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OFFICE OF THE MAYOR

TERRY C. HARTWICK
MAYOR
mayor@nlr.ar.gov



CITY HALL
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NORTH LITTLE ROCK, ARKANSAS 72119-5757
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PHONE (501) 975-8601
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul *AP*
DATE: March 14, 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 retail beer off premises permit - replacement/new owner #42453:

Zarintaj Noorani
D & J Mini Mart
1802 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. *1:15* P.M.
BY *A. Paul*
DATE *3-14-24*
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by *S. Whissey*

Received

MAR 14 2024

City of NLR Mayor's Office
By: _____ Printed On: 03/12/2024

NEWASSG0101

ASSIGNMENT

Date Received: 03/08/2024

Date Assigned: 03/12/2024

Applicant: ZARINTAJ NOORANI

D.O.B: 12/20/1971

Green Card Number (Permanent Resident Alien):

Home Address: 1005 BLUE EYES DRIVE, CONWAY, AR 72034

Home Phone: 5013999010

Business Phone:

Cell Phone: (501) 399-9010

Trade Name: D & J ONE STOP

Former Trade Name: D & J MINI MART

Business Address: 1802 MAIN STREET, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner # 42453**

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: ZARINTAJ NOORANI

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: D & J ONE STOP

BUSINESS ADDRESS: 1802 MAIN STREET, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 03/08/2024

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: 03/12/2024

42483

Wescan



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION
(X) OFF PREMISES CONSUMPTION

New Application _____
Replacement _____
Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer at retail, and do hereby submit answers to the following questions under oath for your approval:

D&J One Stop LLC FEIN# 990815826
Corporate /Partnership/LLC Name

NAME Zavin Taj Sadiq' Noorcin
First Middle Last

HOME ADDRESS 1005 Blue Eyes Dr Conway 72034 Faulkner
Street City Zip County

BUSINESS NAME D&J One Stop FORMER NAME _____
BUSINESS ADDRESS 1802 Main St W-Little Rock 72114 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? Inside

Is the beer to be sold in connection with any other business? Yes (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.) Gas station

(B) If beer is to be sold in connection with a motor fuel sales business give number of gasoline and/or diesel pumps at each location 2 Pumps

Are you the owner of the proposed premises? NO Do you have the premises leased? Yes

If leased, give name and address of owner Pabani Brothers LLC -

Will there be dancing on the premises? NO Dance Space _____ x _____

Does anyone now hold a beer or any other permit at this location? Yes If so, give name and permit number(s) Dont know

Has anyone, to your knowledge, held a beer or any other permit at this location? Yes If so, give name and permit number(s) _____

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? Yes

If held, give name, place and permit number(s) Floyd Country Store
HWY 10 one stop

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:

LLC
Farhaan Noorani - 1000 N 15th St Augusta AR 72006,
100%

(B) Name and address of President and Secretary:

Farhaan Noorani 100%

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the 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 5 day of March 24

[Signature]
Signature of Applicant of Managing Agent

Subscribed and sworn to before me this 5th day of March 2024

[Signature]
Notary Public

My Commission Expires: Aug 9th 2033

