#2

OFFICE OF THE MAYOR

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

PHONE (501) 975-8601
FAX (501) 975-8633

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: March 27, 2025
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 #S0996:

Sarah White
Hooters of Arkansas
4110 Landers Road
North Little Rock, AR 72117

FILED A.M. 3:35 P.M.
BY A. Paul
DATE 3-27-25
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Lissery

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

Thank you.

Attachments

Received
MAR 27 2025
City of NLR Mayor's Office
By:

NEWASSG0101

Printed On:03/24/2025

ASSIGNMENT

Date Received: 03/20/2025

Date Assigned: 03/24/2025

Applicant: SARAH WHITE

D.O.B: 03/06/2001

Green Card Number (Permanent Resident Alien):

Home Address: 200 CREEKWOOD DRIVE, JACKSONVILLE, AR 72076

Home Phone: 9035563463 Business Phone: (501) 945-0444 Cell Phone: (903) 556-3463

Trade Name: HOOTERS OF ARKANSAS

Former Trade Name: HOOTERS OF ARKANSAS

Business Address: 4110 LANDERS ROAD, NORTH LITTLE ROCK, AR 72117, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Change of Manager Application #S0996**

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: SARAH WHITE

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: HOOTERS OF ARKANSAS

BUSINESS ADDRESS: 4110 LANDERS ROAD, NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 03/20/2025

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: 03/24/2025

LiveScan

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

Permit Holder: ~~STANLEY CONRAD~~ Sarah White

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
01629-01	HOOTERS OF ARKANSAS, 4110 LANDERS RD. North Little Rock, AR 72117	(501) 945-0444	(501) 772-5805

	Current Address	If new address change here
Home Address	523 HILLWOOD DR. SHERWOOD, AR 72120	200 Creekwood Dr. Jacksonville, AR 72076
Mailing Address	1815 THE EXCHANGE, Atlanta, Georgia 30339	Same
Email Address	LEGALLICENSING@HOABRANDS.COM.	Same

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]	RESTAURANT MIXED DRINK MAXIMUM	$ 50.00
[ ]		
[ ]		
[ ]		
	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 a request for the above mentioned change(s).

3/19/2025
Date

Sarah White
Signature

RECEIVED
2025 MAR 20 P 1:07
ABC

NEWETDS0101

D6J003-D6L014

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private c lubs

NAME OF OUTLET Hooters of North Little Rock

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.

Full service restaurant w/bar and some merchandise