*>

OFFICE OF THE MAYOR



MAYOR

mayor@nlr.ar.gov



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

NORTH LITTLE ROCK, ARKANSAS 72119-5757

website: www.nlr.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 2709955 601 W 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 AM 4:08 PM

DATE 4-25-23

Diane Whitbey, City Clerk and Collector North Little Rock Arkansas

RECEIVED by

Received

APR 2 5 2023

NEWASSG0101

Stockholders / Partners / LLC Members:

City of NLR Mayor's Office By:Printed On:04/20/2023

ASSIGNMENT

Date Assigned: 04/20/2023 Date Received: 04/20/2023 D.O.B: 01/06/1981 Applicant: ANGUS POWELL 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 2709955 Former Trade Name: CIRCLE K STORE 2709955 Business Address: 601 W. 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: _____

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 2709955

BUSINESS ADDRESS: 601 W. BROADWAY, NORTH LITTLE ROCK, AR 72114, 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

	ALCOP	IOLIO BEVERAG	BE CONTROL DIVIS	SION	71	
	APPL	ICATION FOR R	ETAIL BEER PERI	MIT L	16	
Check One: () ON PREMISES	CONSUMPTION	New	Application		
✓) OFF PREMISES CONSUMPTION		Repla	Replacement			
				it No		
I, or we, do hereby submit answers to t	make application to	the State of Arka	insas for a permit to	sell beer at reta	il, and do hereby	
	Stores Inc.			74-1149540	3	
Corporate /Partners		144	FEIN#	74-1149040		
NAME Angus		Terrell		Powell,	111	
First		Middle		Last		
HOME ADDRESS	2714 Tulip Hill	Rd Milton	32571	Santa	Rosa	
	Street	City	Zip		unty	
BUSINESS NAME	Circle K Store	2709955	FORMER NA	AME_Big Red	Store #119	
BUSINESS ADDRE			tle Rock 72114	Pulaski		
	Street	City	Zip	County	Township	
Is proposed location	n inside or outside o	ity limits?ins	ide			
Is the beer to be so	ld in connection with	n any other busin	ess?(A) If so, state typ	e of business	
(café, drug store, po	ool hall, service stat	ion, convenience	store, etc.) Con	venience Store	e with retail fue	
	•	•	(B) if beer			
motor fuel sales bus	siness give number	of gasoline and/o				
Are you the owner o						
If leased, give name	and address of ow	mer N/A				
Will there be dancing	g on the premises?	No	Dance Space	>	<	
Does anyone now h	old a beer or any o	ther permit at this	location? Yes	If so, give na	ime and permit	
· · · · · · · · · · · · · · · · · · ·	Red Store # 11					
Has anyone, to you	knowledge held a	heer or any othe	r normit at this local	tion? Vec	If so, give name	
and permit number(re #119 -00284	•	10111	ii sv, give name	
Do you or any other					Non-3	
If held, give name, ;	lace and permit nu	mber(s) <u>Circle</u>	K Store #6345. T	exarkana, AR		
					ALL MANAGE COST & FORES	
				77		
				CD		
	***			Ö	MA OF IVE	



If applicant is a partnership, give names and addresses of a	ill partners:
N/A	
If applicant is a corporation/LLC, give (A) Name and addres each:	s of stockholders and amount of stock held by
N/A	
Corporation 100% company ow	ned
(B) Name and address of President and Secretary:	
Angus T Powell, III - 2714 Tulip Hill Rd, Milton, I	El 32571 Vice Precident
Angus 17 owen, 111 - 2714 Tunp I III Nu, Ivilion, 1	L 32371 - Vice Plesident
NOTE: Schedule A is to be completed by each party to this a application. Any mis-statements or concealment of f revocation of permit(s) if later disclosed.	application and is to be considered a part of the act will be grounds for refusal of application, or
A	
Signed thisday of	
	Mario Prac
	//www.
	Signature of Applicant or Managing Agent
zsla	No. 1.1.1.2
Subscribed and sworn to before me thisday of	
	Willey Wy Gration
da loca	Notary Public
My Commission Expires: 401 3004	





STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

		New App Replace Permit N	ment		
APPLICATION FOR:					
⊠Small Farm Winery - Retail ☐ Small Fal	rm Winery - Whole	esale 🏻 Small F	farm Winery	- Manufa	cturer
i, or we, do hereby make application for the p following questions under oath for your appro	ermit noted above val:	and do hereby	submit answ	ers to th	e
Circle K Stores Inc.		FE	IN# 74-	114954	0
Corporate/Partnership/LLC Name					
NAME Angue	Terrell		Powe		
First	Middle		Lä	ast	
HOME ADDRESS 2714 Tulip Hill Rd Street	Milton	FL State	32571	Santa	
BUSINESS NAME Circle K Store 27099	City 955 FORMER	State NAME <u>Big</u> E	Zip Red Store :		ounty
BUSINESS ADDRESS 601 W Broadway Street	North Little R	ock AR State	72114 Zip		laski ounty
is proposed location inside or outside city limit	ts? <u>inside</u>				
If application is for retail level, are you a groce	ery store, convenie	ance store or liq	uor store? (\	Yes () No
(Convenience stores must maintain a \$7,500.	•	•	,	, ,	•
if application is for manufacturing, (1) how ma	ny gallons do you	contemplate m	anufacturing	? 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, g	jive name ar	id addres	s of
owner C					
Does anyone now hold any other permit(s) at	this location?	'es	lf so, giv	e name,	type
and permit number(s) Big Red Store #1	19 - 00284				
Has an cone, to your knowledge, held any other			Yes	If so,	give
name and permit number(s) Big Red St	tore # 119 - 00)284			
				ä	Bridge &
				B	171
				, ,	



