#3

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 AP
DATE: September 27, 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 Private Club Class A – wet county, retail beer on premises permit – change of manager application #S0204:

Peggy Miller
VFW Post 10442
6101 Hwy 70
North Little Rock, AR 72117

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

Thank you.

Attachments

FILED 2:33 A.M. P.M.
BY Anita Paul-mayors office
DATE 9-27-24
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by M. Thomas

NEWASSG0101

Printed On:09/26/2024

ASSIGNMENT

Date Received: 09/19/2024

Date Assigned: 09/26/2024

Applicant: PEGGY MILLER

D.O.B: 06/10/1965

Green Card Number (Permanent Resident Alien):

Home Address: 940 TRAMMEL ROAD, NORTH LITTLE ROCK, AR 72117

Home Phone: 5019404137 Business Phone: (501) 945-4116 Cell Phone: (501) 940-4137

Trade Name: VFW POST 10442

Former Trade Name: VFW POST 10442

Business Address: 6101 HWY. 70, NORTH LITTLE ROCK, AR 72117, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Change of Manager Application #S0204**

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: PEGGY MILLER

TYPE OF APPLICATION: PRIVATE CLUB CLASS A - WET COUNTY, RETAIL BEER ON PREMISES

BUSINESS NAME: VFW POST 10442

BUSINESS ADDRESS: 6101 HWY. 70, NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 09/19/2024

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: 09/26/2024

LiveScan ✓

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

Permit Holder: ~~JAMES REEVES~~ Peggy Miller

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
03512-01	VFW POST 10442 6101 HWY. 70 North Little Rock	501-945-4116	(501) 940-4137

	Current Address	If new address change here
Home Address	~~138 Marvin North Little Rock, AR 72117~~	940 Trammel Rd NLR AR 72117
Mailing Address	P.O. BOX 17009 North Little Rock, Arkansas 72117	← SAME
Email Address		VFW10442@Yahoo.com

Please check the appropriate (Requested Change) :

- [x] Change Of Manager
- [ ] Additional Stockholder(s)
- [ ] Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	
[x]	PRIVATE CLUB CLASS A - WET COUNTY-	$ 50.00	NO CASH
[x]	RETAIL BEER ON PREMISES	$ 50.00	
[ ]			
[ ]			
	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).

9-16-24
Date

Peggy Miller
Signature

RECEIVED
2024 SEP 19 P 12:33
ABC

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

CERTIFICATION OF PERMIT STATUS

(FOR CHANGE OF MANAGER APPLICATIONS)

I, Peggy L Miller, certify that I am the applicant
Applicant (Please Print)

for Private Club Class A Retail Beer Permit Number 03512-01,
Type of Permit(s) *Permit No.*

issued to: Rose City VFW Post 10442
Business Name

Mailing Address
P.O. Box 17009 NLR AR 72117

6101 Hwy 70 NLR AR 72117
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 16 day of Sept, .

Peggy Miller
Signature of Applicant

Subscribed and sworn to before me this 16th day of September, 2024.

Cynthia M. White
Notary Public

My Commission Expires: 02-17-2025

CYNTHIA M. WHITE NOTARY PUBLIC PULASKI CO., ARKANSAS Comm. No. 12404015 My Comm. Exp. Feb. 17, 2025

NEWETDS0102

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

FOR PRIVATE CLUB PERMIT

NAME OF OUTLET Rose City VFW Post 10442

CITY NLR COUNTY Pulaski

Arkansas Law requires that a private club must exist for some reason other than the consumption of alcoholic beverages. On this sheet of paper, which is a part of your verified application, you are to describe, in complete detail, what entertainment (live bands, dancers, food service, etc.), social functions, or other recreational events will be available at the club for the members. If you are in doubt about whether to list an item, you are urged to include it.

Under Section 1.34 of the ABC regulations, any permit issued by this agency is only valid for the uses described in the original application. Any material change in the club's operation or entertainment, other than originally listed in this application, ***without prior approval of the director***, shall be grounds or revocation of your permit.

On your floor plan, which is a separate attachment, please mark the entrance to the private club, noting the location of the guest book, and mark any major features of the private club area, including where specific entertainment items will be located.

PLEASE PRINT OR TYPE YOUR RESPONSES BELOW. USE THE BACK OF FORM, OR ADDDITIONAL SHEETS, IF NECESSARY.

Bands Once A month With Aux Kitchen open