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OFFICE OF THE MAYOR





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

P.O. BOX 5757 NORTH LITTLÉ ROCK, ARKANSAS 72119-5757

website: www.nlr.ar.gov

MEMORANDUM

TO:

Members of the North Little Rock City Council

FROM:

Anita Paul AVA

DATE:

July 17, 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 maximum permit – new application #40936:

Scott Landers
Draft + Table
301 Main Street, Suite 101
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

J.M. 3.00 P.N

DATE 7-17

Diane Whitbey, City Clerk and Collector

MICRIVED by

Received

'JUL 17 2023

NEWASSG0101

Date Received: 07/13/2023

City of NLR Mayor's Office By:______ASSIGNMENT

Printed On:07/13/2023

Date Assigned: 07/13/2023

Applicant: SCOTT LANDERS

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

Copies Of Assignment and Comment Form Mailed to: ABC-ATC.AssignmentSheet@dfa.arkansas.gov;

Assigned to Investigator:

Stockholders / Partners / LLC Members:

Comments / Remarks:

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:

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.

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

If yes, please explain your objections below:

Printed On: 07/13/2023





STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR

CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel			on Yes
((X) Restaurant Only		Replacement Permit No.	
	make application to the septembers, and do hereb			
	oup, LLC, DBA (Draft		FEIN#_	92-2831853
	orporate/Partnership/LLC			Y 1
NAME_Scott		dward		Landers
First		Viiddle	F0114	Last
HOME ADDRESS	301 Main St, Apt 302 Street	City	72114 Zip	Pulaski County
	- 1	-	•	N/A
BUSINESS NAME			ORMER NAME	TV/A
BUSINESS ADDRE	SS 301 Main St Suite			Pulaski
	Street	City	Zip	County
Is proposed location	n inside or outside city lir	nits? <u>No</u>		
Are the beverages	to be sold in connection	with any other busine	ess? <u>No</u> If	so, state type of business
	of the proposed premise 01 Main Street Suite 30			
anyone now hold a	permit at this location?	NO If so, give	name, type and pe	ermit number(s) of same
Do you or any other	r person interested in thi	s permit hold any oth	er type of alcoholic	beverage permit?No
If so, give name, pla	ace and permit number(s	s) <u></u>		
Number of sleeping (NOTE: Seating ca	rooms in hotel pacity should also includ	Seating capa e any lounge or outs	city of restaurant ide seating areas)	145
(CHECK MEALS S	ERVED: Breakfast	X Lunch X Dinn	er X Number	of days open per week <u>7</u>
				्रिक्ट्रिक्ट्रां prive name and date
revoked				

the second secon



If applicant is a partnership, give names and addresses of all partnership.	artners:
,	
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 apapplication. Any mis-statements or concealment of fact revocation of permit(s) if later disclosed.	plication and is to be considered a part of will be grounds for refusal of application, or
Signed this12th day of <u>July</u>	
	Signature of Applicant or Managing Agent
Subscribed and sworn to before me this 12th day of	July 2023
My Commission Expires: March 9, 207	Notary Public
Revised 11/13/09	BRIAUNA MONTGOMERY Notary Public – Arkansas Pulaski County Commission # 12700259 My Commission Expires Mar 9, 2027



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES *For all ON PREMISES permits - except private c lubs*

Argenta Food Group, LLC DBA Draft+Table

61,001 61.1

CITY North Little Rock	COUNTY Pulaski
entertainment other than originally li	Regulations, any permit issued by this agency is valid only for olication. Any material change in the outlet's operation sted in this application, without prior approval of the Direspermit or other administrative penalties.
Describe the types of business and ent occur on your permitted premises on the	ertainment activities (cafe / restaurant, pool hall, dancing, et he lines below. Use the back of this form if necessary.
If live entertainment is proposed, entertainment, i.e., live bands, dance	you must be specific as to the type and descriptio
None	