

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 #42761:

Laura Picklesimer Circle K 3320 JFK Boulevard 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

FILED

DATE

Diane Whitbey, City Clerk and Collector North Little Rock, Arkenses

BECEIVED by

"An Equal Opportunity Employer"

ASSIGNMENT

Printed On:04/29/2024

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: Cell Phone: (501) 612-4208

Trade Name: CIRCLE K

Former Trade Name: CIRCLE K

Business Address: 3320 JFK BOULEVARD, NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: Change of Manager Application #42761

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: 3320 JFK BOULEVARD, 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 is	ssuance of this permit? Yes or No	

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.

If yes, please explain your objections below:

Printed On: 04/29/2024

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

Permit Holder: TYLER PIERCE	Laura	Picklesimer
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Permit No	Trade Name of Business and Address		Business Phone	Contact Phone
19889-01	Circle K 3320 JFK BOULEVARD, NLR,	AR 72116	_	(501) 612-4208
Managa Addison	Current Address	Maria Mr	If new address change here	
Home Addres	12 Adkins Ct, Alexander, AR 72002	2401 Lakeview Rd, #901, North Little Rock, AF		
Mailing Addre	1575 NORTHSIDE DRIVE NW SUITE 470Atlanta, Georgia 30318			
Email Address	TYLER@BLUEFINDEVELOPMENT.COM	laurap@circlekatl.com		
Please chec	k the appropriate (Requested Change):			Constitution of the second
Change O Additional	Stockholder(s)			

Please check applicable permits :				
Select	Permit Description	Fee		
V	RETAIL BEER OFF PREMISES-	\$ 50.00		
✓	SMALL FARM WINERY -	\$ 50.00	NO CASH	
✓	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).

4/16/2023

Date

Signature

ARCEIVED
ARCEIVED