OFFICE OF THE MAYOR

Comm #3

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

CITY HALL
P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
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PHONE (501) 975-8601
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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 new restaurant mixed drink maximum application #44003:

Brad Houck
Ol' Bart at Diamond Bear
600 North Broadway Street, Suite B
North Little Rock, AR 72114

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

Thank you.

Attachments

FILED ____ 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 _____

NEWASSG0101

Printed On:10/17/2024

ASSIGNMENT

Date Received: 10/09/2024

Date Assigned: 10/17/2024

Applicant: BRAD HOUCK

D.O.B: 02/17/1967

Green Card Number (Permanent Resident Alien):

Home Address: 28 TULIP LANE, CABOT, AR 72023

Home Phone: 5012591228 Business Phone: Cell Phone: (501) 259-1228

Trade Name: OL' BART AT DIAMOND BEAR

Former Trade Name:

Business Address: 600 NORTH BROADWAY STREET SUITE B, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Restaurant Mixed Drink Application #44003**

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 : JOHN ALDRIDGE, WILLIAM LIKES

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: BRAD HOUCK

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MINIMUM

BUSINESS NAME: OL' BART AT DIAMOND BEAR

BUSINESS ADDRESS: 600 NORTH BROADWAY STREET SUITE B, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 10/09/2024

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: 10/17/2024

9-21 LiveScan

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 X
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.

Delta Boys Inc FEIN# 92-1782284
Corporate/Partnership/LLC Name

X NAME Brad (First) Allyn (Middle) Houck (Last)

X HOME ADDRESS 28 Tulip Ln. (Street) Cabot (City) 72023 (Zip) Lonoke (County)

BUSINESS NAME Ol' Bart at Diamond Bear FORMER NAME ____

BUSINESS ADDRESS 600 N. Broadway St (Street) North Little Rock (City) 72114 (Zip) Pulaski (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? NO If leased, give name and address of owner Ross Mellon 600 N. Broadway St. North Little Rock, AR 72114 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 0 Seating capacity of restaurant 85
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast ____ Lunch X Dinner X Number of days open per week 7

Has there ever been a beer, wine or liquor permit revoked at this location? NO If so, give name and date revoked ____

RECEIVED
OCT 15 2021
12:20

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:

William Bart Likes 25 Sawnie Rd Greenbrier AR 72058 51%

John Baker Aldridge 32 Church Creek Greenbrier AR 72058 49%

(B) Name and address of President and Secretary:

William Bart Likes 25 Sawnie Rd Greenbrier AR 72058 51%

John Baker Aldridge 32 Church Creek Greenbrier AR 72058 49%

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 25 day of September 2024.

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 25th day of September 2024.

Notary Public

My Commission Expires: 4-29-34

T YOUNG NOTARY PUBLIC COMMISSION # 00001686 EXPIRES 4-29-2034 PULASKI COUNTY, ARKANSAS

Revised 11/13/09

NEWETDS0101

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

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

NAME OF OUTLET Ol'Bart Southern Eats

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.

BBQ Restaurant with some live bands on the weekends

Some larger events held throughout the year

Music is played over ower speakers inside

TV's are on during hours