Comm # 2

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 21, 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 retail beer off premises and small farm winery-retail permit - replacement/new owner #44004:

Rajbir Singh
Exxon Fuel Stop
3800 Camp Robinson Road
North Little Rock, AR 72118

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

Thank you.

Attachments

FILED 0 A.M. 2:50 P.M.
BY S. Chastain
DATE 10.21.24
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Sissery

NEWASSG0101

Printed On:10/18/2024

ASSIGNMENT

Date Received: 10/16/2024

Date Assigned: 10/18/2024

Applicant: RAJBIR SINGH

D.O.B: 08/18/1985

Green Card Number (Permanent Resident Alien):

Home Address: 305 CHIMNEY ROCK DRIVE, SHERWOOD, AR 72120

Home Phone: 5012564519 Business Phone: (501) 758-1549 Cell Phone: (501) 256-4519

Trade Name: EXXON ONE STOP

Former Trade Name: EXXON FUEL MART

Business Address: 3800 CAMP ROBINSON ROAD, NORTH LITTLE ROCK, AR 72118, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner Retail Beer & Small Farm Winery-Retail Application #44004**

Dancing, if requested: No

Comments / Remarks: **Adding Small Farm Wine to existing permit.**

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: RAJBIR SINGH

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

BUSINESS NAME: EXXON ONE STOP

BUSINESS ADDRESS: 3800 CAMP ROBINSON ROAD, NORTH LITTLE ROCK, AR 72118, 60 - PULASKI

DATE OF APPLICATION: 10/16/2024

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: 10/18/2024

10-24
Amend

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

New Application ____
Replacement X
Permit No. ____
A-

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:

SIKH 3 LLC _____ FEIN# _____
Corporate/Partnership/LLC Name

NAME RATBIR _____ SINGH
First Middle Last

HOME ADDRESS 305 Chimney Rock DR NLR AR 72120
Street City State Zip County

BUSINESS NAME SIKH 3 FORMER NAME EXON ONESTOP

BUSINESS ADDRESS 3800 Camp Robinson NLR, AR 72118
Street City State Zip County

Is proposed location inside or outside city limits? INSIDE

If application is for retail level, are you a grocery store, convenience store or liquor store? ( ) 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? ____

(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 MOHAMMD 13 Lisa COURT, Little Rock

Does anyone now hold any other permit(s) at this location? ____ If so, give name, type and permit number(s) ____

Has anyone, to your knowledge, held any other type permit(s) at this location? Yes If so, give name and permit number(s) ABDO YAFAI Permit # 01070-02

RECEIVED 2024 OCT 15 P 1:41 ABC

RECEIVED 2024 OCT 16 AM 10 ABC

Give nearest distance, building to building, from CHURCH _____ SCHOOL _____

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

more than 1000 feet away

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

RAJBIR Singh 96 o/o

GURJOT SINGH 2 o/o

Rajwinder KAUR 2 o/o

(B) Name and address of President and Secretary:

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 6120.17)**.

Signed this 15 day of October, 2024.

Applicant's Signature

Subscribed and sworn to before me this 15th day of October, 2024

Notary Public

My Commission Expires: 04-22-29

SHAWN RUSHING
NOTARY PUBLIC
ARKANSAS
CLEVELAND COUNTY
12709712 EXPIRES 4-22-2029

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: ( ) ON PREMISES CONSUMPTION
(X) OFF PREMISES CONSUMPTION

New Application ____
Replacement X
Permit No. 01070-02
Adding new permit

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:

SIKH 3 LLC FEIN# 99-4142546
Corporate/Partnership/LLC Name

NAME RAJBIR SINGH
First Middle Last

HOME ADDRESS 3800 Camp Robinson, NLR, AR 72118
Street City Zip County

BUSINESS NAME EXON ONE STOP FORMER NAME EXON

BUSINESS ADDRESS 3800 Camp Robinson NLR, AR 72118
Street City Zip County Township

Is proposed location inside or outside city limits? ____

Is the beer to be sold in connection with any other business? NO (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 Mohammd 13 Lisa Court Little Rock

Will there be dancing on the premises? NO Dance Space ____ x ____

Does anyone now hold a beer or any other permit at this location? YES If so, give name and permit number(s) ABDO YAFAI 01070-02

Has anyone, to your knowledge, held a beer or any other permit at this location? YES If so, give name and permit number(s) 01070-02, ABDO YAFAI

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) ____

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

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

RAJBIR Singh 96 d/o

GURJOT Singh 2 d/o

Rajwinder KAUR 2 d/o

(B) Name and address of President and Secretary:

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the 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 15 day of October, 2024.

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 15 day of October 2024.

Notary Public

My Commission Expires: July 19, 2033

SEAN MARONEY
NOTARY PUBLIC
ARKANSAS
PULASKI COUNTY
12724075 EXPIRES 7-19-2033