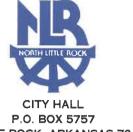
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OFFICE OF THE MAYOR

TERRY C. HARTWICK

MAYOR

mayor@nlr.ar.gov



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

P.O. BOX 5757

NORTH LITTLE ROCK, ARKANSAS 72119-5757

website: www.nir.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council

FROM: Anita Paul AVA

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

DATE D 3 33

Diane Whitey, Gity Clerk and Collector
North Liztle Rock, Arkansas

CEIVED by

Received

OCT 1 3:2023

NEWASSG0101

ASSIGNMENT

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

Date Assigned: 10/07/2023

D.O.B: 06/15/1987

Applicant: JOSE VELASQUEZ

Green Card Number (Permanent Resident Alien):

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

Home Phone: 4792231266

Date Received: 09/13/2023

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

If yes, please explain your objections below:

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			

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





STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR

CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel	New Application
(Restaurant Only	Permit No.
I, or we, do hereby make application to the State of Arkansa consumption on the premises, and do hereby submit answer approval.	es for a permit to sell alcoholic beverages for ers to the following questions under eath for your
Ay Caray Sports Bay LLC Corporate/Partnership/LLC Name Manuel	FEIN# 93-3131186
First Middle	Velæguez Last
HOME ADDRESS 17 Falcon CH Apt 9 L Street City	HICKOCK 72210 Pulaski
BUSINESS NAME Ay Caray Sports Bar	FORMER NAME
BUSINESS ADDRESS 4000 Valict NLK Street City	Zip Pulaski County
Is proposed location inside or outside city limits?	ide
Are the beverages to be sold in connection with any other b	
Are you the owner of the proposed premises?	If leased, give name and address of owner
anyone now hold a permit at this location? If so	, give name, type and permit number(s) of same
Do you or any other person interested in this permit hold ar	y other type of alcoholic beverage permit?
If so, give name, place and permit number(s)	1140
Number of sleeping rooms in hotel Seating (NOTE: Seating capacity should also include any lounge or	capacity of restaurant
(CHECK MEALS SERVED: Breakfast Lunch	Dinner Number of days open her week
Has there ever been a beer, wine or liquor permit revoked a	at this location? No If so, give name and date



D6J003-D6L014

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private c lubs