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OFFICE OF THE MAYOR



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CITY HALL
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NORTH LITTLE ROCK, ARKANSAS 72119-5757
website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul **AKP**
DATE: October 20, 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 combination of restaurant beer & wine permit – new application #41655:

Matthew Quin
Caverns and Forests
711A Main Street
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 _____ A.M. 1:00 P.M.
BY Anita Paul - Mayor's office
DATE 10-20-23
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

Received

OCT 20 2023

City of NLR Mayor's Office

By: _____

Printed On: 10/16/2023

NEWASSG0101

ASSIGNMENT

Date Received: 10/06/2023

Date Assigned: 10/16/2023

Applicant: MATTHEW QUIN

D.O.B: 08/16/1979

Green Card Number (Permanent Resident Alien):

Home Address: 501 RICE STREET APARTMENT A, LITTLE ROCK, AR 72205

Home Phone: 5017669455

Business Phone:

Cell Phone: (501) 766-9455

Trade Name: CAVERNS AND FORESTS

Former Trade Name:

Business Address: 711A MAIN STREET, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Application #41655**

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 : RADIANCE BELTZ

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: MATTHEW QUIN

TYPE OF APPLICATION: COMBINATION OF RESTAURANT BEER & WINE

BUSINESS NAME: CAVERNS AND FORESTS

BUSINESS ADDRESS: 711A MAIN STREET, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 10/06/2023

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: 10/16/2023

154
sent 10/2/23
Liveslam



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION TO SELL RESTAURANT BEER
AND WINE (ON PREMISES ONLY)

New
Replacement
Permit No.

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer and wine on the premises of a restaurant and do hereby submit answers to the following questions under oath:

IF CORPORATION/LLC, GIVE NAME Cavernas and Forests Inc FEIN# 93-2341607

NAME OF APPLICANT Matthew Guin

HOME ADDRESS 501 Rice St. Apt A Little Rock 72205 Pulaski
Street Address City Zip County

TRADE NAME OF BUSINESS Cavernas and Forests FORMER NAME _____

ADDRESS OF BUSINESS 711A Main St. North Little Rock 72114 Pulaski
Street Address City Zip County

Is proposed location inside or outside the city limits? Inside

Is your establishment primarily engaged in the business of serving food to the public prepared for consumption on the premises? yes

Are you the owner of the proposed premises? yes Do you have the premises leased? yes

If so, give name and address of owner John chardles 7th St LLC
711-715 N Main St. North Little Rock, AR 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) _____

Will there be dancing on the premises? NO

Dance Space

RECEIVED
2023 SEP 27 A 10:51
MBC



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

000001000101

NAME OF OUTLET Caverns and Forests Inc

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.

Cafe Serving Sandwiches, salads, Non-alcoholic beverages, beer, and wine.

Features extensive library of board and card games for patrons to play on site.

Multiple blank horizontal lines for additional information.