

#4

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 31, 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 retail beer off-premises, retail liquor, & beer-wine-spirits sampling – replacement/new owner application #44807:

Harpreet Kaur
Springhill Wine & Spirits
4281 E McCain Blvd
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 9 A.M. P.M.
BY in office Anita Paul
DATE 4-2-25
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

Receive

MAR 31 2025

NEWASSG0101

City of NLR
By: _____

Printed On:03/25/2025

ASSIGNMENT

Date Received: 03/24/2025

Date Assigned: 03/25/2025

Applicant: HARPREET KAUR

D.O.B: 11/21/1989

Green Card Number (Permanent Resident Alien):

Home Address: 3424 SEMINOLE TRAIL, SHERWOOD, AR 72120

Home Phone: 5017726504

Business Phone: (501) 945-5153

Cell Phone: (501) 772-6504

Trade Name: SPRINGHILL WINE & SPIRITS

Former Trade Name: SPRINGHILL WINE & SPIRITS

Business Address: 4281 E. MCCAIN BLVD., NORTH LITTLE ROCK, AR 72117, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner Retail Beer Off-Premises, Retail Liquor, & Beer-Wine-Spirits Sampling Application #44807**

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: HARPREET KAUR

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES, RETAIL LIQUOR, SAMPLING - BEER-WINE-SPIRITS

BUSINESS NAME: SPRINGHILL WINE & SPIRITS

BUSINESS ADDRESS: 4281 E. MCCAIN BLVD., NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 03/24/2025

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: 03/25/2025

Live Scan

#44807



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT

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

New Application _____
Replacement ☒ _____
Permit No. _____

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:

Springhill Development Company FEIN# 71-0567492
Corporate / Partnership / LLC Name

NAME Harpreet Kaur
First Middle Last

HOME ADDRESS 3424 Seminole Trl Shenwood, AR 7220 Pulaski
Street City Zip County

BUSINESS NAME Springhill Wine & Spirits FORMER NAME _____

BUSINESS ADDRESS 4281 E McCain Blvd NLR, AR 7217 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? inside

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? YES Do you have the premises leased? YES

If leased, give name and address of owner REG Ventures [3400 Peachtree Rd, NW Suite 400 Atlanta, GA 30305]

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) Phillip Kokinos 080816-01

*Has anyone, to your knowledge, held a beer or any other permit at this location? _____ If so, give name and permit number(s) N/A

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? N/A

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

2025 MAR 24 P 2:32

RECEIVED

ABC

2025 MAR 20 P 2:19

RECEIVED



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR LIQUOR PERMIT

Check One: (✓) RETAIL

() WHOLESALE

New Application

Replacement ☒

Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell vinous, spirituous and malt liquors at WHOLESALE/RETAIL and do hereby submit answers to the following questions under oath for your approval:

Springhill Development Company FEIN# 71-0567492
Corporate/ Partnership/LLC Name

NAME Harpreet Kaur
First Middle Last

HOME ADDRESS 3424 Seminole Trl Sherwood AR 72120 Pulaski
Street City Zip County

BUSINESS NAME Springhill wine & spirits FORMER NAME _____

BUSINESS ADDRESS 4281 E McLain Blvd North Little Rock AR 72117 Pulaski
Street City Zip County Township

Is proposed location inside or outside city limits? inside

Will this liquor outlet be operated in connection with any other business? NO If so, state type of business _____

Are you the owner of the proposed premises? Yes Do you have the premises leased? Yes

If leased, give name and address of owner RCG Ventures 3060 Peachtree Rd NW Suite 400 Atlanta, GA 30306

What portion of the above described premises will apply to this permit? 100%

APPLICANTS FOR RETAIL PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly, or indirectly, in the manufacture, blending, rectifying or wholesaling of alcoholic beverages, or beer? yes If so, state name of party or parties: _____

Harpreet Kaur

APPLICANTS FOR WHOLESALE, RECTIFIER, OR MANUFACTURERS PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly or indirectly, in the dispensing at retail of alcoholic beverages, or beer? yes If so, state name of party or parties: _____

Harpreet Kaur

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

Phillip Kokinos 03086-01

Give nearest distance, building to building, from CHURCH 5 miles SCHOOL 2 miles

RECEIVED
2015 MAR 20 P 2:18
ABC

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR SAMPLING PERMIT

APPLICATION FEE: \$250.00 for either a wine, beer or spirits permit (Circle One)

Entitling me to serve six ounces (6 oz.) of wine per customer each day for on premises consumption; eight ounces (8 oz.) of beer per customer each day for on premises consumption; OR two ounces (2 oz.) of spirits per customer each day for on premises consumption.

OR

APPLICATION FEE: ~~\$~~500.00 for a combined wine, beer and spirits permit

Entitling me to serve six ounces (6 oz.) of wine per customer each day for on premises consumption; eight ounces (8 oz.) of beer per customer each day for on premises consumption; OR two ounces (2 oz.) of spirits per customer each day for on premises consumption.

I, Harpreet Kaur, holder of Retail Liquor Permit No. 03086-01 hereby make application for a Sampling Permit.

Pursuant to Act 455 of 2007, I understand that this permit entitles me to conduct tasting events at my place of business, at no charge to the customer, for educational and promotional purposes during regular hours of operation.

Name of Liquor Store: Springhill wine & spirits

Address of Premises: 4281 E. McLain Blvd

Street Address

North Little Rock, AR Pulaski 72117

City

County

Zip

Harpreet Kaur

Applicant/Permittee Signature

Mailing Address: 4281 E. McLain Blvd NLR, AR 72117

Street Address

City

Zip

Contact phone(s): 501-772-6504

MAIL TO: Alcoholic Beverage Control Division
101 East Capitol, Suite 401
Little Rock, Arkansas 72201

NOTICE TO APPLICANT: The requested permit will be mailed to you ten (10) days from the date your application is accepted by this agency. During this period, the ABC Enforcement Division and local law enforcement officials will be notified of your authorization to conduct such sampling on your permitted premises.

AB

2025 MAR 20 19

RECEIVED