#4

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: October 7, 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 maximum application #43937:

Stanley Conrad
Sir Loin's Inn II
5524 John F. Kennedy Boulevard
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. 3:10 P.M.
BY A. Paul
DATE 10.7.24
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Lisserig

Received

OCT 0 7 2024

City of NLR Mayor's Office
By:

NEWASSG0101

Printed On:10/04/2024

ASSIGNMENT

Date Received: 09/23/2024

Date Assigned: 10/04/2024

Applicant: STANLEY CONRAD

D.O.B: 08/31/1962

Green Card Number (Permanent Resident Alien):

Home Address: 523 HILLWOOD DRIVE, SHERWOOD, AR 72120

Home Phone: 5017725805 Business Phone: (501) 246-5937 Cell Phone: (501) 772-5805

Trade Name: SIR LOIN'S INN II

Former Trade Name:

Business Address: 5524 JOHN F. KENNEDY BOULEVARD, NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Restaurant Mixed Drink Maximum Application #43937**

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 : MILLARD BELL, RHONDA CONRAD

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: STANLEY CONRAD

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: SIR LOIN'S INN II

BUSINESS ADDRESS: 5524 JOHN F. KENNEDY BOULEVARD, NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 09/23/2024

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: 10/04/2024

23-24
JW Scan

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR

CONSUMPTION ON THE PREMISES

Check One: ( ) Hotel-Motel

(X) Restaurant Only

New Application ✓
Replacement _____
Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

Sir Loins Inn II FEIN# 99-4603734
Corporate/Partnership/LLC Name

NAME Stanley Dale Conrad
First Middle Last

HOME ADDRESS 523 Hillwood Drive Sherwood 72120 Pulaski
Street City Zip County

BUSINESS NAME Sir Loins Inn II FORMER NAME _____

BUSINESS ADDRESS 5524 John F. Kennedy Blvd. 72116 Pulaski
Street City Zip County

Is proposed location inside or outside city limits? inside

Are the beverages to be sold in connection with any other business? NO If so, state type of business

✓

Are you the owner of the proposed premises? Leasing If leased, give name and address of owner

Star JFK Investments, LLC Does

anyone now hold a permit at this location? NO If so, give name, type and permit number(s) of same

_____

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

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

Number of sleeping rooms in hotel N/A Seating capacity of restaurant 204
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast ____ Lunch ✓ Dinner ✓ Number of days open per week 5

Has there ever been a beer, wine or liquor permit revoked at this location? _____ If so, give name and date revoked Hogg's Blues BBQ Former Business

RECEIVED
2024 JUN 12 P 3:35

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

(wife) Rhonda Michelle Conrad 523 Hillwood Drive, Sherwood, AR. 72120

Randy Bell #5 Shackleford Plaza, Suite 100 Little Rock AR. 72211

Stanley Dale Conrad 523 Hillwood Drive, Sherwood, AR. 72120

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

50% Stanley D Conrad 523 Hillwood Drive, Sherwood, AR. 72120

50% Rhonda M. Conrad 523 Hillwood Drive, Sherwood, AR. 72120

10% Randy Bell #5 Shackleford Plaze, Suite 100 LR. AR 72211

(B) Name and address of President and Secretary:

Stanley D. Conrad 523 Hillwood Drive Sherwood AR 72120

Rhonda M. Conrad 523 Hillwood Drive Sherwood AR 72120

NOTE: 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.

Signed this 18th day of September 2024.

Stanley D. Conrad

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 18th day of September 2024.

Kristie Bethke

Notary Public

My Commission Expires: 9/28/2033

Revised 11/13/09

KRISTIE BETHKE
Notary Public - Arkansas
Loroke County
Commission # 12724655
My Commission Expires Sep 28, 2033

NEWETDS0101

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

*For all **ON PREMISES** permits - except private c lubs*

D6J003-D6LC14

NAME OF OUTLET Sir Loins Inn II

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.

Going to be A Steak House, serving steaks, Seafood, Salad, Appt., Soda's, Mix. drinks, Beer and Desserts.

No bands or Anything like it.

Will have piped in music

Hours of operation

Mon + Tues Closed

Wed 4-9pm

Thur 4-9pm

Fri 4-10pm

Sat 11Am-10pm

Sun 11Am-9pm