

NEWASSG0101

Printed On:04/29/2024

ASSIGNMENT

Date Received: 04/24/2024

Date Assigned: 04/29/2024

Applicant: LAURA PICKLESIMER

D.O.B: 04/20/1968

Green Card Number (Permanent Resident Alien):

Home Address: 2401 LAKEVIEW ROAD APARTMENT, NORTH LITTLE ROCK, AR 72116

Home Phone: 5016124208

Business Phone: (501) 612-4208

Cell Phone: (608) 216-6868

Trade Name: CIRCLE K

Former Trade Name: CIRCLE K

Business Address: 5051 WARDEN ROAD, NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

is Business Address located within City Limits: NO

Type Of Investigation: **Change of Manager Application #42762**

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 : AMIN CHITALWALA, SHAMS NANJI

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: LAURA PICKLESIMER

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

BUSINESS NAME: CIRCLE K

BUSINESS ADDRESS: 5051 WARDEN ROAD, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 04/24/2024

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.

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Livescan

Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: ~~TYLER PIERCE~~ Laura Picklesimer

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
04024-02	CIRCLE K 5051 WARDEN ROAD North Little Rock, AR 72116	-	(501) 612-4208

Home Address	Current Address	If new address change here
	12 Adkins Ct, Alexander, AR 72002	2401 Lakeview Rd, #901, North Little Rock, AR
Mailing Address	1575 NORTHSIDE DRIVE NW SUITE 470 Atlanta, Georgia 30318	
Email Address	TYLER@BLUEFINDEVELOPMENT.COM	laurap@circlekatl.com

Please check the appropriate (Requested Change) :

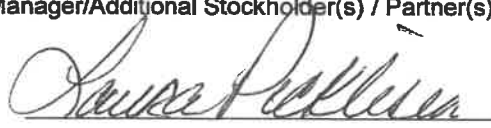
Change Of Manager
 Additional Stockholder(s)
 Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	
<input checked="" type="checkbox"/>	RETAIL BEER OFF PREMISES-	\$ 50.00	NO CASH
<input checked="" type="checkbox"/>	SMALL FARM WINERY - RETAIL-	\$ 50.00	
<input checked="" type="checkbox"/>	GROCERY STORE WINE	\$ 50.00	
<input type="checkbox"/>			
Total Amount :		\$ 150.00	

I do hereby acknowledge the receipt of instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

4/16/2024
Date


Signature

RECEIVED
ABC
2024 APR 24 A 10:34