

#4

OFFICE OF THE MAYOR



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

PHONE (501) 975-8601
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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: June 13, 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 – replacement/new owner application #43061:

Mohammad Rahman
White Oak One Stop
9340 White Oak Crossing
North Little Rock, AR 72113

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

Thank you.

Attachments

FILED 11:20 A.M. _____ P.M.
BY A. Paul
DATE 6-13-24
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. H. Henry

NEWASSG0101

Printed On:06/12/2024

ASSIGNMENT

Date Received: 06/06/2024

Date Assigned: 06/12/2024

Applicant: MOHAMMAD RAHMAN

D.O.B: 02/02/1973

Green Card Number (Permanent Resident Alien):

Home Address: 6540 WESTMINSTER, BENTON, AR 72019

Home Phone: 8707180452

Business Phone:

Cell Phone: (870) 718-0452

Trade Name: WHITE OAK ONE STOP

Former Trade Name: WHITE OAK ONE STOP

Business Address: 9340 WHITE OAK CROSSING, NORTH LITTLE ROCK, AR 72113, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner Retail Beer Off Premises, Small Farm Winery- Retail, & Grocery Store Wine Application #43061**

Dancing, if requested: No

Comments / Remarks: Adding Grocery Store Wine license

Copies Of Assignment and Comment Form Mailed to: ABC-ATC.AssignmentSheet@dfa.arkansas.gov;

Assigned to Investigator: _____

Stockholders / Partners / LLC Members : NAJMUL ALAM

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: MOHAMMAD RAHMAN

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

BUSINESS NAME: WHITE OAK ONE STOP

BUSINESS ADDRESS: 9340 WHITE OAK CROSSING, NORTH LITTLE ROCK, AR 72113, 60 - PULASKI

DATE OF APPLICATION: 06/06/2024

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: 06/12/2024

TXN given
6-6-24
LiveScan



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR GROCERY STORE WINE PERMIT

Permitted Building Size

- Check One: Less than 35,001 sq.ft
 35,001 sq.ft - 50,000 sq.ft
 50,001 sq.ft - 75,000 sq.ft
 Greater than 75,000 sq.ft

New Application
 Replacement _____
 Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell wine in a grocery store as authorized by Act 508 of 2017 and do hereby submit answers to the following questions under oath for your approval:

WHITE OAK Investment Partners LLC. FEIN#: _____
 Corporate/Partnership/LLC Name

NAME MOHAMMAD MAGIBUR RAHMAN
 First Middle Last

MAILING ADDRESS 6540 Westminster Benton AR 72019 Saline
 Street City Zip County

BUSINESS NAME WHITE OAK ONE STOP

BUSINESS ADDRESS 9340 WHITE OAK CROSSING, NORTH LITTLE ROCK, AR-72113, PULASKI
 Street City Zip County Township

Does your store, or will your store, maintain an inventory of human consumables? No

Provide the date your store opened for business: 05/28/24

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 20 %

Does anyone now hold any type of permit at this location? _____ Yes No

- a. If "yes", give name, permit type, and permit number(s)

- b. Is one of the permits listed above a small farm wine retail permit? Yes _____ No
- c. Will the named permittee and floor plan of the permitted premises remain unchanged? Yes _____ No
- d. If you answered "Yes" to the above question, please complete the "Certification of Permit Status" form. You do not need to complete the remaining portion of this application; however, you must sign the application and have it notarized.

Is the proposed location inside or outside city limits? NO

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

If leased, give name and address of owner AVATAR Mondair, 400 Esplande Ave, Conway AR-720

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 ABC
 2024 MAY 29 A 11:34

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 ABC
 2024 JUN 10 10:09



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

N/A

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

MOHAMMAD M. RAHMAN 50%

6540 Westminster, Benton AR-72019

NASMUL ALAM 50%

3307 Ridgway Rd. PINE BLUFF, AR-71603

(B) Name and address of President and Secretary:

MOHAMMAD M. RAHMAN

6540 Westminster, Benton, AR-72019

NOTE: A Schedule A form is to be completed by each party to this application and is to be considered a part of the application. Existing Small Farm Wine Retail Permittees need not complete a Schedule A form; however, they must complete a Certification of Permit Status form. Any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 17th day of May, 2024.

