#1

OFFICE OF THE MAYOR

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

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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: July 16, 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 new restaurant mixed drink maximum application #45680:

Katrina Adams
Cary' Grill & Bar
2619 Pike Avenue
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 4 A.M. P.M.
BY Anita Paul
DATE 7/18/25
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by

NEWASSG0101

Printed On:07/14/2025

ASSIGNMENT

Date Received: 07/11/2025

Date Assigned: 07/14/2025

Applicant: KATRINA ADAMS

D.O.B: 01/26/1980

Green Card Number (Permanent Resident Alien):

Home Address: 5608 RIDGEWOOD LANE, NORTH LITTLE ROCK, AR 72118

Home Phone: 5015903017 Business Phone: (501) 246-3631 Cell Phone: (501) 590-3017

Trade Name: CARY'S GRILL & BAR

Former Trade Name:

Business Address: 2619 PIKE AVENUE, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Restaurant Mixed Drink Application #45680**

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: KATRINA ADAMS

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: CARY'S GRILL & BAR

BUSINESS ADDRESS: 2619 PIKE AVENUE, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 07/11/2025

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: 07/14/2025

#D given 7-11-25 LiveScan ✓

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR CONSUMPTION ON THE PREMISES

Check One: ( ) Hotel-Motel
(✓) 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.

Cary's Grill & Bar FEIN# 85-3617918
Corporate/Partnership/LLC Name

NAME Katrina (First) Denise (Middle) Adams (Last)

HOME ADDRESS 5608 Ridgewood Ln (Street) NLR (City) AR 72118 (Zip) Pulaski (County)

BUSINESS NAME Cary's Grill & Bar FORMER NAME Moe's Soulfood Cafe

BUSINESS ADDRESS 2619 Pike Ave (Street) NLR (City) AR 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
Arielly (561) 962-1033 84w 21st, Riviera Beach, FL 33404

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 156
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast ~~✓~~ Lunch ✓ Dinner ✓ Number of days open per week 6e

Has there ever been a beer, wine or liquor permit revoked at this location? N/A If so, give name and date revoked _____

RECEIVED 2025 MAY 30 10:31 ABC

RECEIVED

NEWETDS0101

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

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

D6J003-D6L014

NAME OF OUTLET Cary's Grill Bar

CITY N.L.R 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.

TV