

OFFICE OF THE MAYOR

TERRY C. HARTWICK

MAYOR

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MEMORANDUM

TO: Members of the North Little Rock City Council

FROM: Anita Paul

DATE: September 5, 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 grocery store wine, retail beer off premises, small farm winery – retail permit – additional permits #41276:

Baljit Kaur Pike Avenue Convenience Store 2300 Pike Ave 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

DATE 915 33
Digne Whitboy, City Clerk and College
North Little 100, Arten

"An Equal Opportunity Employer"

Received

SEP 05 2023

NEWASSG0101

Stockholders / Partners / LLC Members :

City of NLR Mayor's Office By: inted On:08/31/2023

ASSIGNMENT

Date Received: 08/30/2023 Date Assigned: 08/31/2023 Applicant: BALJIT KAUR D.O.B: 09/10/1981 Green Card Number (Permanent Resident Alien): Home Address: 5901 JFK BOULEVARD APARTMENT 4401, NORTH LITTLE ROCK, AR 72116 Home Phone: 3475532366 Business Phone: Cell Phone: (501) 753-1691 Trade Name: PIKE AVENUE CONVENIENCE STORE Former Trade Name: PIKE AVENUE CONVENIENCE STORE Business Address: 2300 PIKE AVE., NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI is Business Address located within City Limits: Yes Type Of Investigation: Additional Permits #41276 Dancing, if requested: No Comments / Remarks: Copies Of Assignment and Comment Form Mailed to: ABC-ATC.AssignmentSheet@dfa.arkansas.gov; Assigned to Investigator: _____

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: BALJIT KAUR

TYPE OF APPLICATION: GROCERY STORE WINE, RETAIL BEER OFF PREMISES, SMALL FARM

WINERY - RETAIL

BUSINESS NAME: PIKE AVENUE CONVENIENCE STORE

BUSINESS ADDRESS: 2300 PIKE AVE., NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 08/30/2023

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 objecti	ons 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: 08/31/2023



STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR GROCERY STORE WINE PERMIT

Permitted Building Size Check One: () Less than 35,001 sq.ft	New Application
I, or we, do hereby make application to the State of Arkansas authorized by Act 508 of 2017 and do hereby submit answers tapproval:	
RJ Grocery of NLR LLC Corporate/Partnership/LLC Name	FEIN#: 84 - 3313404
NAME Baljit Pirst Apt. 440 Mid	Kawe
MAILING ADDRESS PS Street Street City	72116 Puloski
BUSINESS NAME <u>Pike Avenue Convenience</u> BUSINESS ADDRESS 2300 Pike Juenue NLI Street City	2 12114 Massy 19
Does your store, or will your store, maintain an inventory of hu	O T
Provide the date your store opened for business: 2019	8#
What percentage of your gross sales are derived, or will be der	ived, from the sale of alcoholic
beverages?30%	
Does anyone now hold any type of permit at this location?	No
a. If "yes", give name, permit type, and permit numbe	r(s)
Alcoholic Beverage Permit Corss	3-01), Tobacco (08126-03)
b. Is one of the permits listed above a small farm wine	retail permit?
c. Will the named permittee and floor plan of the perm unchanged? ✓_YesNo	itted premises remain
d. If you answered "Yes" to the above question, please form. You do not need to complete the remaining potential the application and have it notarized.	
Is the proposed location inside or outside city limits? <u>Inside</u>	
Are you the owner of the proposed premises? <u>YeS</u> Do	you have the premises leased?
If leased, give name and address of owner	



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: 100'/- owned by Bayit Kawr.				
(B) Name and address of President and Secretary:				
Baljit Kaur (owner) same as Home Address				
NOTE: A Schedule A form is to be completed by each party to this application and is to be considered a part of the application. Existing Small Farm Wine Retail Permittees need not complete a Schedule A form; however, they must complete a Certification of Permit Status form. Any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed. Signed this				
Signature of Applicant or Managing Agent				
Subscribed and sworn to before me this 30th day of August , 2023.				
My Commission Expires: 07/02/2032 Notary Public				

OFFICIAL SEAL
LAUREN NORDMAN
SALINE COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires 07/02/2032
Commission No. 12719520

Revised 9/14/17