

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: July 3, 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 new Retail Beer off Premises – Replacement #40856:

Matt Bonaminio
Locust Food Mart
1424 N. Locust Street
North Little Rock, AR 72115

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

Thank you.

Attachments

FILED _____ A.M. 4:00 P.M.
BY Anita Paul - Admin
DATE 7-3-23
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K Thomas

RECEIVED

JUL 08 2023

City of NLR Mayor's Office
By: _____

NEWASSG0101

Printed On:06/29/2023

ASSIGNMENT

Date Received: 06/13/2023

Date Assigned: 06/29/2023

Applicant: MATT BONAMINIO

D.O.B: 11/06/1983

Green Card Number (Permanent Resident Alien):

Home Address: 11319 SHENANDOAH DRIVE, LITTLE ROCK, AR 72212

Home Phone: 5013195315

Business Phone: (501) 448-2096

Cell Phone: (501) 319-5315

Trade Name: SQRL

Former Trade Name: LOCUST FOOD MART

Business Address: 1424 N. LOCUST STREET, NORTH LITTLE ROCK, AR 72115, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement #40856**

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 : ADAM LUSTHAUS, JOSEPH SMITH

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: MATT BONAMINIO

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: SQRL

BUSINESS ADDRESS: 1424 N. LOCUST STREET, NORTH LITTLE ROCK, AR 72115, 60 - PULASKI

DATE OF APPLICATION: 06/13/2023

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE: _____

SIGNATURE OF OFFICIAL: _____

DATE: _____

NAME OF AGENCY OR COURT: _____

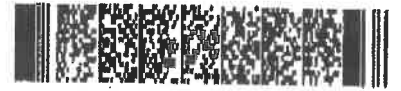
Do you have any objections to the issuance of this permit? Yes or No

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: 06/29/2023

Livescan



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION
(X) OFF PREMISES CONSUMPTION

New Application
Replacement
Permit No. 03152-01
~~000~~ Renewed

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:

SQRL Service Stations, LLC FEIN# 88-1480250
Corporate /Partnership/LLC Name

NAME Matt Bonaminio
First Middle Last

HOME ADDRESS 11319 Shenandoah Valley Dr., Little Rock, AR 72212
Street City Zip County

BUSINESS NAME SQRL FORMER NAME _____

BUSINESS ADDRESS 1424 Locust St. N. Little Rock, AR 72114
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? No (A) If so, state type of business (café, drug store, pool hall, service station, convenience store, etc.) _____

(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 2 MPP; 8 nozzles

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

If leased, give name and address of owner _____

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) _____

Has anyone, to your knowledge, held a beer or any other permit at this location? NA If so, give name and permit number(s) 03152-01

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? No

If held, give name, place and permit number(s) _____

RECEIVED RECEIVED RECEIVED
023 MAY 12 P 1
ABC