

#2
OFFICE OF THE MAYOR



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

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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 28, 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 restaurant mixed drink permit – maximum – change of manager #43203:

Craig Satterwhite
The Olive Garden Restaurant #189
2943 Lakewood Village Dr
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 AR 3:30 PM
BY A. Paul
DATE 6-28-24
Diana Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Illsey

Received

JUN 28 2024

NEWASSG0101

City of NLR Mayor's Office
By: _____

Printed On:06/26/2024

ASSIGNMENT

Date Received: 06/24/2024

Date Assigned: 06/26/2024

Applicant: CRAIG SATTERWHITE

D.O.B: 07/12/1963

Green Card Number (Permanent Resident Alien):

Home Address: 4 SUGARLOAF CIRCLE, MAUMELLE, AR 72113

Home Phone: 4693237992

Business Phone: (407) 245-5393

Cell Phone: (501) 758-4603

Trade Name: THE OLIVE GARDEN RESTAURANT #189

Former Trade Name: THE OLIVE GARDEN RESTAURANT #189

Business Address: 2943 LAKEWOOD VILLAGE DRIVE, NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Change of Manager Application #43203**

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: CRAIG SATTERWHITE

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: THE OLIVE GARDEN RESTAURANT #189

BUSINESS ADDRESS: 2943 LAKEWOOD VILLAGE DRIVE, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 06/24/2024

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: 06/26/2024

Livescan

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

Permit Holder **CARL SANDBERG**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
03358-01	THE OLIVE GARDEN # 1189 2943 LAKEWOOD VILLAGE DRIVE NORTH LITTLE ROCK AR 72116	(407) 245-5393	(501) 758-4603

Home Address	Current Address	If new address change here
	17100 CROOKED OAK DR NORTH LITTLE ROCK AR 72120	4 Sugarloaf Circle, Maumelle, AR 72113
Mailing Address	PO BOX 695016 ORLANDO FL, 32869	
Email Address	licensinglaw@darden.com	

Please check the appropriate (Requested Change):

- Change Of Manager New General Manager - Craig Satterwhite
- Additional Stockholder(s)
- Additional Partner(s)

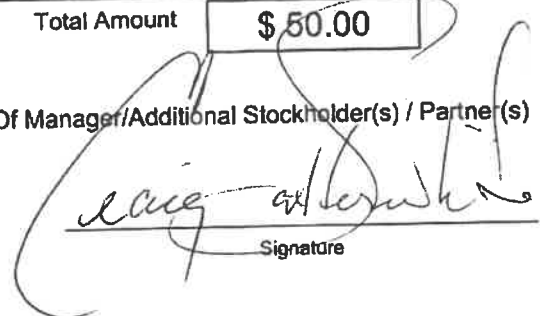
Please check applicable permits:

Select	Permit Description	Fee	NO CASH
<input checked="" type="checkbox"/>	RESTAURANT MIXED DRINK	\$ 50.00	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Amount		\$ 50.00	

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).

6/13/24

Date



Signature

RECEIVED
 2024 JUN 24 P 2:16
 ABC

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

CERTIFICATION OF PERMIT STATUS
(FOR CHANGE OF MANAGER APPLICATIONS)

I, CRAIG SATERWHITE, certify that I am the applicant
Applicant (Please Print)

for Restaurant Mixed Drink Permit Number 03358-01,
Type of Permit(s) *Permit No.*

issued to: The Olive Garden #1189
Business Name
2943 Lakewood Village Drive, North Little Rock, AR, 72116
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 6 day of June, 2024.

Craig Saterwhite
Signature of Applicant

Subscribed and sworn to before me this 6 day of June, 2024.

[Signature]

My Commission Expires: 03/07/2026

Notary Public
BRETT R. FOSTER
State of Arkansas Notary Public
Pulaski County
Comm. # 12346826 Exp. March 7, 2026



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

D6J003 D6L014

NAME OF OUTLET THE OLIVE GARDEN # 1189

CITY North Little Rock COUNTY Pulaski

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

Full Service restaurant serving alcoholic beverages

Lined area for additional description of business and entertainment activities.