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OFFICE OF THE MAYOR

TERRY C. HARTWICK  
MAYOR  
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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 **APL**  
DATE: June 14, 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 restaurant mixed drink minimum permit – replacement/new owner #40731:

Gabriela Romero Gutierrez  
Lakewood Fish & Seafood  
4801 North Hills Blvd., Suite C  
North Little Rock, AR 72116

Please note the 15-day comment period referred to in the final paragraph of the *Comments* page.

Thank you.

Attachments

FILED \_\_\_\_\_ A.M. **3:55** P.M.  
BY **A. Paul**  
DATE **6-14-23**  
**Diane Whitney, City Clerk and Collector**  
North Little Rock, Arkansas  
RECEIVED by **J. [Signature]**

**Received**

JUN 14 2023

City of NLR Mayor's Office

By: \_\_\_\_\_ Printed On: 06/13/2023

NEWASSG0101

## ASSIGNMENT

Date Received: 06/07/2023

Date Assigned: 06/13/2023

Applicant: GABRIELA ROMERO GUTIERREZ

D.O.B: 09/04/1993

Green Card Number (Permanent Resident Alien):

Home Address: 506 WEST SOUTH STREET, BENTON, AR 72015

Home Phone: 8709450015

Business Phone: (501) 758-4299

Cell Phone: (870) 945-0015

Trade Name: LAKEWOOD FISH & SEAFOOD

Former Trade Name: LAKEWOOD FEAST RESTAURANT

Business Address: 4801 NORTH HILLS BOULEVARD SUITE C, NORTH LITTLE ROCK, AR 72116,  
County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner #40731**

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: GABRIELA ROMERO GUTIERREZ

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MINIMUM

BUSINESS NAME: LAKEWOOD FISH & SEAFOOD

BUSINESS ADDRESS: 4801 NORTH HILLS BOULEVARD SUITE C, NORTH LITTLE ROCK, AR 72116,  
60 - PULASKI

DATE OF APPLICATION: 06/07/2023

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: 06/13/2023

LIVISSAN



STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR  
CONSUMPTION ON THE PREMISES

Check One: ( ) Hotel-Motel  
 Restaurant Only

New Application   
Replacement Permit No. 03690-02

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

Restaurant  
LAKEWOOD FEAST LLC FEIN# 87-4408955  
Corporate/Partnership/LLC Name

NAME GABRIELA POMERO GUTIERREZ  
First Middle Last

HOME ADDRESS 506 W. SOUTH ST. BENTON AR 72015 SALINE  
Street City State Zip County

BUSINESS NAME LAKEWOOD ~~RESTAURANT~~ FORMER NAME \_\_\_\_\_

BUSINESS ADDRESS 4801 N. HILLS BLVD. NLR 72116 PULASKI  
Street City Zip County

Is proposed location inside or outside city limits? INSIDE

Are the beverages to be sold in connection with any other business? YES If so, state type of business  
RESTAURANT

Are you the owner of the proposed premises? NO If leased, give name and address of owner

Does anyone now hold a permit at this location? YES If so, give name, type and permit number(s) of same  
JUAN MATUS (P4877-01) MIX DRINK

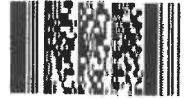
Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? NO  
If so, give name, place and permit number(s) \_\_\_\_\_

Number of sleeping rooms in hotel \_\_\_\_\_ Seating capacity of restaurant 60  
(NOTE: Seating capacity should also include any lounge or outside seating areas)  
(CHECK MEALS SERVED) Breakfast 2022 JUN 7 11:20 AM Lunch  Dinner  Number of days open per week 6

Has there ever been a beer, wine or liquor permit revoked at this location? NO If so, give name and date revoked \_\_\_\_\_

RECEIVED  
MAY 20 3:08 PM  
ABC

RECEIVED



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

\*For all ON PREMISES permits - except private clubs\*

DSJ003-091 014

NAME OF OUTLET LAKEWOOD FEAST LLC

CITY NLR COUNTY PULASKI

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

- BAR / RESTAURANT

- (NO SINGING - NO DANCING)

- FAMILY TYPE RESTAURANT, COMBINED WITH A SMALL BAR, SEPERATED FROM DINING AREA.

Multiple horizontal lines for additional text entry.