

#2

OFFICE OF THE MAYOR

TERRY C. HARTWICK
MAYOR
mayor@nlr.ar.gov



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

CITY HALL
P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
website: www.nlr.ar.gov

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 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 _____ A.M. 4:08 P.M.
BY Anita Paul - Admin
DATE 4-25-23
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by D. 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 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: _____

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 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**

40167

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 2709955 FORMER NAME Big Red Store #119

BUSINESS ADDRESS 601 W Broadway NorthLittle 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.) 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 # 119 - 00284

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 #119 -00284

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

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 ABC
 MAR 10 A 11:40



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

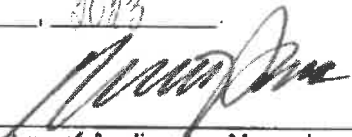
Corporation 100% company owned

(B) Name and address of President and Secretary:

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

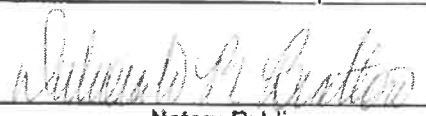
NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 27th day of March, 2023



Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 27th 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 2709955 FORMER NAME Big Red Store #119

BUSINESS ADDRESS 601 W Broadway 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? 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 L

Does anyone now hold any other permit(s) at this location? Yes If so, give name, type and permit number(s) Big Red Store #119 - 00284

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 # 119 - 00284

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2003 MAR 10 A 11:
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).

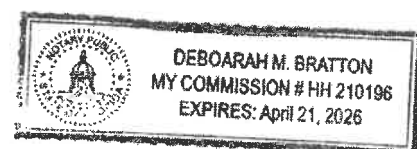
Signed this 9th day of March, 2023


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 2709955

BUSINESS ADDRESS 601 W Broadway North Little Rock 72114 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 #119, 601 W. Broadway, North Little Rock, AR 72114

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

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 2023 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]

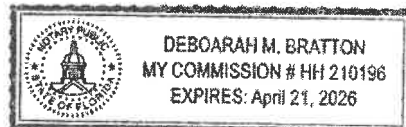
Signature of Applicant or Managing Agent

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 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: