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OFFICE OF THE MAYOR

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MAYOR  
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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: November 3, 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 permit-replacement/new owner #46588:

Rajbir Singh  
Exxon One 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 11:45 A.M. \_\_\_\_\_ P.M.  
BY A. Paul  
DATE 11-3-25  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by S. [Signature]

# Received

NOV 03 2025

NEWASSG0101

City of NLR Mayor's Office  
By: \_\_\_\_\_

Printed On:10/30/2025

## ASSIGNMENT

Date Received: 10/29/2025

Date Assigned: 10/30/2025

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:

Cell Phone: (501) 256-4519

Trade Name: EXXON ONE STOP

Former Trade Name:

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 Off-Premises Application #46588**

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: RAJBIR SINGH

TYPE OF APPLICATION: RETAIL BEER OFF PREMISES

BUSINESS NAME: EXXON ONE STOP

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

DATE OF APPLICATION: 10/29/2025

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: 10/30/2025

Business Information

Permit Fee type: \$350.00 Retail Permit (Retail Beer); NO CASH

Choose One:  On Premises Consumption (allows on and off premises consumption)  Off Premises Consumption (only allows off premises consumption)

Legal Business/Company Name: SIKH 3 LLC

Business Designation:  Sole Proprietorship (Single Owner)  LLC  INC  Partnership  Corporation  Other

If Corporation: Publicly traded?  Yes  No C Corp.  S Corp.  Other Type

Name of Business if different from Legal Name: Exxon One Stop  
(Any fictitious name or 'Doing Business As' (DBA) name must be filed with the Secretary of State's Office)

Sales Tax Number: 56183642-001 FEIN: (if applicable) 99-4142546

Physical Business/911 Address: 3800 Camp Robinson Rd. Suite/Unit #: \_\_\_\_\_  
(Must be numeric address plus street name (example: 152 Smith St); CANNOT be a P.O. Box or location description)

City: N Little Rock County: PULASKI Zip Code: 72118

Township: \_\_\_\_\_ (applicant must verify and disclose the legal township where the business is located)

Business Mailing Address (if different): \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_  
(This is the address where you want to receive any and all mail communication from ABC; CAN include P.O. Box)

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is the business inside city limits?  YES  NO Is the beer to be sold in connection with another business?  YES  NO

If yes, please list name and type of business: Convenience store w/ gas

Store Phone Number: (501) 256-4519 Secondary line if applicable: ( ) \_\_\_\_\_

Has another business, to your knowledge, held a beer or any other ABC permit at this location?  YES  NO

Previous ABC Permit(s) (if applicable): \_\_\_\_\_

Business Email: \_\_\_\_\_

Note: Alcoholic Beverage Control primarily uses e-mail to communicate with permit holders. Please provide the most up-to-date email for your business that is reviewed frequently. If your email address changes for any reason, please notify us immediately.

Facility information:  I own the property  I rent this property  other  
(A copy of lease or option to purchase must be attached if applicable.)

If rent/lease, Landlord name: Yaafi Investment Phone Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

If the business sells motor fuel (gas or diesel), please list total number of pumps at the establishment: \_\_\_\_\_

If the business serves food (restaurant, café, etc.), do you have an Arkansas Health Department certificate for on-site food preparation and sales:  YES  NO

If yes please list your Health Department Certification Number: \_\_\_\_\_

RECEIVED  
OCT 29 P 2:51  
ABC