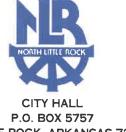
# **¾**/

#### OFFICE OF THE MAYOR





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

## NORTH LITTLE ROCK, ARKANSAS 72119-5757

website: www.nlr.ar.gov

#### **MEMORANDUM**

TO:

Members of the North Little Rock City Council

FROM:

Anita Paul AV

DATE:

April 12, 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 large attendance facility permit replacement/new owner application #42659:

Brandon Crosby
Dickey-Stephens Park
400 West Broadway
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 11:45 AM P.M.

BY Anita Paul - mayors Office

DATE 9-12-29
Diane Whitbey, City Clerk and Collector

North Little Rock Arkansas
RECEIVED by A. homa

### **ASSIGNMENT**

Printed On:04/10/2024

Date Received: 03/28/2024 Date Assigned: 04/10/2024

Applicant: BRANDON CROSBY D.O.B: 10/18/1992

Green Card Number (Permanent Resident Alien):

Home Address: 2420 RIVERFRONT DRIVE APARTMENT 1409, LITTLE ROCK, AR 72202

Home Phone: 5018401698 Business Phone: Cell Phone: (501) 840-1698

Trade Name: OVG HOSPITALITY

Former Trade Name: DICKEY-STEPHENS PARK

Business Address: 400 WEST BROADWAY, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: Replacement/New Owner Application #42659

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: BRANDON CROSBY

TYPE OF APPLICATION: LARGE ATTENDANCE FACILITY

BUSINESS NAME: OVG HOSPITALITY

BUSINESS ADDRESS: 400 WEST BROADWAY, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 03/28/2024

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: 04/10/2024



## STATE OF ARKANSAS ALCOHOLIC BEVERAGE CONTROL DIVISION

# APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR CONSUMPTION ON THE PREMISES IN LARGE MEETING OR ATTENDANCE FACILITY

l, 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.

IF CORPORATION, GIVE NAME Ovations Food Services, L	.P.	FEIN# 23-3035417	
NAME OF APPLICANT Brandon Crosby			
HOME ADDRESS OF APPLICANT 2420 Riverfront Drive		72202	Pulaski
TRADE NAME OF BUSINESS OVG Hospitality	City	Zip	County
ADDRESS OF PREMISES400 West Broadway	North Little Rock	72114	Pulaski
Street Address	City	Zip	County
ls proposed location inside or outside the city limits?ins	side city limits		
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 premises to be occupied? No	Do y	ou have the prer	nises leased?
Food and Beverage AgreementIf leased, give nam	ne and address of ov	ner:	
Does anyone now hold a permit for this location? Yes 00880-01	If so, give name ar	nd permit number	of same:
Do you or any other person interested in this permit hold a give name, place, and permit number of same:	a beer, wine, or liquo	r permit? No	lf held,
Total seating capacity for food service in facility:	0		
Kitchen facilities on premises? YesX No			
Indicate type of activities for which facility will be used:			
Convention Center Activity X	Tourism Activity _		
Large Meetings Trade Show	wand/or Product Dis	play Large Meetir	gs



Has there ever, been a beer, wine or liquor permit revoked at this location? No If so, give name
and date revoked
Distance, building to building, to CHURCH2 miles
(B) Give names and addresses of President and Secretary
application, or revocation of permits or permits if later disclosed.  Signed this 29 day of 07, 2024.  Signature of Applicant/Managing Agent
Subscribed and sworn to before me this 29 <sup>+</sup> day of February , 2024.  Notary Public  My Commission Expires: 08/27/2024
JORDAN M. POWELL NOTARY PUBLIC-STATE OF ARKANSAS PULASKI COUNTY My Commission Expires 8-27-2024 Commission # 12400238



## **DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES**

\*For all ON PREMISES permits - except private c lubs\*

|--|--|

DSJANJ DKLC13

COUNTY 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. connect Conned