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 17th day of May, 2024.

Notary Public

My Commission Expires: 6.9.25

HANNAH ELMORE
NOTARY PUBLIC - ARKANSAS
PULASKI COUNTY
COMMISSION NO. 12694214
MY COMMISSION EXP. 06-09-2025



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

New Application _____
Replacement
Permit No. 24064-01

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:

WHITE OAK Investment Partners LLC FEIN# _____
Corporate/Partnership/LLC Name

NAME Mohammad MAGIBUR RAHMAN
First Middle Last

HOME ADDRESS 6540 Westminster, Benton AR 72019 Saline
Street City State Zip County

BUSINESS NAME WHITE OAK ONE STOP FORMER NAME _____

BUSINESS ADDRESS 9340 WHITE OAK CROSSING, NORTH LITTLE ROCK, AR-72113, PULASKI
Street City State Zip County

Is proposed location inside or outside city limits? NO

If application is for retail level, are you a grocery store, convenience store or liquor store? (X) 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? N/A

(2) What was your total production for the last calendar year? _____

Are you the owner of the proposed premises? NO If leased, give name and address of

owner AVTAR MONDAIR, 400 ESPLANDE AVE, CONWAY AR-72034

Does anyone now hold any other permit(s) at this location? 1 YES If so, give name, type and permit number(s) 24064-01

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

ABC

MAY 29 11:34

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Give nearest distance, building to building, from CHURCH _____ SCHOOL 0.2 miles.

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

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

MOHAMMAD M. RAHMAN 50%
6540 Westminster, Benton, AR - 72019 50%
NAJMUL ALAM 50%
3307 Ridgway RD. PINEBLUFF, AR - 71603

(B) Name and address of President and Secretary:

MOHAMMAD M. RAHMAN
6540 Westminster, Benton, AR - 72019

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 17th day of May 2024.

[Signature]
Applicant's Signature

Subscribed and sworn to before me this 17th day of May

Hannah Elmore
Notary Public

My Commission Expires: 6.9.25

HANNAH ELMORE
NOTARY PUBLIC - ARKANSAS
PULASKI COUNTY
COMMISSION NO. 12694214
MY COMMISSION EXP. 06-09-2025



**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. 24064-01

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:

WHITE OAK Investment Partners LLC FEIN# _____
Corporate /Partnership/LLC Name

NAME MOHAMMAD MAGIBUR RAHMAN
First Middle Last

HOME ADDRESS 6540 Westminster, Benton, AR-72019, Saline
Street City Zip County

BUSINESS NAME WHITE OAK ONE STOP FORMER NAME _____

BUSINESS ADDRESS 9340 White Oak Crossing, North Little Rock, AR-72113, Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? NO

Is the beer to be sold in connection with any other business? _____ (A) If so, state type of business (café, drug store, pool hall, service station, convenience store, etc.) _____

_____ (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 _____

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

If leased, give name and address of owner AVTAR MONDAIR, 400 ESPLANDE AVE, Conway, AR-72024

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

Does anyone now hold a beer or any other permit at this location? YES If so, give name and permit number(s) 24064-01

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

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) _____

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MAY 29 11:34
ABC



**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. 24064-01

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WHITE OAK Investment Partners LLC FEIN# _____
Corporate /Partnership/LLC Name

NAME MOHAMMAD MAGIBUR RAHMAN
First Middle Last

HOME ADDRESS 6540 Westminster, Benton, AR-72019, Saline
Street City Zip County

BUSINESS NAME WHITE OAK ONE STOP FORMER NAME _____

BUSINESS ADDRESS 9340 WHITE OAK Crossing, North Little Rock, AR-72113, PULASKI
Street City Zip County Township

Is proposed location inside or outside city limits? NO

Is the beer to be sold in connection with any other business? _____ (A) If so, state type of business (café, drug store, pool hall, service station, convenience store, etc.) _____

_____ (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 _____

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If leased, give name and address of owner AVTAR MONDAIR, 400 ESPLANDE AVE, Conway, AR-72034

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

Does anyone now hold a beer or any other permit at this location? YES If so, give name and permit number(s) 24064-01

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

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

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