

#3

OFFICE OF THE MAYOR

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



PHONE (501) 975-8601
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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 **AKP**
DATE: June 20, 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 native beer, restaurant mixed drink minimum permit – New #40750:

Paul Novicky
Mugs Cafe
515 Main Street
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. 2:50 P.M.
BY A. Paul
DATE 6-20-23
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by D. Wherry

Received

JUN 20 2023

City of NLR Mayor's Office
By: Printed On: 06/15/2023

NEWASSG0101

ASSIGNMENT

Date Received: 05/31/2023

Date Assigned: 06/15/2023

Applicant: PAUL NOVICKY

D.O.B: 01/19/1969

Green Card Number (Permanent Resident Alien):

Home Address: 1818 NORTH TAYLOR, LITTLE ROCK, AR 72202

Home Phone: 5015193078

Business Phone:

Cell Phone: (501) 519-3078

Trade Name: MUGS CAFE

Former Trade Name:

Business Address: 515 MAIN STREET, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Application #40750**

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 : ALANA LEIVA, AXEL LEIVA, AMANDA DENTON, TODD DENTON

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: PAUL NOVICKY

TYPE OF APPLICATION: NATIVE BEER, RESTAURANT MIXED DRINK MINIMUM

BUSINESS NAME: MUGS CAFE

BUSINESS ADDRESS: 515 MAIN STREET, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 05/31/2023

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: 06/15/2023

PAEN
Sent 6/12/23



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. _____

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.

Leiva's Coffee, LLC FEIN# 88-2310938
Corporate/Partnership/LLC Name

NAME Paul Nicholas Novicky
First Middle Last

HOME ADDRESS 1818 N. Taylor Little Rock 72207 Pulaski
Street City Zip County

BUSINESS NAME Mugs Cafe FORMER NAME _____

BUSINESS ADDRESS 515 Main St., North Little Rock, AR 72114, Pulaski County
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
This is a full service restaurant.

Are you the owner of the proposed premises? No If leased, give name and address of owner
Rainwater, Holt & Sexton Properties, LLC, 801 Technology Dr., Little Rock, AR 72223 Does

anyone now hold a permit at this location? No If so, give name, type and permit number(s) of same

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? Yes
If so, give name, place and permit number(s) 01829, 06898, 03384, 03385, and 00577

Number of sleeping rooms in hotel _____ Seating capacity of restaurant 57
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast X Lunch X Dinner X Number of days open per week 7

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

RECEIVED
MAY 31 12:19
ABC



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

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

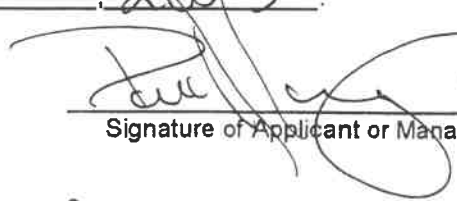
Todd A. Denton	42.5%	121 Waterview Garden Ln., Roland, AR 72135
Amanda Denton	42.5%	121 Waterview Garden Ln., Roland, AR 72135
Axel Geovanni Leiva	7.5%	78 Clervaux, Little Rock, AR 72223
Alana Leiva	7.5%	78 Clervaux, Little Rock, AR 72223

(B) Name and address of President and Secretary:

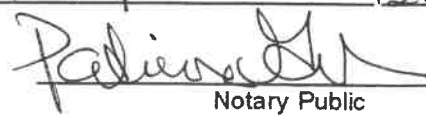
Todd A. Denton - President and Secretary

NOTE: 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.

Signed this 25th day of May, 2023


Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 25th day of May, 2023


Notary Public

My Commission Expires: 9/18/25

Revised 11/13/09

PATRICIA GARDNER
PULASKI COUNTY
NOTARY PUBLIC -- ARKANSAS
My Commission Expires September 18, 2025
Commission No. 12695398



**STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR ARKANSAS NATIVE BEER AND MALT BEVERAGES PERMIT**

Circle One: **ON PREMISES**
 OFF PREMISES

New Application _____
Replacement _____
Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell Arkansas native beer and malt beverages, and do hereby submit answers to the following questions under oath for your approval:

Leiva's Coffee, LLC FEIN# 88-2310938
Corporate/partnership/LLC Name

NAME Paul Nicholas Novicky
First Middle Last

HOME ADDRESS 1818 N. Taylor Little Rock 72207 Pulaski
Street City Zip County

BUSINESS NAME Mugs Cafe FORMER NAME _____

BUSINESS ADDRESS 515 Main St., North Little Rock, AR 72114, Pulaski County
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? Yes (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.) This is a full service restaurant

_____ (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 _____

Are you the owner of the proposed premises? No Do you have the premises leased? Yes

If leased, give name and address of owner Rainwater, Holt & Sexton Properties, LLC, 801 Technology Dr., Little Rock, AR 72223

Do you permit dancing where beer will be sold? No Dance Space _____ x _____

Does anyone now hold a beer or any other permit at this location? No If so, give name and permit
number(s) _____

Has anyone, to your knowledge, held a beer or any other permit at this location? No If so, give name
and permit number(s) _____

RECEIVED
2013 MAY 31 P 1
ABC



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) 01829, 06898, 03384, 03385, and 00577

Give nearest distance, building to building, from CHURCH 0.1 mile SCHOOL 0.9 miles

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

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

<i>8/10/22</i>	Todd A. Denton	42.5%	121 Waterview Garden Ln., Roland, AR 72135
	Amanda Denton	42.5%	121 Waterview Garden Ln., Roland, AR 72135
<i>6/3/22</i>	Axel Geovanni Leiva	7.5%	78 Clervaux, Little Rock, AR 72223
	Alana Leiva	7.5%	78 Clervaux, Little Rock, AR 72223

(B) Name and address of President and Secretary:

Todd A. Denton - President and Secretary

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 or application, or revocation of permit(s) if later disclosed.

Signed this 25th day of May, 2023.

[Signature]
Applicant's Signature

Subscribed and sworn to before me this 25th day of May, 2023

[Signature]
Notary Public

My Commission Expires: 9/18/25

PATRICIA GARDNER
PULASKI COUNTY
NOTARY PUBLIC -- ARKANSAS
My Commission Expires September 18, 2025
Commission No. 12695398



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

D6J003-D6L014

NAME OF OUTLET Mugs Cafe

CITY North Little Rock 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.

This is a full service restaurant and cafe. There may be live music in the form of a band, but none are planned at present.

Lined area for additional description of business and entertainment activities.