Comm
J

OFFICE OF THE MAYOR

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

CITY HALL
P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
website: www.nlr.ar.gov

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

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 new retail beer off premises & small farm winery-retail permit – replacement/new owner application #42746:

Iqbal Gillani
Diamond Star Express
623 North Cypress Street
North Little Rock, AR 72114

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

Thank you.

Attachments

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 S. Lissery

Received

MAY 0 1 2024

City of NLR Mayor's Office
By:_____

NEWASSG0101 Printed On:04/26/2024

ASSIGNMENT

Date Received: 04/23/2024 Date Assigned: 04/26/2024

Applicant: IQBAL GILLANI D.O.B: 02/10/1975

Green Card Number (Permanent Resident Alien):

Home Address: 32 COPPER CIRCLE, LITTLE ROCK, AR 72223

Home Phone: 4048032233 Business Phone: Cell Phone: (404) 803-2233

Trade Name: DIAMOND STAR EXPRESS

Former Trade Name: DIAMOND STAR EXPRESS

Business Address: 623 NORTH CYPRESS STREET, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner Application #42746**

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 :

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: IQBAL GILLANI

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

BUSINESS NAME: DIAMOND STAR EXPRESS

BUSINESS ADDRESS: 623 NORTH CYPRESS STREET, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 04/23/2024

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: 04/26/2024

Liverson

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

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

New Application _____
Replacement _____
Permit No. 03754-02 ✓

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:

DIAMONDSTAR EXPRESS LLC FEIN# 88-2175146
Corporate /Partnership/LLC Name

NAME IQBAL GILANI
First Middle Last

HOME ADDRESS 32 COPPER CIRCLE LITTLE ROCK AR 72223 PULASKY
Street City Zip County

BUSINESS NAME DIAMONDSTAR EXPRESS LLC FORMER NAME ARGENTA MART

BUSINESS ADDRESS 623 N CYPRESS ST NORTH LITTLE ROCK AR 72114 PULASKY
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.) CONVENIENCE STORE

(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 3 MPD

Are you the owner of the proposed premises? NO Do you have the premises leased? YES

If leased, give name and address of owner IQBAL GILANI 32 COPPER CIRCLE LITTLE ROCK AR

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

Does anyone now hold a beer or any other permit at this location? YES If so, give name and permit number(s) BALJINDER SINGH 03754-02

Has anyone, to your knowledge, held a beer or any other permit at this location? YES If so, give name and permit number(s) BALJINDER SINGH 03754-02

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? NO

If held, give name, place and permit number(s) _____

RECEIVED
2024 APR 19 P 3:43
ABC

RECEIVED
2024 APR 23 P 3:47
ABC

If applicant is a partnership, give names and addresses of all partners:

NO

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

IQBAL GILANI 100% 32 COPPER CIRCLE LITTLE ROCK AR 72223

(B) Name and address of President and Secretary:

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 16 day of April, 2024.

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 16 day of April 2024.

Notary Public

My Commission Expires: 12-15-25

PULASKI COUNTY, ARKANSAS
NOTARY PUBLIC
Comm. Exp. 12-15-2025
No. 12593158
CLARACE C. MARTIN

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

New Application _____
Replacement _____
Permit No. 03754-02

APPLICATION FOR:

☒ Small Farm Winery - Retail ☐ Small Farm Winery - Wholesale ☐ Small Farm Winery - Manufacturer

I, or we, do hereby make application for the permit noted above and do hereby submit answers to the following questions under oath for your approval:

DIAMONDSTAR EXPRESS LLC FEIN# 88-2175146
Corporate/Partnership/LLC Name

NAME IQBAL GILANI
First Middle Last

HOME ADDRESS 32 COPPER CIRCLE LITTLE ROCK AR 72223 PULASKY
Street City State Zip County

BUSINESS NAME DIAMONDSTAR EXPRESS FORMER NAME ARGENTA MART

BUSINESS ADDRESS 623 N CYPRESS ST NORTH LITTLE ROCK AR 72114 PULASKY
Street City State Zip County

Is proposed location inside or outside city limits? INSIDE

If application is for retail level, are you a grocery store, convenience store or liquor store? ( ) Yes ( ) No

(Convenience stores must maintain a $7,500.00 inventory of human consumables.)

If application is for manufacturing, (1) how many gallons do you contemplate manufacturing? NO

(2) What was your total production for the last calendar year? NO

Are you the owner of the proposed premises? NO If leased, give name and address of owner ~~IQBAL GILANI~~ BALJINDER SINGH

Does anyone now hold any other permit(s) at this location? YES If so, give name, type and permit number(s) BALJINDER SINGH 03754-02

Has anyone, to your knowledge, held any other type permit(s) at this location? NO If so, give name and permit number(s) _____

RECEIVED
2024 APR 19 P 3:43
ABC

RECEIVED
2024 APR 23 P 3:47
ABC

Give nearest distance, building to building, from CHURCH NO SCHOOL NO

If applicant is a partnership, give names and addresses of all partners: NO

If applicant is a corporation give (A) Name and address of stockholders and amount of stock held by each:

IQBAL GILANI 100%
32 COPPER CIRCLE LITTLE ROCK AR 72223.

(B) Name and address of President and Secretary:

IQBAL GILANI 32 COPPER CIRCLE LITTLE ROCK AR 72223

Schedule "A" is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

If making application for a ***Small Farm Winery-Manufacturer,*** *I* certify that I meet the criteria as described in ACA 3-5-1602(c)(1) and enclose a copy of my Federal Basic Permit **and** proof of my annual production from the calendar year previous to my application **(form/s TTB F 5120.17)**.

Signed this 16 day of April, 2024.

Applicant's Signature

Subscribed and sworn to before me this 16 day of April 2024

Notary Public

My Commission Expires: 12-15-25

CLARACE M. MARTIN
Comm. Exp. 12-15-2025
NOTARY PUBLIC
Comm. No. 12693158
PULASKI COUNTY, ARKANSAS