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OFFICE OF THE MAYOR

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



CITY HALL
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul **AKP**
DATE: April 22, 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 new retail beer off premises & small farm winery-retail permit - new application #42691:

Amandeep Singh
Rose City Junction
4404 East Broadway
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

FILED _____ A.M. **1:40** P.M.
BY **A. Paul**
DATE **4.22.24**
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by **Sussery**

Received

APR 22 2024

City of NLR Mayor's Office
By: _____

NEWASSG0101

Printed On:04/18/2024

ASSIGNMENT

Date Received: 04/16/2024

Date Assigned: 04/18/2024

Applicant: AMANDEEP SINGH

D.O.B: 11/05/1990

Green Card Number (Permanent Resident Alien):

Home Address: 5305 FAIRWAY AVENUE, NORTH LITTLE ROCK, AR 72116

Home Phone: 5013491888

Business Phone:

Cell Phone: (501) 349-1888

Trade Name: ROSE CITY JUNCTION

Former Trade Name:

Business Address: 4404 EAST BROADWAY, NORTH LITTLE ROCK, AR 72117, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Retail Beer & Small Farm Wine Application #42691**

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 : JAGJIT SINGH, SHUBAMDEEP SINGH

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: AMANDEEP SINGH

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES, SMALL FARM WINERY - RETAIL

BUSINESS NAME: ROSE CITY JUNCTION

BUSINESS ADDRESS: 4404 EAST BROADWAY, NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 04/16/2024

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: 04/18/2024

live scan ✓
24N 4-16-24



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

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

New Application X
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:

Rose City Junction LLC FEIN# 99-1842177
Corporate /Partnership/LLC Name
NAME Amenderp Singh
First Middle Last
HOME ADDRESS 5305 Fairway Ave, NLR AR 72116
~~5305~~ ~~5305~~ ~~5305~~ ~~5305~~ ~~5305~~ ~~5305~~ ~~5305~~ ~~5305~~ ~~5305~~ ~~5305~~
Street City Zip County Polaski

BUSINESS NAME Rose City Junction FORMER NAME High life
BUSINESS ADDRESS 4404 E Broadway, NLR AR 72117 Polaski
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? NO (A) If so, state type of business (café, drug store, pool hall, service station, convenience store, etc.)

(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

Are you the owner of the proposed premises? YES Do you have the premises leased? YES
If leased, give name and address of owner

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

Does anyone now hold a beer or any other permit at this location? NO If so, give name and permit number(s)

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

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) Amenderp Singh, 9127 e1w Jackson

Highway 601, NLR AR 72117 permit # 0196

RECEIVED
2024 APR 16 AM 11:04
ABC

RECEIVED
2024 APR 15 P 2:54
ABC



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:

AMANDEEP Singh - 5305 Fairway Ave, NLR AR 72116 - 34%
Shubamdeep Singh - 122 Bayonne Cove, Madmelle AR 72113 - 33%
Sigjit Singh - 9641 Hickory Height, Sherwood AR - 72120 - 33%

(B) Name and address of President and Secretary:

Amandeep Singh - 5305 Fairway Ave NLR AR 72116

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 2nd day of April, 2024.

[Signature]
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 2nd day of April, 2024.

[Signature]
Notary Public

My Commission Expires: 08-23-2032

