa  
 Street City Zip County

BUSINESS NAME Circle K Store 2709957 FORMER NAME Big Red Store #122

BUSINESS ADDRESS 5506 MacArthur North Little Rock 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? \_\_\_\_\_ (A) if so, state type of business  
 (café, drug store, pool hall, service station, convenience store, etc.) Convenience Store with retail fuel

\_\_\_\_\_ (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 4 MPDs

Are you the owner of the proposed premises? Yes Do you have the premises leased? N/A

If leased, give name and address of owner N/A

Will there be dancing on the premises? No Dance Space \_\_\_\_\_ x \_\_\_\_\_

Does anyone now hold a beer or any other permit at this location? Yes if so, give name and permit  
 number(s) Big Red Store # 122 - 00287

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes if so, give name  
 and permit number(s) Big Red Store #122 -00287

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) Circle K Store #6345, Texarkana, AR License #647

RECEIVED  
 ABC  
 MAR 10 A 11:39



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:

N/A


Corporation 100% company owned

(B) Name and address of President and Secretary:


Angus T Powell, III - 2714 Tulip Hill Rd, Milton, FL 32571 - Vice President

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.

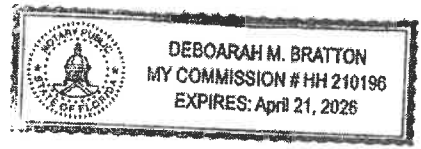
Signed this 4th day of March, 2023

  
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 4th day of March, 2023

  
Notary Public

My Commission Expires: 4/21/2026





STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION

New Application \_\_\_\_\_  
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:

Circle K Stores Inc. FEIN# 74-1149540  
Corporate/Partnership/LLC Name

NAME Angue Terrell Powell, III  
First Middle Last

HOME ADDRESS 2714 Tulip Hill Rd. Milton FL 32571 Santa Rosa  
Street City State Zip County

BUSINESS NAME Circle K Store 2709957 FORMER NAME Big Red Store #122

BUSINESS ADDRESS 5506 MacArthur North Little Rock AR 72118 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?  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? N/A

(2) What was your total production for the last calendar year? N/A

Are you the owner of the proposed premises? Yes If leased, give name and address of owner \_\_\_\_\_

Does anyone now hold any other permit(s) at this location? Yes If so, give name, type and permit number(s) Big Red Store #122 - 00287

Has anyone, to your knowledge, held any other type permit(s) at this location? Yes If so, give name and permit number(s) Big Red Store # 122 - 00287

RECEIVED  
2008 MAR 10 A 11:39  
ABC



Give nearest distance, building to building, from CHURCH \_\_\_\_\_ SCHOOL \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicant is a corporation give (A) Name and address of stockholders and amount of stock held by each:

N/A  
Corporation 100% company owned  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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 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.

If making application for a **Small Farm Winery-Manufacturer**, I certify that I meet the criteria as described in ACA 3-5-1602(c)(1) and enclose a copy of my Federal Basic Permit and proof of my annual production from the calendar year previous to my application (**form/s TTB F 5120.17**).

Signed this 9th day of March, 2023

  
Applicant's Signature

Subscribed and sworn to before me this 9th day of March, 2023

  
Notary Public

My Commission Expires: 4/21/2026





**STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION**

**APPLICATION FOR GROCERY STORE WINE PERMIT**

**Permitted Building Size**

Check One:  Less than 35,001 sq.ft  
 35,001 sq.ft - 50,000 sq.ft  
 50,001 sq.ft - 75,000 sq.ft  
 Greater than 75,000 sq.ft

New Application \_\_\_\_\_  
 Replacement  \_\_\_\_\_  
 Permit No. \_\_\_\_\_

I, or we, do hereby make application to the State of Arkansas for a permit to sell wine in a grocery store as authorized by Act 508 of 2017 and do hereby submit answers to the following questions under oath for your approval:

Circle K Stores Inc. FEIN#: 74-1149540

Corporate/Partnership/LLC Name

NAME Angus Terrell Powell, III  
 First Middle Last

MAILING ADDRESS 2714 Tulip Hill Rd. Milton 32571 Santa Rosa  
 Street City Zip County

BUSINESS NAME Circle K 2709957

BUSINESS ADDRESS 5506 MacArthur North Little Rock 72118 Pulaski  
 Street City Zip County Township

Does your store, or will your store, maintain an inventory of human consumables?  Yes  No

Provide the date your store opened for business: 4/17/2023

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 1.5 %

Does anyone now hold any type of permit at this location?  Yes  No

a. If "yes", give name, permit type, and permit number(s)

Big Red Store #122, 5506 MacArthur, North Little Rock, AR 72118

b. Is one of the permits listed above a small farm wine retail permit?  Yes  No

c. Will the named permittee and floor plan of the permitted premises remain unchanged?  Yes  No

d. If you answered "Yes" to the above question, please complete the "Certification of Permit Status" form. You do not need to complete the remaining portion of this application; however, you must sign the application and have it notarized.

Is the proposed location inside or outside city limits? city limits

Are you the owner of the proposed premises? yes Do you have the premises leased?

If leased, give name and address of owner N/A

RECEIVED  
 MAR 10 A 11:09  
 ABC





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

N/A

Corporation 100% company owned

(B) Name and address of President and Secretary:

Angus T Powell, III - 2714 Tulip Hill Rd, Milton, FL 32571 - Vice President

NOTE: A Schedule A form is to be completed by each party to this application and is to be considered a part of the application. Existing Small Farm Wine Retail Permittees need not complete a Schedule A form; however, they must complete a Certification of Permit Status form. Any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 9th day of March, 2023

*[Handwritten Signature]*

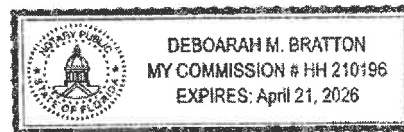
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 9th day of March, 2023

*[Handwritten Signature]*

Notary Public

My Commission Expires: 4/21/2026



**MEMORANDUM**

**TO:** ABC Administration  
101 East Capitol Avenue, Suite 401  
Little Rock, Arkansas 72201

**DATE:** 3/31/2023

**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: