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OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul **AKP**
DATE: October 13, 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 #41599:

Jose Velasquez
Ay Caray Sports Bar
4000 Vali Court
North Little Rock, AR 72117

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

Thank you.

Attachments

FILED _____ A.M. **9:40** P.M.
BY Anita Paul Mayor DE:
DATE 10/13/23
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by _____

Received

OCT 13 2023

City of NLR Mayor's Office
By: Printed On: 10/07/2023

NEWASSG0101

ASSIGNMENT

Date Received: 09/13/2023

Date Assigned: 10/07/2023

Applicant: JOSE VELASQUEZ

D.O.B: 06/15/1987

Green Card Number (Permanent Resident Alien):

Home Address: 17 FALCON COURT APARTMENT 9, NORTH LITTLE ROCK, AR 72117

Home Phone: 4792231266

Business Phone:

Cell Phone: (479) 223-1266

Trade Name: AY CARAY SPORTS BAR

Former Trade Name:

Business Address: 4000 VALI COURT, NORTH LITTLE ROCK, AR 72117, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Application #41599**

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: JOSE VELASQUEZ

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: AY CARAY SPORTS BAR

BUSINESS ADDRESS: 4000 VALI COURT, NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 09/13/2023

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: 10/07/2023

PEN
given 9/13/12
Livescan



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
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.

Ay Caray Sports Bar, LLC FEIN# 93-3131186
Corporate/Partnership/LLC Name

NAME Jose Manuel Velasquez
First Middle Last

HOME ADDRESS 17 Falcon Ct Apt 9 Little Rock 72210 Pulaski
Street City Zip County

BUSINESS NAME Ay Caray Sports Bar FORMER NAME _____

BUSINESS ADDRESS 4000 Vallet NLR 72117 Pulaski
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? NO If so, state type of business _____

Are you the owner of the proposed premises? NO If leased, give name and address of owner _____ 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 400
(NOTE: Seating capacity should also include any lounge or outside seating areas)

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

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



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

D6J003-D6L014

NAME OF OUTLET Hy Caray Sports Bar
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.

- Live Music
- Pool tables
- DJ
- Dancing to live music + DJ music
- Comedy shows
- Restaurant