

OFFICE OF THE MAYOR



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CITY HALL
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul **AKP**
DATE: March 4, 2024
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 native beer, restaurant mixed drink minimum permit – Additional Permits #42336:

Joy Evans
The Filling Station
3623 JFK Boulevard
North Little Rock, AR 72116

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

Thank you.

Attachments

FILED A.M. 12:08 P.M.
BY Anita Paul, Mayor
DATE 3/4/2024
Diane Whitney, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

Received

MAR 04 2024

NEWASSG0101

City of NLR Mayor's Office
By: _____

Printed On: 02/26/2024

ASSIGNMENT

Date Received: 02/23/2024

Date Assigned: 02/26/2024

Applicant: JOY EVANS

D.O.B: 03/03/1969

Green Card Number (Permanent Resident Alien): US CITIZEN

Home Address: 30 SHERATON OAKS DRIVE, SHERWOOD, AR 72120

Home Phone: 5019120945

Business Phone:

Cell Phone: (501) 912-0945

Trade Name: THE FILLING STATION NLR

Former Trade Name: THE FILLING STATION NLR

Business Address: 3623 JFK BOULEVARD, NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Additional Permits #42336**

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: JOY EVANS

TYPE OF APPLICATION: NATIVE BEER, RESTAURANT MIXED DRINK MINIMUM

BUSINESS NAME: THE FILLING STATION NLR

BUSINESS ADDRESS: 3623 JFK BOULEVARD, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 02/23/2024

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: 02/26/2024

Wesley
2/28/24

42336



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel
 Restaurant Only

New Application
Replacement
Permit No. 19621-01

adding to!

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.

The Filling Station NLR "Mojos on the Go LLC" FEIN# 84-4628779
Corporate/Partnership/LLC Name

NAME Joy Linda EVANS
First Middle Last

HOME ADDRESS 30 Sheraton Oaks DR Sherwood AR 72120 Pulaski
Street City Zip County

BUSINESS NAME The Filling Station NLR FORMER NAME _____

BUSINESS ADDRESS 3623 JFK North Little Rock 72116 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
Coulson Oil Co. 5101 Northshore Ln NLR, AR 72118 Does

anyone now hold a permit at this location? yes If so, give name, type and permit number(s) of same
Native Beer - permit - Joy Evans

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 0 Seating capacity of restaurant 60
(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 _____

RECEIVED



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:

Joy Evans 30 Sheraton Oaks DR Sherwood, AR 72120 100%

(B) Name and address of President and Secretary:

Joy EVANS 30 Sheraton Oaks DR Sherwood, AR 72120
Kristi Scott 30 Sheraton Oaks DR Sherwood AR 72120

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 22 day of February

[Signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 22nd day of February 2024

[Signature]
Notary Public

My Commission Expires: 8/30/2031

Revised 11/13/09

Dana Kyzer
Lonoke County
NOTARY PUBLIC - ARKANSAS
My Commission Expires August 30, 2031
Commission No. 12715998