Comm 4

OFFICE OF THE MAYOR

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

CITY HALL
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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 AVP
DATE: May 20, 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 minimum application #45094:

Crystal Temple
I Don't Care Bar & Grill
120 Pershing Boulevard
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 10:20 A.M. _____ P.M.
BY A. Paul
DATE 5.20.25
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by J. Ussery

NEWASSG0101

Printed On:05/09/2025

ASSIGNMENT

Date Received: 05/07/2025

Date Assigned: 05/09/2025

Applicant: CRYSTAL TEMPLE

D.O.B: 05/29/1982

Green Card Number (Permanent Resident Alien):

Home Address: 22 SIERRA DRIVE, AUSTIN, AR 72007

Home Phone: 5016054401 Business Phone: Cell Phone: (501) 605-4401

Trade Name: I DON'T CARE BAR & GRILL

Former Trade Name:

Business Address: 120 PERSHING BOULEVARD, NORTH LITTLE ROCK, AR 72114, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **New Restaurant Mixed Drink Application #45094**

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: CRYSTAL TEMPLE

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MINIMUM

BUSINESS NAME: I DON'T CARE BAR & GRILL

BUSINESS ADDRESS: 120 PERSHING BOULEVARD, NORTH LITTLE ROCK, AR 72114, 60 - PULASKI

DATE OF APPLICATION: 05/07/2025

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: 05/09/2025

KW sent 5-7-25 Live Scan ✓

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.

Two Jarheads LLC (Corporate/Partnership/LLC Name) FEIN# 33-3906620

NAME Crystal (First) michelle (Middle) Temple (Last)

HOME ADDRESS 22 Sierra Dr (Street) Austin (City) 72007 (Zip) Lonoke (County)

BUSINESS NAME Two Jar Heads LLC DBA I Don't Care Bar + Grill FORMER NAME ____

BUSINESS ADDRESS 120 Pershing Blvd (Street) NLR (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 Jay Ganesha Hotel LLC 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 40
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast ✓ Lunch ✓ Dinner ✓ 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
2025 APR 28 AM 11:34

RECEIVED
2025 MAY -5 P 1:06

RECEIVED
2025 MAY

If applicant is a partnership, give names and addresses of all partners:

N/A

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

Crystal Temple 100%

(B) Name and address of President and Secretary:

Crystal Temple

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 17th day of April 2025.

Crystal Temple
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 17th day of April 2025.

Mallory Jones
Notary Public

MALLORY JONES
Comm. No. 12721861
NOTARY PUBLIC
My Comm. Exp. 01-11-2033
LONOKE CO. ARKANSAS

My Commission Expires: 01-11-2033

Revised 11/13/09

NEWETDS0101

DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

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

NAME OF OUTLET Two Jarheads LLC DBA I Don't Care Bar & Grill

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.

restaurant, pool games, Darts, Juke Box, Live entertainment, Karaoke, Arcade games, video games