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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: September 16, 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 restaurant mixed drink maximum permit – change of manager application #S0044-01:

Cassidy Cooper  
Outback Steakhouse  
4401 Warden Road  
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 \_\_\_\_\_ A.M. 3:00 P.M.  
BY Anita Paul Mayors office  
DATE 9-16-24  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by [Signature]

Received

SEP 18 2024

NEWASSG0101

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

Printed On:09/11/2024

## ASSIGNMENT

Date Received: 08/02/2024

Date Assigned: 09/11/2024

Applicant: CASSIDY COOPER

D.O.B: 01/04/1995

Green Card Number (Permanent Resident Alien):

Home Address: 3465 MALVERN HILL DRIVE, CONWAY, AR 72032

Home Phone: 8702755205

Business Phone: (501) 771-7799

Cell Phone: (870) 275-5205

Trade Name: OUTBACK STEAKHOUSE

Former Trade Name: OUTBACK STEAKHOUSE

Business Address: 4401 WARDEN ROAD, NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Change of Manager Application #S0044-01**

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: CASSIDY COOPER

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: OUTBACK STEAKHOUSE

BUSINESS ADDRESS: 4401 WARDEN ROAD, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 08/02/2024

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: 09/11/2024

Renewed

live scan ✓

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

Permit Holder: ~~Michael Rowland~~ **Cassidy Cooper**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
02473-01	OUTBACK STEAKHOUSE, 4401 Warden Rd. North Little Rock, AR 72116		570-225-5205
Home Address	Current Address	If new address change here	
	3465 Malvern Hill Conway, AR 72032		
Mailing Address	2202 N. WEST SHORE BLVD, 5TH FLOOR Tampa, Florida 33607		
Email Address	licensespermits@outback.com		

Please check the appropriate (Requested Change):

Change Of Manager

Additional Stockholder(s)

Additional Partner(s)

RECEIVED  
2024 AUG - 2  
ABC

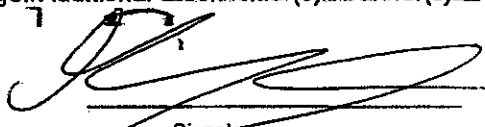
Please check applicable permits:

Select	Permit Description	Fee
<input checked="" type="checkbox"/>	RESTAURANT MIXED DRINK MAXIMUM- Active	\$ 50.00
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Amount :		\$ 50.00

NO CASH

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make the above mentioned change(s).

5/15/24  
Date

  
Signature

RECEIVED  
2024 JUL 10 P 1:38  
ABC

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

I, Cassidy Murphy CASSIDY COOPER, certify that I am the applicant  
Applicant (Please Print)

for Alcoholic Beverage Permit 02173-01 Permit Number AL2023-00091  
Type of Permit(s) Permit No.

Issued to: Outback Steakhouse

Business Name

4401 Warden Rd. N. Little Rock, AR 72032

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 19 day of MAY, 2024

Cassidy Cooper

Signature of Applicant

Subscribed and sworn to before me this 19<sup>th</sup> day of May, 2024

Rina Altamirano

Notary Public

My Commission Expires: 9/22/26

