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**OFFICE OF THE MAYOR**



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

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

CITY HALL  
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 *AKP*  
DATE: May 1, 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 #42759:

Laura Picklesimer  
Circle K  
700 E Broadway Street  
North Little Rock, AR 72114

FILED \_\_\_\_\_ A.M. 3:50 P.M.  
BY Anita Paul  
DATE 5-1-24  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by J. Usery

Please note the 15-day comment period referred to in the final paragraph of the *Comments* page.

Thank you.

Attachments

# Received

MAY 01 2024

City of NLR Mayor's Office  
By: \_\_\_\_\_

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:

Cell Phone: (501) 612-4208

Trade Name: CIRCLE K

Former Trade Name: CIRCLE K

Business Address: 700 E BROADWAY STREET, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Change of Manager Application #42759**

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 : Shams Nanji, Amin Chitalwala

# 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: 700 E BROADWAY STREET, NORTH LITTLE ROCK, AR 72114, 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.

Printed On: 04/29/2024

STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION

**CERTIFICATION OF PERMIT STATUS**  
**(FOR CHANGE OF MANAGER APPLICATIONS)**

I, Laura Picklesimer, certify that I am the applicant  
*Applicant (Please Print)*

for Retail Beer Off Premises/Small Farm Winery-Retail/Grocery Store Wine Permit Number 06366-02,  
*Type of Permit(s)* *Permit No.*

issued to: Gas Express LLC d/b/a Circle K  
*Business Name*  
700 E Broadway St, North Little Rock AR 72114  
*Business Address*

I further certify that the information on file with the Arkansas Alcoholic Beverage Control regarding my residency, the requirements of the permit, the permitted business entity, and the permitted location is accurate. I understand that any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 4<sup>th</sup> day of April, 2024.

Laura Picklesimer  
*Signature of Applicant*

Subscribed and sworn to before me this 24<sup>th</sup> day of April, 2024.

Kmajors  
*Notary Public*

My Commission Expires: 12-10-2032



*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
06366-02	CIRCLE K 700 E BROADWAY STREET, NLR, AR 72114	-	(501) 612-4208

Home Address	Current Address	If new address change here
	12AdkinsCourt,Alexander,AR72002	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	
<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

*Laura Picklesimer*  
Signature

RECEIVED  
2024 APR 24 A 10:34  
ABC

STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION

**CERTIFICATION OF PERMIT STATUS**  
**(FOR CHANGE OF MANAGER APPLICATIONS)**

I, Laura Picklesimer, certify that I am the applicant  
*Applicant (Please Print)*

for Retail Beer Off Premises/Small Farm Winery-Retail Permit Number 22983-01,  
*Type of Permit(s)* *Permit No.*

issued to: Gas Express LLC d/b/a Circle K  
*Business Name*  
1604 Pike Ave, North Little Rock AR 72114  
*Business Address*

I further certify that the information on file with the Arkansas Alcoholic Beverage Control regarding my residency, the requirements of the permit, the permitted business entity, and the permitted location is accurate. I understand that any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

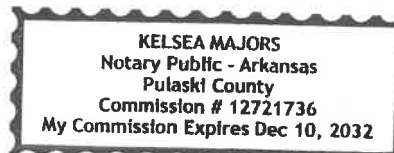
Signed this 24 day of April, 2024.

Laura Picklesimer  
*Signature of Applicant*

Subscribed and sworn to before me this 24<sup>th</sup> day of April, 2024.

Kmajors  
*Notary Public*

My Commission Expires: 12-10-2032



*Unescan*

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

Permit Holder ~~Tyler Piosse~~ Laura Picklesimer

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
22983-01	Circle K 1604 Pike Ave, NLR, AR 72114	-	(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 type="checkbox"/>	SMALL FARM WINERY - RETAIL	\$ 50.00	
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Amount :		\$ 100.00	

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

*Laura Picklesimer*  
Signature

RECEIVED  
2024 APR 24 A 10:33  
ABC

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:

Cell Phone: (501) 612-4208

Trade Name: CIRCLE K #320

Former Trade Name: CIRCLE K #320

Business Address: 1604 PIKE AVENUE, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Change of Manager Application #42758**

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: RETAIL BEER OFF PREMISES, SMALL FARM WINERY - RETAIL

BUSINESS NAME: CIRCLE K #320

BUSINESS ADDRESS: 1604 PIKE AVENUE, NORTH LITTLE ROCK, AR 72114, 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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