Give nearest distance, building to building, from CHURCH	SCHOOL
if applicant is a partnership, give names and addresses of all p	artners: N/A
If applicant is a corporation give (A) Name and address of stockeach:	cholders and amount of stock held by
N/A	
Corporation 100% company owne	d
	-
(3) Name and address of President and Secretary:	
(2) The was address of the state and beautifully.	
Angus T Powell, III - 2714 Tulip Hill Rd, Milton.	FL 32571 - Vice President
Schedule "A" is to be completed by each party to this applicatio application. Any mis-statements or concealment of fact will be revocation of permit(s) if later disclosed.	n and is to be considered a part of
If making application for a Small Farm Winery-Manufacturer, described in ACA 3-5-1602(c)(1) and enclose a copy of my Fed production from the calendar year previous to my application (for	eral Basic Permit and proof of my annual proof
Signed thisday of (Middle)	
	Applicant's Signature
4/ Ÿ.	Applicance Signature
Subscribed and sworn to before me thisday of	MAdali
	Millen Martton
My Commission Expires: 4 1 2006	Notary Public
	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 I Check One:	() Le () 35 () 50	Size ss than 35,001 sq.ft 5,001 sq.ft - 50,000 sq.ft 5,001 sq.ft - 75,000 sq.ft reater than 75,000 sq.ft	New Application Replacement Permit No.			A STATE OF THE STA	
authorized b approval:	y Act 50	nake application to the Stat 8 of 2017 and do hereby su	e of Arkansas for a poly ibmit answers to the f	ermit to sell w following ques	rine in a groc tions under	ery si oath f	or your
***Aumoenus		Stores Inc.	F. 440-47-bank bannyanan anna annanananan anna	FEIN#:	74-1149	540	
		e/Partnership/LLC Name					
NAME	Angus	· - The Control Manufacture and the Community of the Control of Co		eccentristri	Pow	ell, III	· • • • • • • • • • • • • • • • • • • •
	First		Middle			Lē	ist
MAILING AD	DRESS_	2714 Tulip Hill Rd	Milton		32571	Sa	inta Rosa
		Street	City		Zip		County
BUSINESS N	AME	Circle K 2709955	## Volument			*	and the second s
BUSINESS A	DDRESS	601 W Broadway	North Little Rock	72114	Pulaski		
		Street	City	Zip	County	·	Township
Does your st	ore, or w	vill your store, maintain an	inventory of human c	onsumables?	✓ v	' _L AK,	NO
		r store opened for business			OTTOTOTOTO SEEL SU ASSESSABLES	Alex - Married	
		·	48.01	I non'i Aggelani Chi. Ige	- feederson	Platenphilitanguagen; e é e se érim	· · · · · · · · · · · · · · · · · · ·
what percen	tage or y	our gross sales are derived	l, or will be derived, fi	om the sale o	of alcoholic		
beverages?_	1.5	%					
Does anyone	now ho	ld any type of permit at this	s location?	les	_No		
a. If	83	ive name, permit type, and		Little Rock. A	AR 72114		
h R		he permits listed above a s					
c. W	ill the na	imed permittee and floor pl				99 9 114	
d. If	you answ rm. You	wered "Yes" to the above q do not need to complete the ation and have it notarized.	he remaining portion	ete the "Certi of this applica	fication of Petion; howeve	ermit! 邑 you	u must sign
is the normal	ed locat	ion inside or outside city lir	mite? City limits				
		the proposed premises?		ave the prem	ises leased?	0	A Section and
If leased, giv	re name	and address of owner	N/A		* *	D	. *1
		-quinty.	HARMONINE U R. MACMATALAN CONTRACTOR	10 Michigan wy grown falso	TO COME TO SEE A SECURITION OF THE PARTY OF	9	***************************************
						0	



If applicant is a partnership, give names and	addresses of all	partners:		
N/A	· soluhdanild-klovinni ir minimaana			
			The second secon	The second secon
			be problem set.	
17A WA WARRING CONTROL BY STREET BY STREET			**************************************	Mentions will 66
If applicant is a corporation/LLC, give (A) Na	me and address	of stockholders and	amount of stoc	k held by each
N/A	- Public			
		pany owned		ATTAL 6 defendant manager (san
Among is a condition of the decimal of the analysis of the ana	м —		0000000 AN IND THE COURT PLANTS AND THE COURT PLANTS AND THE COURT PARTY PAR	- On 1990 State of Management and American State of Management and
(B) Name and address of President and Secr		and the last are no 2000 the debath bit limb. (Clamer Copini in Indian compare servenum e generatur		Millian organization and an artist and a second
Angus T Powell, III - 2714 Tulip Hill R	d, Milton, FL 32	2571 - Vice Preside	ent	
A44000000				VALUE (MARKET MARKET MA
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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 revocat	etail Permittees i Status form. An	need not complete a by false statements of	Schedule A for	m: however.
Signed this day of	Parch	al	W.3	
		Mill	Me	
	AMM-REPORT OF THE PROPERTY OF	Signature of Appli	cant or Managi	ng Agent
Subscribed and sworn to before me this	day of	Morce	И	, 1613
		William	DAN GRA	1420
My Commission Expires: 4 202026	ž.	Nota	ry Public	** *****
11) WHITESOVIE LAPIECS.	and analysis of above as a second	DEBOAR/ MY COMMIS	AH M. BRATTON SION#HH 210196	



MEMORANDUM

DATE: 3/31/2023

TO:

ABC Administration

101 East Capitol Avenue, Suite 401

Little Rock, Arkansas 72201

FROM:

Circle K Store 2709955

601 W. Broadway

North Little Rock, AR 72114

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: