

OFFICE OF THE MAYOR

TERRY C. HARTWICK

MAYOR

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P.O. BOX 5757 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:

May 3, 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 grocery store wine, retail beer off premises, small farm winery - retail permit – change of manager application #42762:

Laura Picklesimer Circle K 5051 Warden Road 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

By anta faul

Diane Whitbey, City Clerk and Collected North Little Rock, Arkansas

RECEIVED by_

"An Equal Opportunity Employer"

ASSIGNMENT

Date Received: 04/24/2024		Date Assigned: 04/29/2024
Applicant: LAURA PICKLESIMER	R	D.O.B: 04/20/1968
Green Card Number (Permanen	t Resident Alien):	
Home Address: 2401 LAKEVIEW	V ROAD APARTMENT, NORTH LITTLE RO	OCK, 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 WARDI	EN ROAD, NORTH LITTLE ROCK, AR 72:	116, County 60 - PULASKI
is Business Address located with	hin City Limits: NO	
Type Of Investigation: Change of Manager Application #42762		
Dancing, if requested: No		
Comments / Remarks:		
Copies Of Assignment and Com ATC.AssignmentSheet@dfa.ark		
Assigned to Investigator:		<u>_</u>

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:

DATE:

Do you have any objections to the issuance of this permit? Yes or No

If yes, please explain your objections below:

SIGNATURE OF OFFICIAL:

NAME OF AGENCY OR COURT:

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: 04/29/2024

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

Permit Holder	TYLER-PIERCE	Laura	Picklesimer
remin i loluei.		Laura	LICKICSIIIICI

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

	Current Address	If new address change here
Home Address	12 Adkins Ct, Alexander, AR 72002	2401 Lakeview Rd, #901, North Little Rock, AR
Mailing Address	1575 NORTHSIDE DRIVE NW SUITE 470Atlanta, 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	
√	RETAIL BEER OFF PREMISES-	\$ 50.00	
V	SMALL FARM WINERY - RETAIL-	\$ 50.00	NO CASH
V	GROCERY STORE WINE	\$ 50.00	
	· ·		
	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

MAPR 24 A 10: 34

ABC