

Received

JUL 17 2023

NEWASSG0101

City of NLR Mayor's Office
By: _____

Printed On:07/13/2023

ASSIGNMENT

Date Received: 07/13/2023

Date Assigned: 07/13/2023

Applicant: SCOTT LANDERS

D.O.B: 01/28/1969

Green Card Number (Permanent Resident Alien):

Home Address: 301 MAIN STREET APARTMENT 302, NORTH LITTLE ROCK, AR 72114

Home Phone: 5012407709

Business Phone:

Cell Phone: (501) 240-7709

Trade Name: DRAFT + TABLE

Former Trade Name:

Business Address: 301 MAIN STREET SUITE 101, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Application #40936**

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: SCOTT LANDERS

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: DRAFT + TABLE

BUSINESS ADDRESS: 301 MAIN STREET SUITE 101, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 07/13/2023

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: 07/13/2023

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given 7/13/23
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STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

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

Check One: () Hotel-Motel
(X) Restaurant Only
New Application Yes
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.

Argenta Food Group, LLC, DBA (Draft + Table) FEIN# 92-2831853
Corporate/Partnership/LLC Name

NAME Scott Edward Landers
First Middle Last

HOME ADDRESS 301 Main St, Apt 302 North Little Rock 72114 Pulaski
Street City Zip County

BUSINESS NAME Draft + Table FORMER NAME N/A

BUSINESS ADDRESS 301 Main St Suite 101 North Little Rock 72114 Pulaski
Street City Zip County

Is proposed location inside or outside city limits? No

Are the beverages to be sold in connection with any other business? No If so, state type of business

Are you the owner of the proposed premises? No If leased, give name and address of owner
Greg Nabholtz, 301 Main Street Suite 301, North Little Rock, Arkansas 72114 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? No
If so, give name, place and permit number(s) _____

Number of sleeping rooms in hotel _____ Seating capacity of restaurant 145
(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 _____

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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:

Scott Landers, 100%

(B) Name and address of President and Secretary:

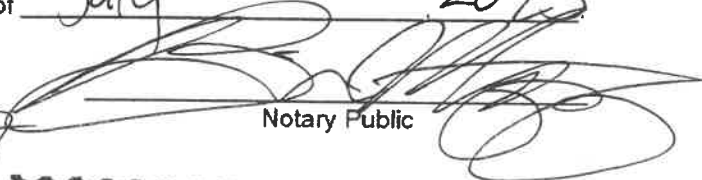
Scott Landers, Manager Argenta Food Group

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 12th day of July, 2023.


Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 12th day of July, 2023


Notary Public

My Commission Expires: March 9, 2027

Revised 11/13/09

